

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MVA 12005247**

Date In: 2/6/20-12:19	Job description	Date & Time Completed	Done by
Ref No: MVA/INC 12005247/24	SAS e-filing		
Veh No: DEL 2011 L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/6/20-17:40	i-Motor Claim Form	M7/1094990-001	22/6/20 9:38
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Veh No: Jm 63164	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
	1st Bill	Add Bill		
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QD*			
	*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	22/06/2020 17:19
Date Of Accident	19/06/2020 17:40
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2011L
Insured/Policyholder	
Name Of Registered Owner	CHIA AH SIEW
NRIC No	SXXXX450F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81113630
Alternative Phone No	OFFICE-81113630

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109265148-01
Cover Note Number	

Driver

Name of Driver	TAY KHIANG KHOON, ROY (ZHENG JIANKUN)
NRIC No	SXXXX205E
Date Of Birth	21/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88922129
Fax Number	
Contact Number	OFFICE-88922129
EEmail Address	NOEMAIL

Address	BLK 473A FERVALE STREET #22-27
Postcode	791473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	1

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/20200619/2096.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML316Y
Vehicle Make/Model/Colour	MERCEDES A200
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

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:

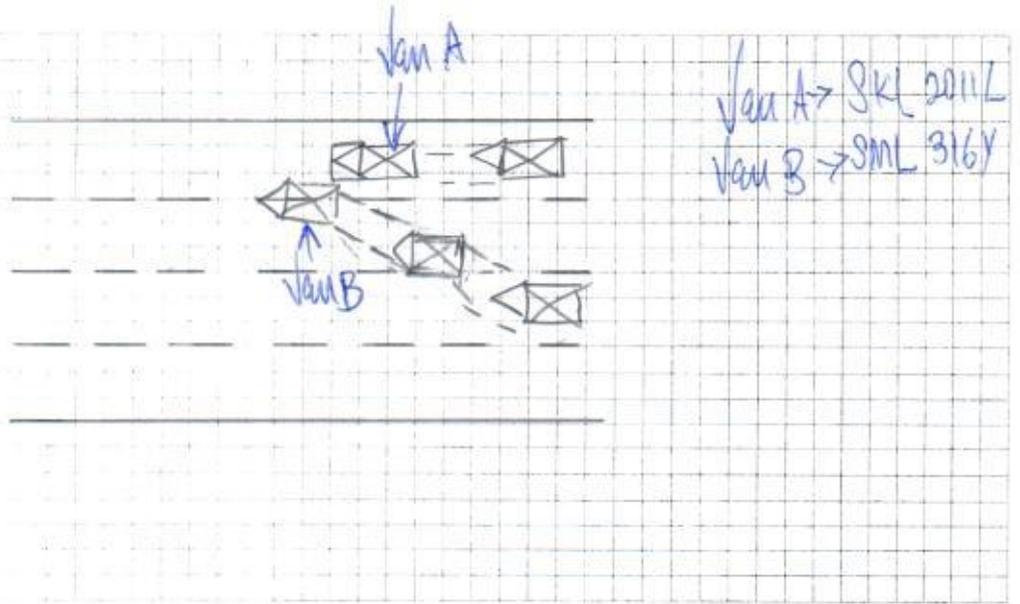


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 19/06/2020 (DD/MM/YYYY), TIME: 17:40 (HH:MM)

LOCATION: Along Sile toward CTE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PKL 2011L
b) INSURANCE COMPANY: NINE Income
c) POLICY NUMBER: 5109265148-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Atila
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Chia Ah Jiew (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1295450F CONTACT: 81113630
c) ADDRESS: Blk 436 Fernvale Road #14-160 J (794436)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAY KUANH KHON ROY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S850520SE CONTACT: 8892 2129
c) ADDRESS: Blk 473A Fernvale St #22-27 J (791473)

*d) DATE OF BIRTH: 21/02/1985 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 08/01/19

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: Jengkang NPE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 316Y MODEL: Mercedes A200
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)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email = wei_845@outlook.com

fax =

VIDEO = Yes



**SINGAPORE
POLICE FORCE**



T/20200619/2096

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

1 of 3

Report No. T/20200619/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2020 22:47	Vide Report No.:	Station Diary No.: 127
--	------------------	---------------------------

Informant's Particulars

Name of Informant: TAY KHIANG KHOON, ROY		Address: APT BLK 473A FERVALE STREET #22-27 SINGAPORE 791473	
ID Type / ID No.: NRIC NO / S8505205E		Contact No.:	Mobile: 88922129
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 21/02/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB FOOD DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/06/2020 17:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL2011L	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Slightly Damaged	1
SML316Y	Car	MERCEDES BENZ	A200 AMG LINE AUTO SALOON	Grey	Slightly Damaged	0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY KHIANG KHOON, ROY	ID No.	S8505205E
Related Vehicle	NIL	Contact No.	88922129
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 19/06/2020 at about 1740hrs, I was travelling on SLE towards CTE on the first lane, when another car changed lane abruptly causing a hit and run. There was no space for another vehicle to overtake in front of me yet he did so. I then felt a slight bump on the left front side of my car. The car then sped away after overtaking.

I did not sustained any injuries and have yet to go for a medical examination. My car damages was only a slight scratch on the left front side of the bumper. I am making this report for my own record purposes.



**SINGAPORE
POLICE FORCE**



T/20200619/2096

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

3 of 3

Report No. T/20200619/2096

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 1 NUR SYAHIRAH BINTE MD LAZIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2020 22:47
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	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

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109265148-01		CHIA AH SIEW	S1295450F	GPC	drive CLASSIC	SKL2011L	SKL2011L	02/04/2020	01/04/2021

Continue

▼ Policy Information

Policy No.	5109265148-01	Policyholder Name	CHIA AH SIEW	Policyholder NRIC	S1295450F
Certificate No.					
Address	BLK 436D #14-160 FERVALE ROAD SINGAPORE 794436				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/03/2020	Effective Date	02/04/2020 00:00	Expiry Date	01/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 436D #14-160	Address 2	FERVALE ROAD	Address 3	SINGAPORE 794436
Address 4		Address Type	Singapore address	Post Code	794436
Unit No.		Related Policy Number	5109265148-01		

▶ Insured Object: SKL2011L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

Accident MT/1094990

Policy No.	5109265148-01	Vehicle No.	SKL2011L	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA AH SIEW			Policyholder NRIC	S1295450F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81113630	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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(%)	10	Private Hire	No
Accident Details					
Report Date	22/06/2020 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	19/06/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS-CTE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 435D #14-160	Address 2	FERNVALE ROAD	Address 3	SINGAPORE 794436
Address 4		Address Type	Singapore address	Post Code	794436
Unit No.		Related Policy Number	5109265148-01		

DI Driver Info

Driver Name	TAY KHIANG KHOON ROY	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S850520SE	Driver DOB	21/02/1985
Register Date of Driver License	08/01/2019	Driver Age	35	Driving Experience	1
Contact No.(Mobile)	88922129	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 473A	Address 2	FERNVALE STREET	Address 3	FERNVALE RIVERGROVE
Address 4	SINGAPORE 791473	Address Type	Singapore address	Post Code	791473
Unit No.	22-27				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHIA AH SIEW	Insured NRIC	S1295450F
Contact No.(Mobile)	90679644	Contact No.(Home)	66387919	Contact No.(Office)	
Email Address		O1 Vehicle Number	SKL2011L	TP Vehicle Number	SML316Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKL2011L / SML316Y ON 19 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	22/06/2020 17:38	Claim Close Date		Date Received	22/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094990	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2020 17:38

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

2020-06-22 17:38

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	SAS	Normal	SAS 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 22 Jun 2020 17:38	Photos	Normal	Photos 2020-6-22	

Video List

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