

# NATIONAL Assessment Centre Services. [part 1 Jan09] MMA120050449

|                           |                                           |                       |           |
|---------------------------|-------------------------------------------|-----------------------|-----------|
| Date In: 9/6/20 11:54     | Job description                           | Date & Time Completed | Done by   |
| Ref No: NA/INC20006410/64 | SAS e-filing                              |                       |           |
| Veh No: SJR 1027 D        | E-mail (within 2hrs, AIC 2hrs)            |                       |           |
| TP IA: 8/6/20 12:35       | I-Motor Claim Form                        | M7/1094001-001        | 9/6/2020. |
| DI: (P) 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/Whelp |                       |           |

|                                          |                                                          |                       |
|------------------------------------------|----------------------------------------------------------|-----------------------|
| Profund Wkep / INC Assign Wkep / QW: ( ) | Tel: ( )                                                 | Fax: ( )              |
| TP Particulars:                          | Veh No: SLS 6557 D                                       | 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 ( ) / Non-INC ( ) | 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 | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

MA2003218

|                                 |                                                 |             |            |
|---------------------------------|-------------------------------------------------|-------------|------------|
| Customer's Particulars:         | Invoice Preparation Checklist:                  | Amc (\$)    | Resur (\$) |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               | 30.00       |            |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$10)    |             |            |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |            |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120              |             |            |
|                                 | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |            |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |            |
|                                 | 6) TR: Re-inspection \$75                       |             |            |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |            |
|                                 | 8) NTUC Additional Services:                    |             |            |
|                                 | Q1:                                             |             |            |
|                                 | *N5: Courtesy Car / Tpt Allowance \$3           |             |            |
|                                 | *N6: Repole Coordination \$10                   |             |            |
|                                 | *N7: Post Repair Inspection \$25                |             |            |
|                                 | *N8: DV / Collect Excess Coordination \$3       |             |            |
|                                 | TP (N11): TP (Non 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 11:54               |
| Date Of Accident           | 08/06/2020 12:35               |
| Exact Location Of Accident | OUTSIDE OF GLENEAGLES HOSPITAL |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SJR1027D                     |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | JUN EXPRESS GROUPS PTE. LTD. |
| Co Reg No                   | 2XXXXX728H                   |
| Email Address               | NOEMAIL                      |
| Mobile Phone No             |                              |
| Alternative Phone No        | OFFICE-96254888              |

### Vehicle Particulars

|                                                                              |              |
|------------------------------------------------------------------------------|--------------|
| Manufacturer                                                                 | TOYOTA       |
| Model                                                                        | ALTIS        |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL   |
| 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          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5109407575-01                          |
| Cover Note Number         |                                        |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | YU LIXUAN RACHELLE   |
| NRIC No              | SXXXX026B            |
| Date Of Birth        | 07/10/1984           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 12/05/2014           |
| Driving Experience   | 6 YEARS AND 0 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-96254888 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|                                                     |                                  |
|-----------------------------------------------------|----------------------------------|
| Address                                             | BLK 840 YISHUN STREET 81 #09-380 |
| Postcode                                            | 760840                           |
| 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)                                                     | 2                                   |
| Passenger 1                                                                                 | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### 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?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLS6557D        |
| Vehicle Make/Model/Colour   |                 |
| Details Of Properties       |                 |
| Vehicle Category            | PRIVATE CAR     |
| Name of Driver              | PHOON WENG HWEE |
| NRIC/Passport Number        | SXXX647G        |
| Contact Number              | 96816282        |
| 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.:

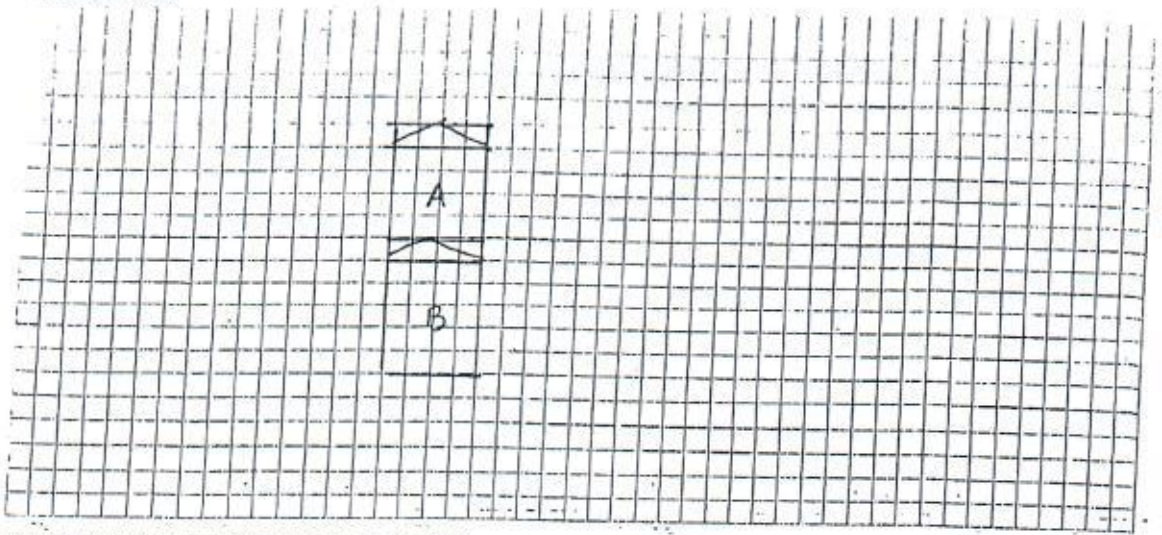
SKETCH PLAN

Vehicle A:

SJR1027D

Vehicle B:

SLS6557D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was traveling on my vehicle - while I was outside

Gleneagles at the zebra crossing, I stop to give way

to the pedestrian that was crossing. Soon after that I

felt an impact from the rear. I alighted from my vehicle to

realise that vehicle B bearing carplate SLS6557D had rear ended

my vehicle.

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.:



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="08/06/2020 11:45"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SJR1027D"/> | 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"/> | 5109407575-01 | 5109407575-01-000025 | JUN EXPRESS GROUPS PTE. LTD. | 201420728H        | GFM     | Third Party | SJR1027D    | SJR1027D       | 11/05/2020    | 10/05/2021  |

Date of Accident : 08/06/2020 Accident Time: 12:37 PM (24-HR-Format)  
 Accident Place : outside of Gleneagles hospital  
 Vehicle Reg. No. (Car Plate No.) : SJR10270  
 Vehicle Make/Model : Toyota Altis  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : Jun. Express Groups Pte Ltd 201420728H  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Yu uxuan Rachelle 58429026B  
 DRIVER'S Date Of Birth : 07-10-1984 DRIVER'S License Pass Date 12 may 2014  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver  
 DRIVER'S Address : Blk 840 Yishun Street 81 # 09-380 5760840  
 DRIVER'S Contact No. / Alt No. : 1) 96254888 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin @ mycar.sg  
 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): 02 - Passenger female (Grab passenger)  
 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: SLS 6557D  
 Vehicle Make/Model: Citroen  
 Name Driver: Phoon Weng Hwee  
 IC No. Driver: S9533647G  
 Driver's Contact & Add: 96816282

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



## Claim Handling

Accident MT/1094001

|                     |                                                               |                     |                                                               |                 |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|-----------------|
| Policy No.          | 5109407575-01                                                 | Vehicle No.         | SJR1027D                                                      | GST Registrati  |
| Certificate No.     | 5109407575-01-000025                                          |                     |                                                               |                 |
| Policyholder Name   | JUN EXPRESS GROUPS PTE. LTD.                                  |                     |                                                               | Policyholder NI |
| Product Code        | FLEET MASTER INSURANCE                                        | Cover Type          | Third Party                                                   | Loading         |
| Contact No.(Mobile) | 96254888                                                      | 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(%)  | 0                                                             | Private Hire    |

## ▼ Accident Details

|                   |                                |                               |       |                |
|-------------------|--------------------------------|-------------------------------|-------|----------------|
| Report Date       | 09/06/2020 12:05               | Accident Report Within 24 hrs | Yes   | Accident Type  |
| Date of Accident  | 08/06/2020                     | Time of Accident hh:mm        | 12:35 | Country of Acc |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.        |
| Accident Location | OUTSIDE OF GLENEAGLES HOSPITAL |                               |       |                |

## ▼ Total Excess Applicable

|                            |              |                            |          |                 |
|----------------------------|--------------|----------------------------|----------|-----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 0.00     |                 |
| OD Standard Excess         | 0.00         | TP Standard Excess         | 1,000.00 |                 |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00     | Driver is Cover |
| Additional Excess          | 0            |                            |          |                 |
| Total OD Excess Applicable | 0.00         | Total TP Excess Applicable | 1,000.00 |                 |

## ▼ Benefits

## ▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## ▼ Policyholder Mailing Address

|           |                        |                       |                   |           |
|-----------|------------------------|-----------------------|-------------------|-----------|
| Address 1 | 68 KAKI BUKIT AVENUE 6 | Address 2             | #02-08 ARK@KB     | Address 3 |
| Address 4 |                        | Address Type          | Singapore address | Post Code |
| Unit No.  | 01-16                  | Related Policy Number | 5109407575-01     |           |

## ▼ O1 Driver Info

|                                         |                                                               |                     |                   |                |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|----------------|
| Driver Name                             | Unnamed Driver                                                | Driver Type         | Unnamed Driver    |                |
| Unnamed driver Name                     | YU LIXUAN RACHELLE                                            | Driver NRIC         | SXXXX026B         | Driver DOB     |
| Register Date of Driver License         | 12/05/2014                                                    | Driver Age          | 35                | Driving Exper  |
| Contact No.(Mobile)                     | 96254888                                                      | Contact No.(Office) |                   | Contact No.(Hi |
| Address 1                               | BLK 840 #09-380                                               | Address 2           | YISHUN STREET 81  | Address 3      |
| Address 4                               |                                                               | Address Type        | Singapore address | Post Code      |
| Unit No.                                | 09-380                                                        |                     |                   |                |
| 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 |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

## Modification History

Claim 001 **New**

|                     |                                   |                                  |              |
|---------------------|-----------------------------------|----------------------------------|--------------|
| Claim Type *        | OD-MX                             | Insured Name                     | JUN          |
| Contact No.(Mobile) | 81383333                          | Contact No. (Home)               | NI           |
| Email Address       | junexpressgroups@gmail.com        | O1 Vehicle Number                | SJR          |
| Claim Description   | SJR1027D / SL56557D ON 8 Jun 2020 |                                  |              |
| Preferred Workshop  | Yes                               | Insured Liability                | Not at Fault |
| Finalisation        | Preferred Repair Option           | Preferred Workshop, Name unknown | GIA report   |
| Date Registered     | 09/06/2020 12:11                  | Received                         |              |
| Report Taken By     | SHAN HUI                          |                                  |              |

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1094001 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/06/2020 12:12

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Confider

NO

NO

NO

NO

NO

NO

NO

## Attachment List

| Attachment                                                                          | Uploaded By/Date                                                                 | Category              |   | Urgency |           |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|---|---------|-----------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:12 | SAS                   |   | Normal  |           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:12 | NRIC/ Driving License | Y | Normal  | NRIC/ Dri |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:12 | Photos                |   | Normal  | Pt        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:12 | Photos                |   | Normal  | Pt        |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:12 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>09 Jun 2020 12:11 | Photos                |   | Normal  | Pt        |

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading