

NATIONAL Assessment Centre Services. (Part 1 of 2) MNA 120050428

Date In: 9/16/20 11:03	Job description	Date & Time Completed	Done by
Ref No: MAL INC 20006399164	SAS e-filing		
Veh No: SMM 8649D	E-mail (within 3hrs, AIC 2hrs)		
FILE: 8/16/20 12:30	I-Motor Claim Form	MT11094015-001	
UD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKQ 7472E	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 repoter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 20006399164)	Date and 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	Station

MNA 2003223		Invoice Itemization Checklist	Am (\$)	Adj (\$)
Client's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)		
QC Checked by (Sign-In-Charge):		3) TP: Towing Fee \$40/\$45		
Auditors' Comments:		4) FT: Follow-Through Survey \$120		
		5) FT: Follow-Through Survey (Resurvey) \$30		
		For claimants info: 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 (Sun INC) against INC \$20		
		9) N12: Idao 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	09/06/2020 11:03
Date Of Accident	08/06/2020 12:30
Exact Location Of Accident	NO 1 BUILDING 1 UBI CRESCENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM8649D
Insured/Policyholder	
Name Of Registered Owner	WONG HONG FA
NRIC No	SXXXX327H
Email Address	EXODUS2388@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87006756
Alternative Phone No	OFFICE-87006756

Vehicle Particulars

Manufacturer	KIA
Model	K3 CERATO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5111735888
Cover Note Number	

Driver

Name of Driver	WONG HONG FA
NRIC No	SXXXX327H
Date Of Birth	05/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87006756
Fax Number	
Contact Number	OFFICE-87006756
Email Address	EXODUS2388@GMAIL.COM

Address	BLK 178A RIVERVALE CRESCENT #10-449
Postcode	541178
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200608/2075

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ7472E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

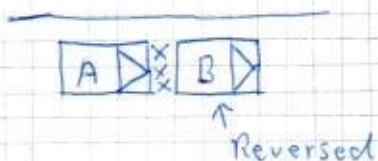
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 = SMM 8649D

B = SKQ 7472E

No 1 Building / 1 Ubi Crescent Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200608/2075

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.:



SINGAPORE POLICE FORCE



T/20200608/2075

1 of 3

Report No. T/20200608/2075

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 18:44	Vide Report No.:	Station Diary No.: 87
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Informant's Particulars

Name of Informant: WONG HONG FA			Address: APT BLK 178A RIVERVALE CRESCENT #10-449 SINGAPORE 541178		
ID Type / ID No.: NRIC NO / S8815327H			Contact No.: Home/Office: Mobile: 87006756		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/05/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES REPRESENTATIVE			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: 08/06/2020 12:30	Type of Location: Carpark
Location: Along Road 1 UBI CRESCENT 1 Ubi Crescent carpark inside No. 1 building				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
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
SKQ7472E	Car	AUDI	Audi A4	Blue		0
SMM8649D	Car	KIA	CERATO K3 1.6A SUNROOF	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200608/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8649D	NTUC Income Insurance Co-Operative Limited	5111735888	08/08/2019	08/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG HONG FA	ID No.	S8815327H
Related Vehicle	SMM8649D (Car)	Contact No.	87006756
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.

On 08/06/2020 at about 0850hrs, I parked my vehicle bearing SMM 8649D at 1 Ubi Crescent at No.1 Building open space carpark. At the point in time, my vehicle is all intact and nothing was amiss.

On 08/06/2020 at about 1700hrs, when I went to the carpark to retrieve my vehicle, something was amiss and I went to checked on it and realized that there are some scratches and dent marks at the front of my vehicle. I went to check on my in-car camera and realized that there was a car that knocked onto my vehicle.

I went to check on the in-car camera and realized that there was a blue Audi A4 vehicle bearing SKQ7472E that knocked onto my vehicle while trying to do a parallel parking at about 1233hrs. The driver came out of his vehicle and checked on it and subsequently left the said location. At this point in time, I do not know the exact amount that is needed for the car to be repaired.

That is all.



**SINGAPORE
POLICE FORCE**



T/20200608/2075

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200608/2075

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:

F /

Sgt 2 TAN BING REN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

SN 035

Signature Of Informant:

Date/Time:

08/06/2020 18:44

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

08/06/2020 10:46

Vehicle No.(For Motor)

SMM8649D

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"/>	5111735888		WONG HONG FA	S8815327H	GPC	drivo CLASSIC	SMM8649D	SMM8649D	08/08/2019	08/10/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 06 / 20) (DD/MM/YYYY), TIME: (12 : 33) (HH:MM)

LOCATION: No 1 building, Tabin Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMM 8649 D
 b) INSURANCE COMPANY: NHC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA K3 Cerato
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked
 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: WONG HONG FA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8815327 H CONTACT: 87006756
 c) ADDRESS: 178A RIVERVALE CRESCENT #10-449 5541178

* 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: (05 / 05 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/12/2010

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: Serangoon NRC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 7472 E MODEL: Audi A4
 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)
 (0)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = exodus2388@gmail.com

fax =

VIDEO = yes

Claim Handling

Accident MT/1094015

Policy No.	5111735888	Vehicle No.	SMM8649D	GST Registrati
Certificate No.				
Policyholder Name	WONG HONG FA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87006756	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	09/06/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/06/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NO 1 BUILDING 1 UBI CRESCENT CARPARK			

▼ 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	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 178A #10-449	Address 2	RIVERVALE CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111735888	

▼ OI Driver Info

Driver Name	WONG HONG FA	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8815327H	Driving Exper
Register Date of Driver License	18/12/2010	Driver Age	32	Contact No.(Hi
Contact No.(Mobile)	87006756	Contact No.(Office)		Address 3
Address 1	BLK 178A #10-449	Address 2	RIVERVALE CRESCENT	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault

Repair Option Preferred Workshop, Name unknown

Date Registered

Report Taken By

☒ Print AK letterOD-MX Insured Name 87006756 Contact No. (Home) hf-jt@hotmail.com OI Vehicle Number SMM8649D / SKQ7472E ON 8 Jun 2020 09/06/2020 14:35 Claim Close Date shan hui

Attachment

Accident No. MT/1094015 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/06/2020 14:36

Path *

Choose File No file chosen
 Choose File No file chosen
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 Choose File No file chosen
 Choose File No file chosen
 Message Read

Clear

Category *

Confider

Please Select NO
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 Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:36	SAS	Normal	!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:36	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:36	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:36	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35	Photos	Normal	Pt
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35	Photos	Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35	Photos	Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading