

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 120043998

Date In: 28/4/20 14:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/IMC 2000 5454164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: FBE 137 P	I-Motor Claim Form	MT/1091992 ⁰⁰¹	28/4/20 15:20
IP Insurer: 27/4/20 12:35	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
(1) <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

IP Particulars:

Veh No:

SKL 6848 M.

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 to Mail: 67884616)

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:

MMA 2002797

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bngr-In-Charge):

Auditors' Comments:

Ref:

Ref:

Invoice/Refundation Checklist

1) AR: Accident Reporting (\$30):	30.00
2) DA: Damage Assessment (\$100): INC (\$30)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claimant's use: INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
ON:	
*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: Idao Mobile	\$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

2003/2004

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	28/04/2020 14:49
Date Of Accident	27/04/2020 12:35
Exact Location Of Accident	JUNC OF TELOK BLANGAH RD & HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE137P
Insured/Policyholder	
Name Of Registered Owner	WAN HOE LOON MELVYN (YIN HAOLUN)
NRIC No	SXXXX643Z
Email Address	LUNLOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96693997
Alternative Phone No	OFFICE-96693997

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3 400 I.E.
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093932010-02
Cover Note Number	

Driver

Name of Driver	WAN HOE LOON MELVYN (YIN HAOLUN)
NRIC No	SXXXX643Z
Date Of Birth	31/05/1980
Occupation	INDOOR
Date Of Driving Pass	09/05/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693997
Fax Number	
Contact Number	OFFICE-96693997
EMail Address	LUNLOON@GMAIL.COM

Address	BLK 93A TELOK BLANGAH ST 31 #16-161
Postcode	101093
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 - CHANGE/CROSS LANE
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
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/20200428/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL6848M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN NG
NRIC/Passport Number	SXXXX150H
Contact Number	97423869
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WAN HOE LOON MELVYN (YIN HAOLUN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE137P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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: 25/04/2020
1400 hrs

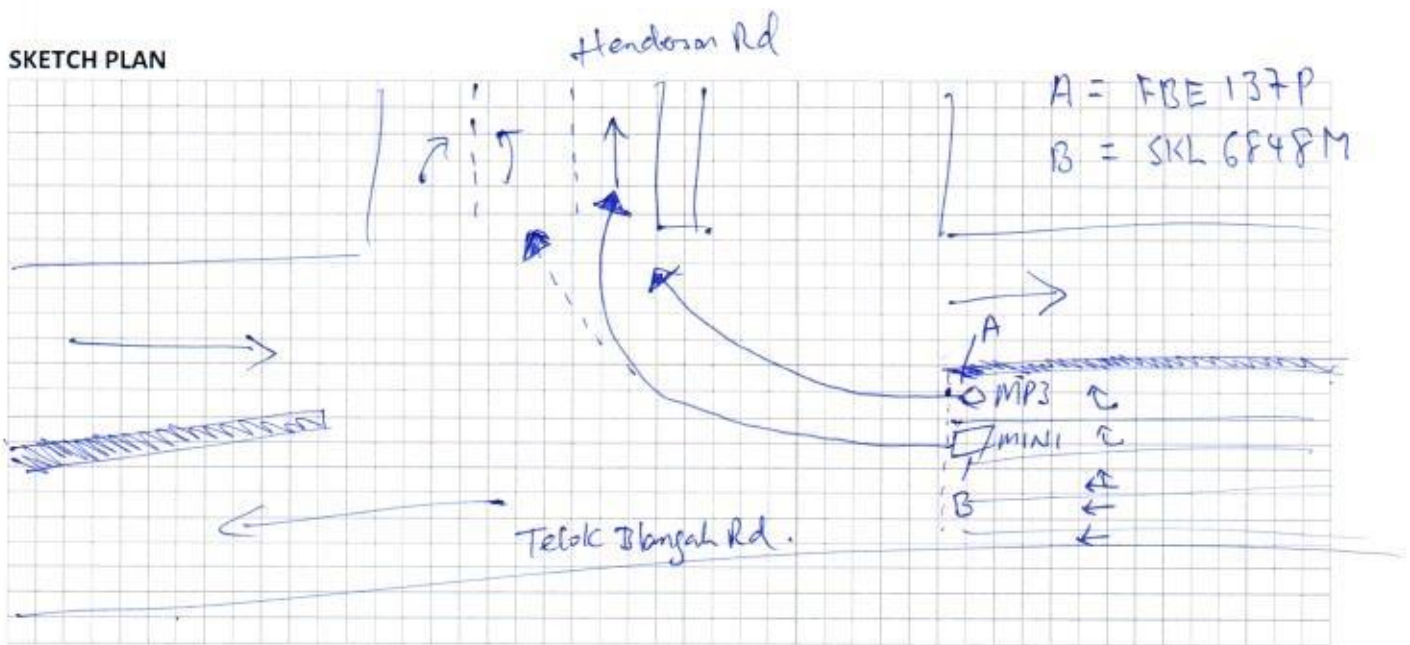
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report, VIDE REPORT No: D/20200327/0060

DECLARATION

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


Policyholder's Signature

Date & Time: 28/08/2020
1400hrs

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


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



SINGAPORE POLICE FORCE



T/20200428/2006

1 of 3

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

Report No. T/20200428/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2020 11:05		Vide Report No.: D/20200327/0060		Station Diary No.:	
Informant's Particulars					
Name of Informant: WAN HOE LOON MELVYN			Address: APT BLK 93A TELOK BLANGAH STREET 31 #16-161 TELOK BLANGAH PARCVIEW SINGAPORE 101093		
ID Type / ID No.: NRIC NO / S8015643Z			Contact No.: Home/Office: Mobile: 96693997		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 31/05/1980	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2020 12:35	Type of Location: T-Junction
Location: Along Road 1 HENDERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE137P	Motorcycle	PIAGGIO	MP3 400 I.E.	Silver	Seriously Damaged	0
SKL6848M	Car	MINI	JOHN COOPER WORKS 1.6 MT ABS AIRBAG HID		No Damage	0



**SINGAPORE
POLICE FORCE**



T/20200428/2006

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

2 of 3

Report No. T/20200428/2006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE137P	NTUC Income Insurance Co-Operative Limited	5093932010-02	20/10/2019	19/10/2020

Brief Details.

ON ABOVE MENTIONED DATE, TIME, LOCATION.

I WAS STATIONARY ALONG TELOK BLANGAH ROAD TOWARDS PASIR PANJANG ROAD ON LANE 1 OF 5 LANES DUE TO TRAFFIC LIGHT WAS RED, I ALSO NOTICE THAT THE SAID CAR WAS STATIONARY ON THE LANE 2. AFTER TRAFFIC LIGHT TURNED GREEN, I PROCEEDED TO TURN RIGHT IN A SLOW SPEED INTO HENDERSON ROAD TOWARDS PRINCE CHARLES CRESCENT DUE TO THERE WAS VEHICLE MAKING A U-TURN AHEAD OF ME, AS I WAS IN THE MIDST OF MAKING RIGHT TURN, JUST BEFORE ENTERING INTO HENDERSON ROAD, THE SAID CAR ENCROACHED INTO MY PATH WHICH I NEED TO APPLIED HARD BRAKE AND AVOID COLLISION ONTO THE SAID CAR.

I WISH TO SAID THAT MY VEHICLE DID NOT HAVE ANY CONTACT WITH THE SAID CAR.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20200428/2006

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

3 of 3

Report No. T/20200428/2006

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 /
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/04/2020 11:05

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/2020 (DD/MM/YYYY), TIME: 12:35 (HH:MM)

LOCATION: Junction of Telok Blangah Road (Tudu Pasir Panjang) and Henderson Rd (Tudu Prince Charles Cres)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE137P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5093932010-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PIAGGIO MPI 400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL TRANSPORT
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: WAN HOELOON MELVYN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8015643/2 CONTACT: 96693997
c) ADDRESS: 92A TELOK BLANGAH ST.31 #16-161 S101093

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: 31/05/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS :: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MYSELF

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: TPHQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 6848 M MODEL: MINI
b) DRIVER'S NAME: IVAN NG
c) NRIC/FIN/PASSPORT: S7932150H CONTACT: 9742 3869

9. THIRD PARTY VEHICLE

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

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

wearing bike take photo 1) EMAIL: lunloon@gmail.com

2) VIDEO: to be updated.

memory card inside motorcycle

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="27/04/2020 13:43"/>
Vehicle No.(For Motor)	<input type="text" value="FBE137P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093932010-02		WAN HOE LOON MELVYN (YIN HAOLUN)	S8015643Z	GMC	Third Party, Fire & Theft	FBE137P	FBE137P	20/10/2019	19/10/2020

Claim Handling

Accident MT/1091992

Policy No.	5093932010-02	Vehicle No.	FBE137P	GST Registrati
Certificate No.				
Policyholder Name	WAN HOE LOON MELVYN (YIN HAOLUN)			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96693997	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	28/04/2020 15:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/04/2020	Time of Accident hh:mm	12:35	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF TELOK BLANGAH RD & HENDERSON RD			

▼ Total Excess Applicable

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

▼ Policyholder Mailing Address

Address 1	BLK 93A #16-161	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 101093	Address Type	Singapore address	Post Code
Unit No.	06-911	Related Policy Number	5093932010-02	

▼ OI Driver Info

Driver Name	WAN HOE LOON MELVYN (YIN HAOLUN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8015643Z	Driver DOB
Register Date of Driver License	09/05/2006	Driver Age	39	Driving Experi
Contact No.(Mobile)	96693997	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 93A #16-161	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 101093	Address Type	Singapore address	Post Code
Unit No.	06-911			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	28/04/2020 15:20	Claim Close Date	<input type="checkbox"/>
Report No.	Yes	Repair Option	Preferred Workshop, Name unknown					
Date Registered								
Report Taken By								

Print AK letter

Attachment

Accident No. MT/1091992 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 28/04/2020 15:20

Path *

Category *

Confider

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	NRIC/ Driving License	Y	Normal	NRIC/ Driv
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	Photos		Normal	Ph
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	28 Apr 2020 15:20	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
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