

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 1200 39385

Date In: 2/4/20 16:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2000 4836/44	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SJE 916 M	I-Motor Claim Form	MT/1090537-001	2/4/20 16:44
DDA: 30/13/20 20:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
DD: <input checked="" type="checkbox"/> Reporting Only	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: JSW 6983	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 1000000 6789 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	Action

MA 200 2433		Invoice/Repairation Charge		Am't (\$)	Am't (\$)
Comments Particulars:		1) AR: Accident Reporting (\$30);		20.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)			
Tel: 11		6) TR: Re-Inspection \$75			
Fax: 11		7) NI: Idea DA + SMRT Survey \$160			
		8) NFUC Additional Services:-			
		QD:			
		• N5: Courtesy Car / Tpt Allowance \$5			
		• N6: Repair Coordination \$10			
		• N7: Post Repair Inspection \$25			
		• N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idea Mobile \$0			
		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	02/04/2020 16:16
Date Of Accident	30/03/2020 20:00
Exact Location Of Accident	BLK 148 SILAT AVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE916M
Insured/Policyholder	
Name Of Registered Owner	I.M.AMBULANCE SERVICES PTE. LTD.
Co Reg No	2XXXXX483Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516931
Alternative Phone No	OFFICE-67863786

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115965131
Cover Note Number	

Driver

Name of Driver	ABU BAKAR BIN ABDUL KARIM
NRIC No	SXXXX690E
Date Of Birth	18/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97755785
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 90 PIPIT RD #05-153
Postcode	370090
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSW6983 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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
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/20200402/7011

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	JSW6983
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.



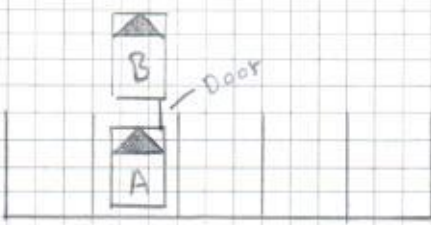
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = SJE 916 M
B = JSW 6983



BIK 148 Silat Ave Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200402/7011

DECLARATION

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

*



Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 3 / 20 (DD/MM/YYYY), TIME: 20 : 00 (HH:MM)

LOCATION: Silat Rd Ave. blk 148 carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 916 M.
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Z M Ambulance Services pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6786 3786 / 98516931
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9775 5785
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) pending

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSW 6983 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(0)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* police Report

✓ * chop

later come back

Email = Info@imgn.com.sg

fax =

VIDEO = No.



SINGAPORE POLICE FORCE



T/20200402/7011

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

1 of 4

Report No. T/20200402/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 15:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABU BAKAR BIN ABDUL KARIM			Address: 90 PIPIT ROAD #05-153 HDB-GEYLANG SINGAPORE 370090		
ID Type / ID No.: NRIC NO / S1668690E			Contact No.: Home/Office: Mobile: 97755785		
Nationality: SINGAPORE CITIZEN			Email: hidiralva@hotmail.com		
Sex: Male	Age: 56	Date of Birth: 18/02/1964	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: ambulance driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2020 20:00	Type of Location: Car Park
Location: SILAT AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSW6983	Lorry			Silver	No Damage	2
SJE916M	MEDICAL TRANSPORT	NISSAN	URVAN MICROBUS	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE916M	NTUC Income Insurance Co-Operative Limited	5115965131	05/02/2020	15/04/2021



SINGAPORE POLICE FORCE



T/20200402/7011

2 of 4

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

Report No. T/20200402/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	JSW6983 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	JSW6983 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	ABU BAKAR BIN ABDUL KARIM	ID No.	S1668690E
Related Vehicle	SJE916M (MEDICAL TRANSPORT)	Contact No.	97755785
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My ambulance was parked at silat avenue carpark at around 2000hrs on Monday the 30th of March 2020. I was not in my vehicle as I went to get coffee nearby. Upon returning, I have found out that my ambulance right side headlight dented and cracked. The foreign lorry involved with the driver was still there. My medic saw the incident and asked for the driver's particulars but the driver only insisted on taking pictures of affected area and dented area of our ambulance and also asked us to lodge a report but he went off without giving us his particulars. We did managed to took a picture of the foreign lorry, JSW 6983. It was a delivery lorry. It happened when he was reversing and he did not saw my parked ambulance there.



**SINGAPORE
POLICE FORCE**



T/20200402/7011

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

3 of 4

Report No. T/20200402/7011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200402/7011

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

4 of 4

Report No. T/20200402/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/04/2020 15:12

Classification Of Case:

Authentication Stamp

NP168

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"/>	5115965131		I.M.AMBULANCE SERVICES PTE. LTD.	201220483Z	GCV	Comprehensive	SJE916M	SJE916M	05/02/2020	15/04/2021

Claim Handling

Accident MT/1090537

Policy No.	5115965131	Vehicle No.	SJE916M	GST Registration No.	
Certificate No.					
Policyholder Name	I.M.AMBULANCE SERVICES PTE. LTD.			Policyholder NRIC	201220483Z
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67863786	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	02/04/2020 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/03/2020	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 148 SILAT AVE CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/04/2020 16:43:03 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	50 TAGORE LANE	Address 2	#03-01R ENTREPRENEUR CENTI	Address 3	SINGAPORE 767494
Address 4		Address Type	Singapore address	Post Code	767494
Unit No.	02-30	Related Policy Number	5115965131		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ABU BAKAR BIN ABDUL KARIM	Driver NRIC	SXXXX690E	Driver DOB	18/02/1964
Register Date of Driver License	22/08/2011	Driver Age	56	Driving Experience	8
Contact No.(Mobile)	97755785	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 90 #05-153	Address 2	PIPI ROAD	Address 3	MACPHERSON OASIS
Address 4	SINGAPORE 370090	Address Type	Singapore address	Post Code	370090
Unit No.	05-153				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	I.M.AMBULANCE SERVICES PTE	Insured NRIC	201221
Contact No.(Mobile)	97813000	Contact No. (Home)	63671897	Contact No. (Office)	67862
Email Address	INFO@IMAN.COM.SG	TP Vehicle Number	SJE916M	TP Vehicle Number	PSW69
Claim Description	SJE916M / PSW693 ON 30 Mar 2020			Name of Preferred Workshop	0
Preferred Workshop No. Finalisation	Yes	Insured Liability	Not at Fault	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received	Claim Close Date	02/04/2020 16:44
Report Taken By	LIEW SHAN HU			Date Received	02/04/

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1090537	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/04/2020 16:44
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	SAS		Normal	SAS 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2020 16:44	Photos		Normal	Photos 2020-4-2	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			