

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA12004965

Date In: 5/5/22-16:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20005767/24	SAS e-filing		
Veh No: FB1932VB	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/5/22-13:45	i-Motor Claim Form	27/10/2020-2021	5/5/22 16:59
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: FBQ 33166	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

NA200284	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Anditors' Comments:-	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:-		
	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: 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	05/05/2020 16:40
Date Of Accident	05/05/2020 13:45
Exact Location Of Accident	TANGLIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9702B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAHMY BIN SAZALI
NRIC No	SXXXX482H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92342831
Alternative Phone No	OFFICE-92342831

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	5107049235-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAHMY BIN SAZALI
NRIC No	SXXXX482H
Date Of Birth	13/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92342831
Fax Number	
Contact Number	OFFICE-92342831
Email Address	NOEMAIL

Address	NO 25 JALAN KEMPAS UTAMA 1/6 81300 JOHOR BAHRU, MALAYSIA
Postcode	81300
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	SIDE SWIPE
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?	NO
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/20200505/7013.

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	FBQ3316G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MUHAMMAD FAHMY BIN SAZALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBN9702B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

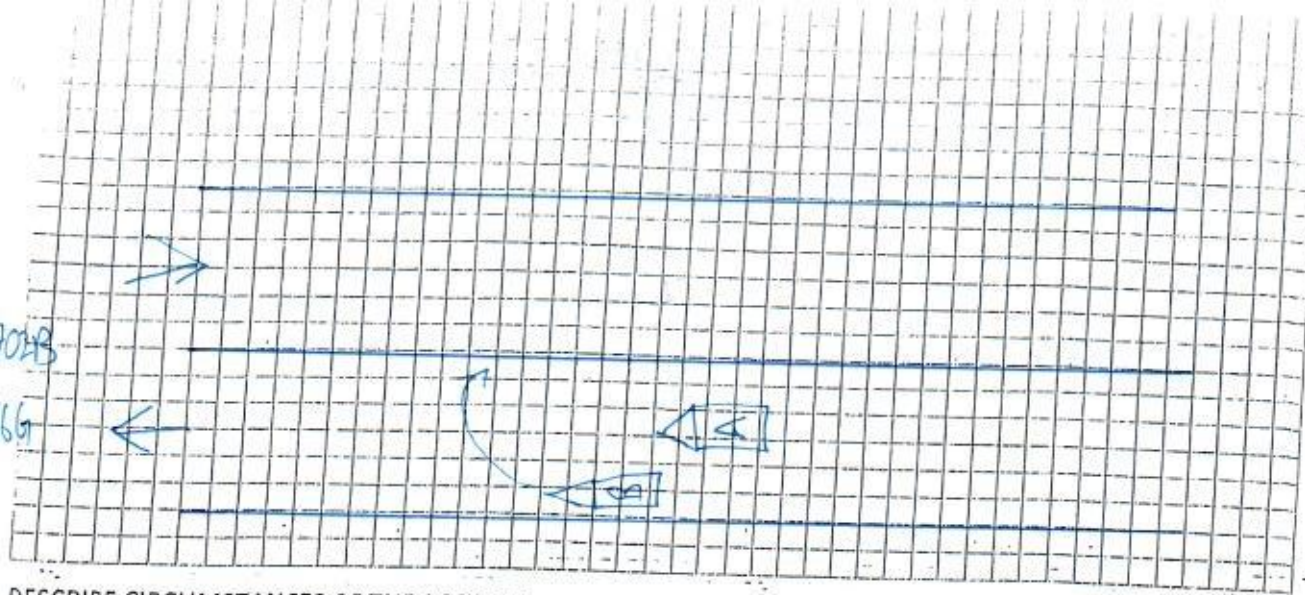
Policyholder's Signature
Date & Time:

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

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

A-FBN970243

B-FBQ33166



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

Lined area for describing the circumstances of the accident.

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 : 5 MAY 2020 Accident Time: 1.45 PM (24-HR-Format)
Accident Place : TANGLIN ROAD
Vehicle Reg. No. (Car Plate No.) : FBW 9702B
Vehicle Make/Model : YAMAHA SNIPER 150
Insurance Company : NTUC Policy No. 5107049235-01
Owner or Company Name / IC No. : MUHAMMAD FAHMY BIN SAZALI S9236482H
Owner or Company Contact No. : _____ Owner's Hp 92342831 Company Tel _____
DRIVER'S Name / IC No. : MUHAMMAD FAHMY BIN SAZALI S9236482H
DRIVER'S Date Of Birth : 13 OCT 1992 DRIVER'S License Pass Date 18 OCT 2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : NO 25 JALAN KEMPAJ 07AMA 1/6 81300 JOHOR BAHRU MALAYSIA
DRIVER'S Contact No. / Alt No. : 1) _____ 2) 92342831
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: FBQ 33166
Vehicle Make/Model: YAMAHA MT 15
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200505/7013

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

1 of 3

Report No. T/20200505/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2020 16:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FAHMY BIN SAZALI			Address: NO.25 JALAN KEMPAS UTAMA 1/6 81300 JOHOR BAHRU, MALAYSIA		
ID Type / ID No.: NRIC NO / S9236482H			Contact No.: Home/Office: Mobile: 92342831		
Nationality: SINGAPORE CITIZEN			Email: fahmysazali@gmail.com		
Sex: Male	Age: 27	Date of Birth: 13/10/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Certis Cisco Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2020 13:45	Type of Location: Straight Road
Location: Tanglin road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9702B	Motorcycle	YAMAHA	SNIPER T150	Green		0
FBQ3316G	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN9702B	NTUC Income Insurance Co-Operative Limited	5107049235-01	15/01/2020	14/01/2021



**SINGAPORE
POLICE FORCE**



T/20200505/7013

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

2 of 3

Report No. T/20200505/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAHMY BIN SAZALI	ID No.	S9236482H
Related Vehicle	FBN9702B (Motorcycle)	Contact No.	92342831
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/05/2020	Date Discharge	05/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

At the stated date and time I was riding my bike Fbn9702b along Tanglin Road. All of a sudden a motor bike in front of me bearing number FBQ3316G make a sudden illegal U turn with out looking and we collided into each other. Ride admitted to making a illegal u turn as he was in the wrong direction. After the accident I felt unwell and went on the consult a doctor and was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20200505/7013

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

3 of 3

Report No. T/20200505/7013

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 / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

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

Date/Time:
05/05/2020 16:20

Classification Of Case:

eBaoTech

General Claim

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"/>	5107049235-01		MUHAMMAD FAHMY BIN SAZALI	S9236482H	GMC	Third Party, Fire & Theft	FBN9702B	FBN9702B	15/01/2020	14/01/2021

Policy Information

Policy No.	5107049235-01	Policyholder Name	MUHAMMAD FAHMY BIN SAZALI	Policyholder NRIC	S9236482H
Certificate No.					
Address	NO 25 JALAN KEMPAS UTAMA 1/6 81300 JOHOR BAHRU MALAYSIA				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/12/2019	Effective Date	15/01/2020 00:00	Expiry Date	14/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PEOPLES INSURANCE AGENCY F	Agent Tel.	62630555	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	NO 25 JALAN KEMPAS UTAMA 1, Address 2	81300 JOHOR BAHRU	Address 3	MALAYSIA
Address 4	Address Type	Foreign address	Post Code	000000
Unit No.	Related Policy Number	5107049235-01		

Insured Object: FBN9702B

Endorsements

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

Claim Handling

Accident MT/1092270

Policy No.	S107049235-01	Vehicle No.	FBN9702B	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FAHMY BIN SAZALI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9236482H
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92342831	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	05/05/2020 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/05/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANGLIN 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 Covered?	Not Covered
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	NO 25 JALAN KEMPAS UTAMA 1	Address 2	81300 JOHOR BAHRU	Address 3	MALAYSIA
Address 4		Address Type	Foreign address	Post Code	000000
Unit No.		Related Policy Number	S107049235-01		
▼ OI Driver Info					
Driver Name	MUHAMMAD FAHMY BIN SAZALI	Driver Type	Main Driver	Driver DOB	13/10/1992
Unnamed driver Name		Driver NRIC	S9236482H	Driving Experience	7
Register Date of Driver License	18/10/2012	Driver Age	27	Contact No. (Home)	0
Contact No. (Mobile)	92342831	Contact No. (Office)	0	Address 3	MALAYSIA
Address 1	NO 25 JALAN KEMPAS UTAMA 1	Address 2	81300 JOHOR BAHRU	Post Code	000000
Address 4		Address Type	Foreign address		
Unit No.					
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		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD FAHMY BIN SAZALI	Insured NRIC	S9236482H
Contact No. (Mobile)	92342831	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	FAHMYSAZALI@HOTMAIL.COM	OT Vehicle Number	FBN9702B	TP Vehicle Number	FBQ3316G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBN9702B / FBQ3316G ON 5 May 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	05/05/2020 16:59	Claim Close Date		Date Received	05/05/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					












Save Submit

Attachment

Accident No.	MT/1092270	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2020 17:00
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	NRIC/ Driving License	Y	NRIC/ Driving License 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	SAS		SAS 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 17:00	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:59	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:59	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:59	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:59	Photos		Photos 2020-5-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 05 May 2020 16:59	Photos		Photos 2020-5-5	

Video List

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