

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] NA70052651

Date In: 19/6/2005-14:29	Job description	Date & Time Completed	Done by
Ref No: NA/1452003656/24	SAS e-filing		
Veh No: 5J4338C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/6/2005-18:15	i-Motor Claim Form	17/10/2005-18:22	19/6/2005 14:39
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: SVDJ896K	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

NA7003268	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	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	19/06/2020 14:29
Date Of Accident	18/06/2020 18:15
Exact Location Of Accident	JUNC MARINA BLVD & MARINA VIEW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3338C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG PENG WHATT
NRIC No	SXXXX323Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98589001
Alternative Phone No	OFFICE-98589001

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102613093-01
Cover Note Number	

### Driver

Name of Driver	ANG PENG WHATT
NRIC No	SXXXX323Z
Date Of Birth	10/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98589001
Fax Number	
Contact Number	OFFICE-98589001
Email Address	NOEMAIL

Address	BLK 107 TOWNER ROAD #11-378
Postcode	321107
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 - 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?	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?	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:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD5896K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH WEE BOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### DETAILS OF INJURED PERSON 1

Name	ANG PENG WHATT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU3338C
Were seat belts worn?	YES
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.
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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:

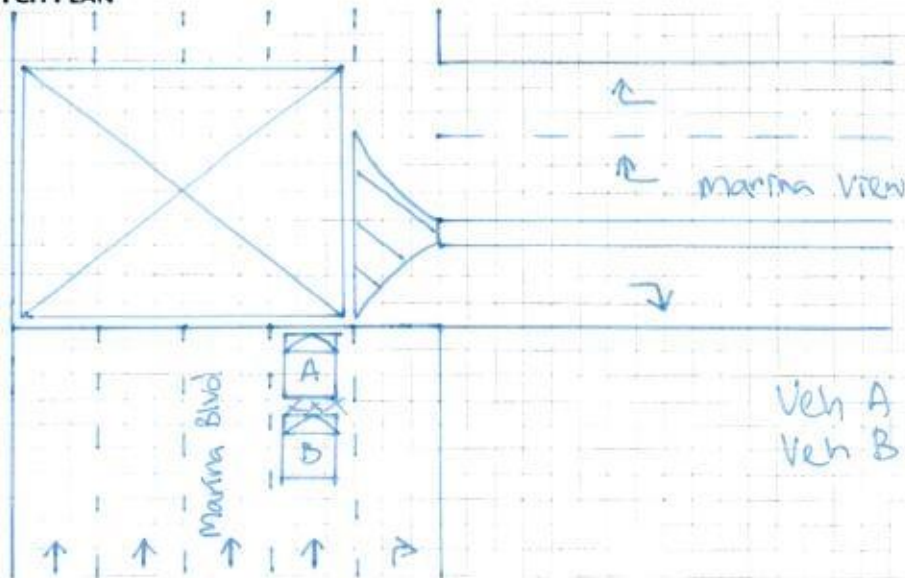
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X  
  
\_\_\_\_\_  
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.:

# SKETCH PLAN



Veh A: SJU 3338C  
Veh B: SLD 5896K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJU3338C) traveling along Marina Blvd on second lane of a 5-lanes road. Somewhere at the junction of Marina View, vehicle ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SLD5896K) came from rear and collided directly onto the rear portion of 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.:



<b>Vehicle No.</b>	STU3338C	<b>Model / Make</b>	Toyota Vios
<b>Date of Accident</b>	18/6/2020		
<b>Time of Accident</b>	1815	<b>HRS</b>	
<b>Location of Accident</b>	Along Marina Blvd / Marina View		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Ang Peng Whatt		
<b>Telephone No.</b>	H/P : 98589001	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	50149323Z		
<b>Address</b>	BLK 107 Tower Road #11-378 J (321107)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5102613093 - 01		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	-
<b>Date of birth</b>	16/11/1950		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	16/12/2011		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state	Owner	
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Ang Peng Whatt 98589001		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLD5896K	<b>Any Passengers :</b>	1
<b>Name of Driver</b>	Koh Wee Boon	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5102613093-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJU3338C**  
Chassis Number : MR053HY9305126393
2. Name of Policyholder : ANG PENG WHATT
3. Effective Date of Insurance : 08 Sep 2019
4. Expiry Date of Insurance : 07 Sep 2020
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG PENG WHATT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 28 Aug 2019 15:22 hrs

Insure Link Pte Ltd  
2 Kallang Avenue #08-18  
CT Hub  
Off : 6444 0044  
Fax: 6444 0040

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



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="18/06/2020 18:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJU3338C"/>	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"/>	5102613093-01		ANG PENG WHATT	S0149323Z	GPC	drive CLASSIC	SJU3338C	SJU3338C	08/09/2019	07/09/2020

### Policy Information

Policy No.	5102613093-01	Policyholder Name	ANG PENG WHATT	Policyholder NRIC	S0149323Z
Certificate No.					
Address	BLK 107 #11-378 TOWNER ROAD SINGAPORE 321107				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/08/2019	Effective Date	08/09/2019 00:00	Expiry Date	07/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 107 #11-378	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321107
Address 4		Address Type	Singapore address	Post Code	321107
Unit No.	11-378	Related Policy Number	5102613093-01		

### Insured Object: SJU3338C

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel



## Claim Handling

Accident MT/1094783

Policy No.	S102613093-01	Vehicle No.	SJU3338C	GST Registration No.	
Certificate No.					
Policyholder Name	ANG PENG WHATT	Cover Type	drive CLASSIC	Policyholder NRIC	S01493232
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98589001	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="11"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	19/06/2020 14:38	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/06/2020	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MARINA BLVD & MARINA VIEW				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 107 #11-378	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321107
Address 4		Address Type	Singapore address	Post Code	321107
Unit No.	11-378	Related Policy Number	S102613093-01		
<b>01 Driver Info</b>					
Driver Name	ANG PENG WHATT	Driver Type	Main Driver	Driver DOB	10/11/1950
Unnamed Driver Name		Driver NRIC	S01493232	Driving Experience	8
Register Date of Driver License	16/12/2011	Driver Age	69	Contact No. (Home)	0
Contact No. (Mobile)	98589001	Contact No. (Office)	0	Address 3	SINGAPORE 321107
Address 1	BLK 107	Address 2	TOWNER ROAD	Post Code	321107
Address 4		Address Type	Singapore address		
Unit No.	11-378				
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	ANG PENG WHATT	Insured NRIC	S01493232
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	0444044
Email Address		01 Vehicle Number	SJU3338C	TP Vehicle Number	S105896K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJU3338C / S105896K ON 18 Jun 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	19/06/2020 14:39	Claim Close Date		Date Received	19/06/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1094783	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/06/2020 14:40
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	SAS		SAS 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 19 Jun 2020 14:40	Photos		Photos 2020-6-19	

## Video List

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