

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA17004132W

Date In: 11/4/20 - 15:30	Job description	Date & Time Completed	Done by
Ref No: NHA17004132W	SAS e-filing		
Veh No: 5JN4007M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 10/4/20 - 18:30	i-Motor Claim Form	11/7/20 15:30	
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: JBS39J87	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 (\$) Inc Bill	Am't (\$) Add 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao 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	11/04/2020 15:20
Date Of Accident	10/04/2020 08:40
Exact Location Of Accident	BOON LAY PLACE TWDS BOON LAY AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4007M
Insured/Policyholder	
Name Of Registered Owner	3K AUTO
Co Reg No	5XXXX468J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097387860-02
Cover Note Number	

Driver

Name of Driver	TEO KEE PENG
NRIC No	SXXXX213F
Date Of Birth	24/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96778439
Fax Number	
Contact Number	OFFICE-96778439
Email Address	NOEMAIL

Address	BLK 823 JURONG WEST STREET 81 #12-460
Postcode	640823
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SBS3958T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	WONG PAU FAH
NRIC/Passport Number	
Contact Number	93397380
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

DOA: 10/4/20

A: SJN 4007M

B: SBS 3958T

Boon Lay Place
Boon Lay Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I stopped stationary due to the traffic light was red, suddenly my veh rear portion being collided by veh B.

DECLARATION

I/We declare the following 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.:

Personal Particulars

Date of Accident: 10/4/20 Time of Accident: 8.40 am
Exact Location of Accident: Boon Lay Place towards Boon Lay Ave
Owner's Name: 3K Auto NRIC No: S280013F HP No: 96778439
Driver's Name: Teo Kee Beng NRIC No: S280013F HP No: 96778439
Date of Birth: 24/1/1957 Driving Licence Passing Date: 30/4/1986 Occupation: Indoor / Outdoor
Address: 823 Jurong West St 81 #12-410 C640823
Relationship of Driver with Insured: Hirer Email Address: _____
Vehicle No: 3JN 40077 Make & Model: Honda
Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) ☒

Third Party Driver's Particulars

Vehicle B No: SBC 3958T Make & Model: _____
Driver's Name: Wong Pau Fah NRIC No: _____ HP No: 93397380
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

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: 5097387860-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJN4007M
Chassis Number : RN61056571
2. Name of Policyholder : 3K AUTO
3. Effective Date of Insurance : 13 Feb 2020
4. Expiry Date of Insurance : 12 Feb 2021
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 or Hirer's business.

This Policy does not cover

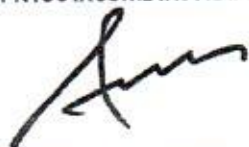
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG 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 : TEO CHIEN YIN ZANDRA (00000585733)
Date of Issue : 10 Feb 2020 10:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/04/2020 08:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SJN4007M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097387860-02		3K AUTO	533724681	GPC	drive CLASSIC	SJN4007M	SJN4007M	13/02/2020	12/02/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5097387860-02	Policyholder Name	3K AUTO	Policyholder NRIC	53372468J
Certificate No.					
Address	BLK 435A #21-204 FERNVALE ROAD FERNVALE RESIDENCE SINGAPORE 791435				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/02/2020	Effective Date	13/02/2020 00:00	Expiry Date	12/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TEO CHIEN YIN ZANDRA	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 435A #21-204	Address 2	FERNVALE ROAD	Address 3	FERNVALE RESIDENCE
Address 4	SINGAPORE 791435	Address Type	Singapore address	Post Code	791435
Unit No.	21-204	Related Policy Number	5097387860-02		

Insured Object: SJN4007M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1091251

Policy No.	S097387860-02	Vehicle No.	SJN4007M	GST Registration No.	
Certificate No.					
Policyholder Name	3K AUTO	Policyholder NRIC	533724682		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	20	Private Hire	Yes

Accident Details

Report Date	11/04/2020 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/04/2020	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY PLACE TWDS BOON LAY AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess	0		
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	11/04/2020 15:30:05 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 435A #21-204	Address 2	PERNALE ROAD	Address 3	PERNALE RESIDENCE
Address 4	SINGAPORE 791435	Address Type	Singapore address	Post Code	791435
Unit No.	21-204	Related Policy Number	S097387860-02		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/01/1957
Unnamed driver Name	TEO KEE PENG	Driver NRIC	SXXXX213F	Driving Experience	33
Register Date of Driver License	30/04/1986	Driver Age	63	Contact No.(Home)	0
Contact No.(Mobile)	96778439	Contact No.(Office)	0	Address 3	SINGAPORE 640823
Address 1	BLK 823	Address 2	JURONG WEST STREET 81	Post Code	640823
Address 4		Address Type	Singapore address		
Unit No.	12-460				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	3K AUTO	Insured NRIC	533724682
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SJN4007M	TP Vehicle Number	SBS3958T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJN4007M / SBS3958T ON 10 Apr 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/04/2020 15:30	Claim Close Date		Date Received	11/04/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter













Save Submit

Attachment

Accident No.	MT/1091251	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/04/2020 15:33

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:33	SAS		Normal	SAS 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:32	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:31	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:31	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:31	Photos		Normal	Photos 2020-4-11
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERV(1) CES) on 11 Apr 2020 15:31	Photos		Normal	Photos 2020-4-11

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		