

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA12042087

Date In: 6/4/20-09:21	Job description	Date & Time Completed	Done by
Ref No: NA/14C72004927PM	SAS e-filing		
Veh No: J27126X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 3/4/20-17:15	i-Motor Claim Form	M7/1090735-001	6/4/20 09:45
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: SUC430R 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:	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	Amt (\$)	Amt (\$)
		Est. Bill	Act. 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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 \$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	06/04/2020 09:21
Date Of Accident	03/04/2020 17:10
Exact Location Of Accident	TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7126X
Insured/Policyholder	
Name Of Registered Owner	HENRY KOO BENG KIONG
NRIC No	SXXXX586C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85224853
Alternative Phone No	OFFICE-85224853

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115037221
Cover Note Number	

Driver

Name of Driver	HENRY KOO BENG KIONG (HENRY XU MINGQIANG)
NRIC No	SXXXX586C
Date Of Birth	05/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85224853
Fax Number	
Contact Number	OFFICE-85224853
EEmail Address	NOEMAIL

Address	BLK 406 TAMPINES STREET 41 #06-07
Postcode	520406
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SLK4430R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

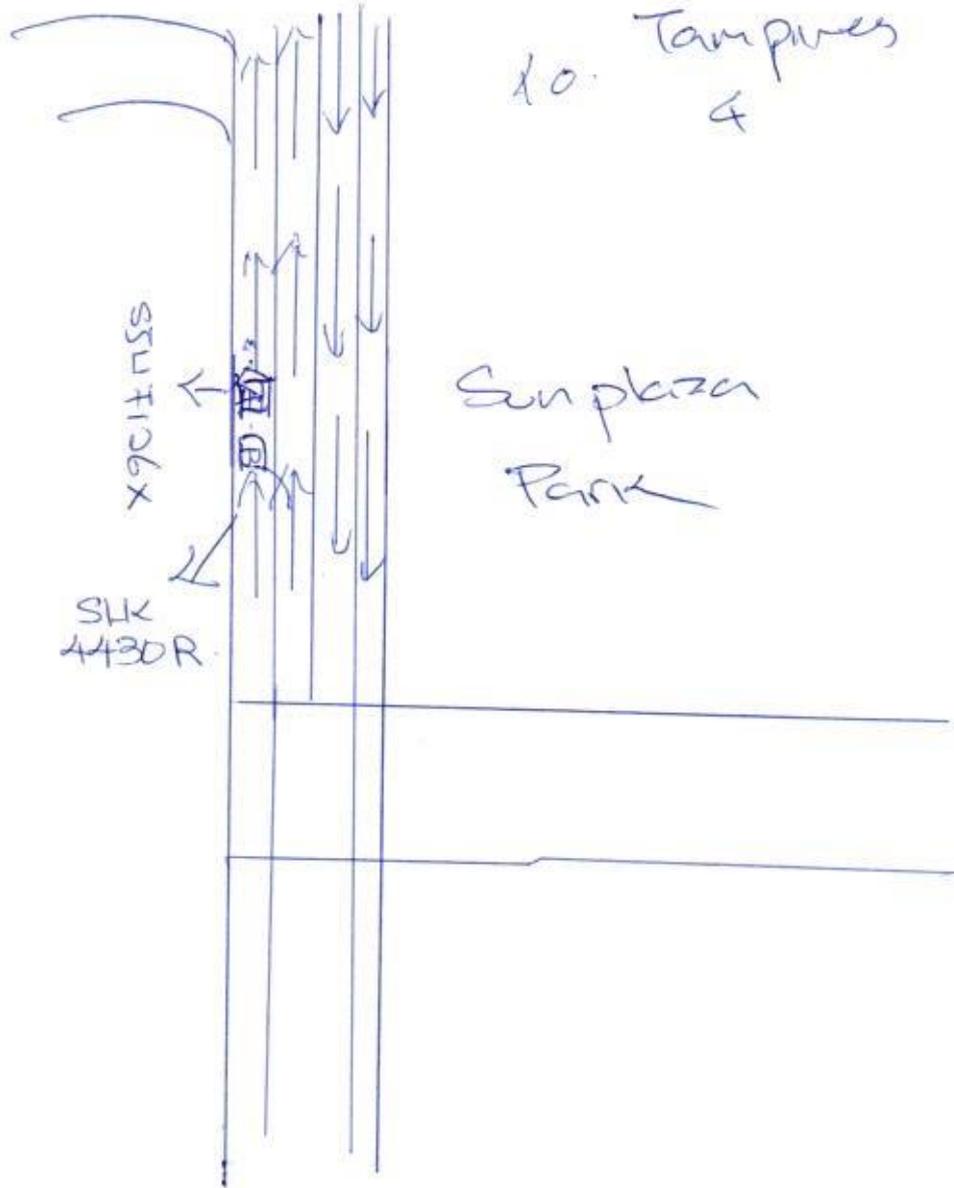

Policyholder's Signature
Date & Time:

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


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

Pasir Ris

10. Tampines
4



Sun plaza
Park

X9C11NS

SLK
4430R

ON STATED DATA AND TIME, I TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALISED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 4 / 20) (DD/MM/YYYY), TIME: (17 : 10) (HH:MM)

LOCATION: Tampines Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JN7126X
b) INSURANCE COMPANY: WTJC
c) POLICY NUMBER: 51563221
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: Private
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: Henry Ho Beng King (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7643586C CONTACT: 85224853
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (5 / 6 / 1976) (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: owner

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 8K4430R (Private Hire) 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 passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

email =

fax =

video =

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115037221

Cover : drivo CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU7126X |
| Chassis Number | : MR053HY9305144226 |
| 2. Name of Policyholder | : HENRY KOO BENG KIONG |
| 3. Effective Date of Insurance | : 19 Dec 2019 |
| 4. Expiry Date of Insurance | : 22 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

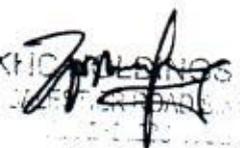
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

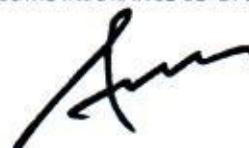
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HENRY KOO BENG KIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE LTD (00000613934)
 Date of Issue : 19 Dec 2019 14:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED


 KHC HOLDINGS PTE LTD
 110, ROBINSON ROAD, #04-01, SINGAPORE 068913
 TEL: 6733 1111 FAX: 6733 1117



Countersigned By:

Authorised Officer

Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S115037221		HENRY KOO BENG KIONG	S7643586C	GPC	drive CLASSIC	SJU7126X	SJU7126X	19/12/2019	22/12/2020

Continue

Policy Information

Policy No.	5115037221	Policyholder Name	HENRY KOO BENG KIONG	Policyholder NRIC	S7643586C
Certificate No.					
Address	BLK 406 #06-07 TAMPINES STREET 41 SUN PLAZA GREEN SINGAPORE 520406				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/12/2019	Effective Date	19/12/2019 00:00	Expiry Date	22/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 406 #06-07	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GREEN
Address 4	SINGAPORE 520406	Address Type	Singapore address	Post Code	520406
Unit No.		Related Policy Number	5115037221		

Insured Object: SJU7126X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

Accident MT/1090735

Policy No.	S115037221	Vehicle No.	SJU7126X	GST Registration No.	
Certificate No.					
Policyholder Name	HENRY KOO BENG KIONG	Policyholder NRIC	S7643586C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	85224853	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	1
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	06/04/2020 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/04/2020	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 9				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					

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

▼ Policyholder Mailing Address					
Address 1	BLK 406 #06-07	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GREEN
Address 4	SINGAPORE S20406	Address Type	Singapore address	Post Code	S20406
Unit No.		Related Policy Number	S115037221		

▼ OI Driver Info					
Driver Name	HENRY KOO BENG KIONG	Driver Type	Main Driver	Driver NRIC	S7643586C
Unnamed driver Name		Driver NRIC	S7643586C	Driver DOB	05/06/1976
Register Date of Driver License	01/11/2019	Driver Age	43	Driving Experience	0
Contact No. (Mobile)	85224853	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 406	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GREEN
Address 4	SINGAPORE S20406	Address Type	Singapore address	Post Code	S20406
Unit No.	06-07				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	HENRY KOO BENG KIONG	Insured NRIC	S7643586C
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJU7126X	TP Vehicle Number	SLK4430R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJU7126X / SLK4430R ON 3 Apr 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	06/04/2020 09:45	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	06/04/2020 00:00

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1090735	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/04/2020 09:48

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:48	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	SAS	Normal	SAS 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:47	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Apr 2020 09:46	Photos	Normal	Photos 2020-4-6	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

Display in New Window

Scan and uploading