

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 12053354

Date In: 24/6/20-10:05	Job description	Date & Time Completed	Done by
Ref No: 19/10C2006607/24	SAS e-filing		
Veh No: SKJ502M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/6/20-19:5	i-Motor Claim Form	27/10/2015 17:00	24/6/20 10:16
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: PB5979Z

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

Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idao 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

*N8: DV / Collect Excess Coordination \$5

TP (N11) : TP (Non INC) against INC \$20

9) N12: Idao 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	24/06/2020 10:05
Date Of Accident	23/06/2020 19:05
Exact Location Of Accident	AMK AVE 1 TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5252M
Insured/Policyholder	
Name Of Registered Owner	HAJA NAJIMUDEEN S/O M J
NRIC No	SXXXX535F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97543412
Alternative Phone No	OFFICE-97543412

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	5109953509
Cover Note Number	

Driver

Name of Driver	HAJA NAJIMUDEEN S/O MOHAMED JAKKARIA
NRIC No	SXXXX535F
Date Of Birth	01/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543412
Fax Number	
Contact Number	OFFICE-97543412
EEmail Address	NOEMAIL

Address	BLK 59 CHAI CHEE ROAD #11-866
Postcode	460059
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?	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: : - 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC5929Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SANTOS CHRISTOPHER ACOBA
NRIC/Passport Number	
Contact Number	81111733
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

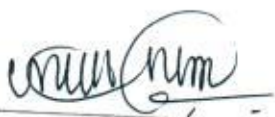
No. Of Passenger (Including Driver)

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:

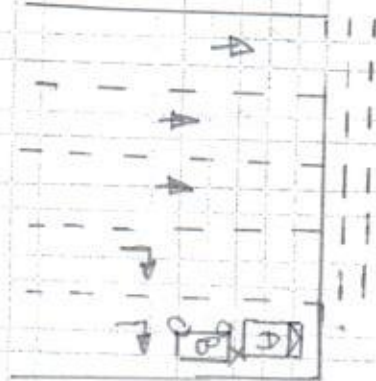


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A) SKL5252M

B) FBC5929Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23 JUNE 2020 (A ABOUT 1906 HRS, I WAS TRAVELLING ALONG ANG MO KIO AVE | TURNING RIGHT TO CTE. THE TRAFFIC LIGHT TURNED RED AND I STOPPED, SUDDENLY I FELT AN IMPACT ON MY VEH REAR PORTION.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature*
Date & Time:

[Signature]

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

[Signature]

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



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivesp1@gmail.com

VEHICLE NO: SKL5252M MAKE/MODEL: MERCEDES C180
DATE OF ACCIDENT: 23 / 06 / 2020 TIME: 19 HR 06 MIN AM ☒ PM
LOCATION OF ACCIDENT: ANG MO KIO AVE 1 TURNING RIGHT TO CTE
EXACT PURPOSE USE DURING ACCIDENT: WORK

CAR OWNER

NAME OF CAR OWNER: HASA NASIMUDEEN S/O MOHAMED JAKKARIA
CONTACT NO: 97543412
NRIC: S2639535F
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: NTUC
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO: 5109953509-01

ACCIDENT DRIVER

☒ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: _____
NRIC: _____ NO OF PASSENGER/S: 1 FEMALE
DATE OF BIRTH: 01.02.1963
OCCUPATION: SELF-EMPLOYED ☒ OUTDOOR ☐ INDOOR
DATE OF DRIVING PASS: 23 / 06 / 2013
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 97543412
ADDRESS: BLK 59 CHAI CHEE ROAD #11-866 S(160059)

DRIVER OWN ANY VEHICLE: NO IF YES- REGISTRATION NO: _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION: ☒ CLEAR ☐ RAINING OTHER: _____
ROAD SURFACE: ☒ DRY ☐ WET OTHER: _____

ANY INJURIES: ☒ NO IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: ☒ NO IF YES- LOCATION: _____

VIDEO FOOTAGE: ☒ NO ☐ YES

3RD PARTY INFO

VEHICLE B NO: PBC5A29Z NO OF PASSENGER/S: ☐ UNKNOWN

NAME: SAUTOS CHRISTOPHER ACDBA

CONTACT NO: 81111733

VEHICLE C NO: _____ NO OF PASSENGER/S: ☐

VEHICLE D NO: _____ NO OF PASSENGER/S: ☐

VEHICLE E NO: _____ NO OF PASSENGER/S: ☐

VEHICLE F NO: _____ NO OF PASSENGER/S: ☐

ANY WITNESS: _____

WITNESS CONTACT NO: _____

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5109953509-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKL5252M**
Chassis Number : WDD2040312A846099
2. Name of Policyholder : HAJA NAJIMUDEEN S/O M J
3. Effective Date of Insurance : 24 Jun 2020
4. Expiry Date of Insurance : 23 Jun 2021
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HAJA NAJIMUDEEN S/O M J
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 : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 16 Jun 2020 13:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

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="23/06/2020 19:05"/>
Vehicle No. (For Motor)	<input type="text" value="SKL5252M"/>	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"/>	5109953509		HAJA NAJIMUDEEN S/O M J	S2639535F	GPC	drive CLASSIC	SKL5252M	SKL5252M	30/05/2019	23/06/2020

 Policy Information

Policy No.	5109953509	Policyholder Name	HAJA NAJIMUDEEN S/O M J	Policyholder NRIC	S2639535F
Certificate No.					
Address	BLK 59 #11-866 CHAI CHEE ROAD SINGAPORE 460059				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	23/06/2020 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	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 59 #11-866	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	5109953509-01		

 Insured Object: SKL5252M

 Endorsements

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

Claim Handling

Accident MT/1095157

Policy No.	S109953509	Vehicle No.	SKL5252M	GST Registration No.	
Certificate No.					
Policyholder Name	HAJA NAJIMUDEEN S/O M J	Cover Type	drive CLASSIC	Policyholder NRIC	S2639535F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97543412	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes
▼ Accident Details					
Report Date	24/06/2020 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/06/2020	Time of Accident (hh:mm)	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANK AVE 1 TWOS CTE				
▼ 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 Covered?	Covered
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 59 #11-866	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.		Related Policy Number	S109953509-01		
▼ O1 Driver Info					
Driver Name	HAJA NAJIMUDEEN S/O M J	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2639535F	Driver DOB	01/02/1963
Register Date of Driver License	23/08/1993	Driver Age	57	Driving Experience	26
Contact No.(Mobile)	97543412	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 59	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460059
Address 4		Address Type	Singapore address	Post Code	460059
Unit No.	11-866				
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	HAJA NAJIMUDEEN S/O M J	Insured NRIC	S2639535F
Contact No.(Mobile)	97543412	Contact No.(Home)	54489284	Contact No.(Office)	
Email Address	HAJADEENG63@GMAIL.COM	O1 Vehicle Number	SKL5252M	TP Vehicle Number	FBC59292
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKL5252M / FBC59292 ON 23 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	24/06/2020 10:16	Claim Close Date		Date Received	24/06/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment










Accident No. MT/1095157 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 24/06/2020 10:17

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	SAS	Normal	SAS 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:17	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Jun 2020 10:16	Photos	Normal	Photos 2020-6-24	

Video List

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