

# NATIONAL Assessment Centre Services

Ref: Jan'05 MDA 120038655

Date In: 31/12/12 - 16:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2224336/24	SAS e-filing		
Veh No: FZ 96414	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/12/12 12:00	i-Motor Claim Form	31/12/12 17:07	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: DMK4612X

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	31/03/2020 16:52
Date Of Accident	08/03/2020 12:00
Exact Location Of Accident	JURONG WEST ST 51 TWDS BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ9641H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU TEE SIANG
NRIC No	SXXXX826C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92758347
Alternative Phone No	OFFICE-92758347

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	X8 200 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5017823956-13
Cover Note Number	

### Driver

Name of Driver	LAU TEE SIANG
NRIC No	SXXXX826C
Date Of Birth	28/09/1949
Occupation	INDOOR
Date Of Driving Pass	10/11/1976
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92758347
Fax Number	
Contact Number	OFFICE-92758347
Email Address	NOEMAIL

Address	BLK 275 BANGKIT ROAD #08-86
Postcode	670275
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200326/2046.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK4612X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LAU TEE SIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FZ9641H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



# IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



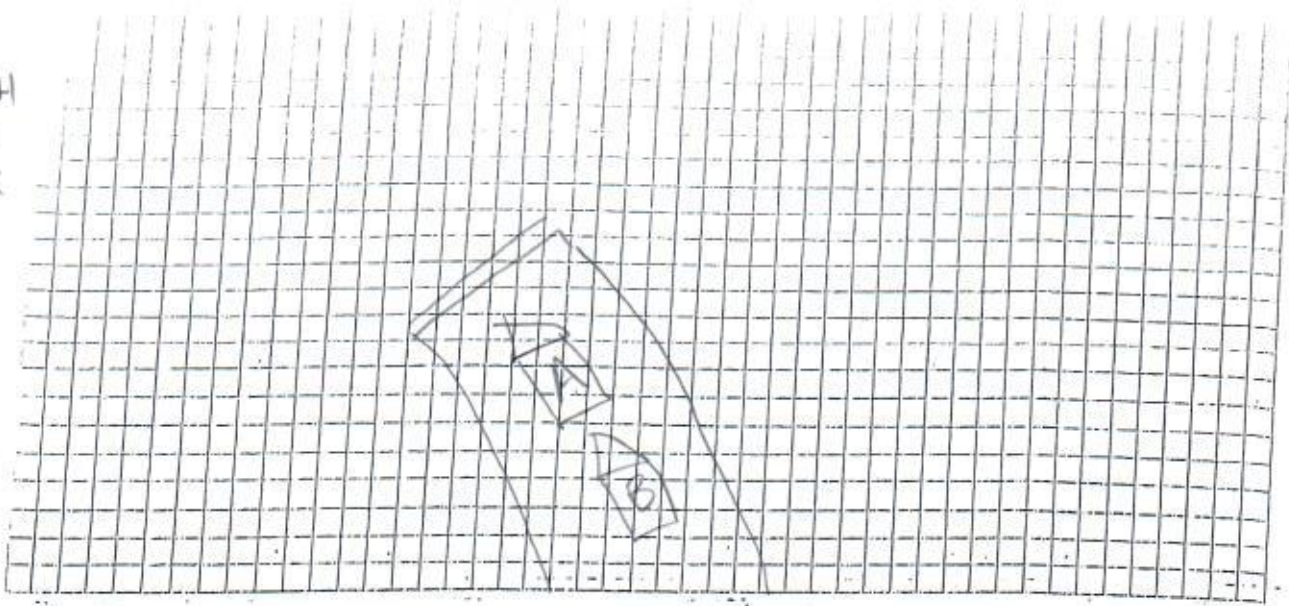
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

A-FZ964HH

B-SMK4612X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



Date of Accident : 8/MARCH/2020 Accident Time: 12.15pm (24-HR-Format) <sup>12:00</sup>  
Accident Place : JURONG WEST ST 51 TOWARDS BOON LAY WAY  
Vehicle Reg. No. (Car Plate No.) : F29641W  
Vehicle Make/Model : PIAGGIO/x8 200  
Insurance Company : NTOC Policy No. S017823956-13  
Owner or Company Name /IC No. : LAV TEE SIANG S2107826C  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 92758347 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LAV TEE SIANG S2107826C  
DRIVER'S Date Of Birth : 28/9/1949 DRIVER'S License Pass Date 10 NOV 1976  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 275 BANGKAT ROAD #08-86 S670275  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 MALE  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMLK 4612 X

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: HONDA

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200326/2046

1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200326/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2020 12:02	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LAU TEE SIANG			Address: APT BLK 275 BANGKIT ROAD #08-86 SINGAPORE 670275		
ID Type / ID No.: NRIC NO / S2107826C			Contact No.: Home/Office: Mobile: 92758347		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 28/09/1949	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Cleaner (industrial establishment)			Driving Licence Information: Class: 2A Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2020 12:00	Type of Location:
Location: Along Road 1 JURONG WEST STREET 51  TOWARDS BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ9641H	Motorcycle	PIAGGIO	X8 200 AUTO	Gold		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9641H	NTUC Income Insurance Co-Operative Limited	5017823956-13	17/12/2019	16/12/2020





**SINGAPORE  
POLICE FORCE**



T/20200326/2046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200326/2046

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.  
I WAS TRAVELING ALONG JURONG WEST STREET 51 TOWARDS BOON LAY WAY I WAS ON THE  
FILTERING LANE ON THE LEFT WHEN I FELT AN IMPACT FROM THE REAR OF MY VEHICLE AND I  
FELL OFF MY MOTORBIKE, SUBSEQUENTLY I WAS BEING CONVEYED BY THE AMBULANCE TO  
NG TENG FONG HOSPITAL.



**SINGAPORE  
POLICE FORCE**



T/20200326/2046

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200326/2046

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
BERNARD KOH REN JUN

*BR*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

*BR*  
Signature Of Informant:

Date/Time:  
26/03/2020 12:02

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

Signature: *BR*



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5017823956-13		LAU TEE SIANG	S2107826C	GMC	Third Party	FZ9641H	FZ9641H	17/12/2019	16/12/2020

## Policy Information

Policy No.	5017823956-13	Policyholder Name	LAU TEE SIANG	Policyholder NRIC	S2107826C
Certificate No.					
Address	BLK 275 #08-86 BANGKIT ROAD SINGAPORE 670275				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/11/2019	Effective Date	17/12/2019 00:00	Expiry Date	16/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	INCOME - JURONG BRANCH	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 275 #08-86	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670275
Address 4		Address Type	Singapore address	Post Code	670275
Unit No.		Related Policy Number	5017823956-13		

Insured Object: FZ9641H

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/1090245

Policy No.	5017823956-13	Vehicle No.	FZ9641H	GST Registration No.	
Certificate No.					
Policyholder Name	LAU TEE SIANG	Cover Type	Third Party	Policyholder NRIC	S2107826C
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92758347	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	31/03/2020 17:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/03/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST ST 51 TWDS BOON LAY WAY				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**Benefits**

Driver is Covered? Not Covered

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 275 #08-86	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670275
Address 4		Address Type	Singapore address	Post Code	670275
Unit No.		Related Policy Number	5017823956-13		

**OT Driver Info**

Driver Name	LAU TEE SIANG	Driver Type	Main Driver	Driver DOB	28/09/1949
Unnamed driver name		Driver NRIC	S2107826C	Driving Experience	43
Register Date of Driver License	10/11/1976	Driver Age	70	Contact No. (Home)	0
Contact No. (Mobile)	92758347	Contact No. (Office)	0	Address 3	SINGAPORE 670275
Address 1	BLK 275	Address 2	BANGKIT ROAD	Post Code	670275
Address 4		Address Type	Singapore address		
Unit No.	06-86				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LAU TEE SIANG	Insured NRIC	S2107826C
Contact No. (Mobile)	92758347	Contact No. (Home)	67693680	Contact No. (Office)	
Email Address		OT Vehicle Number	FZ9641H	TP Vehicle Number	5MK4612X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FZ9641H / 5MK4612X ON 8 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/03/2020 17:03	Claim Close Date		Date Received	31/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

**Attachment**


















Accident No.	MT/1090245	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2020 17:06

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

☐ Send Message

**References**

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	SAS		Normal	SAS 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:05	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:04	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:04	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:04	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:04	Photos		Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Mar 2020 17:04	Photos		Normal	Photos 2020-3-31	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		