

NATIONAL Assessment Centre Services: [ver 1 Jan 03]

Date In: 01/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006875/13	SAS e-filing		
Veh No: SM5305B	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 30/06/20 1750	I-Motor Claim Form	MT/1095840-001	
CI: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk311		

Protected Wisp / INC Assign Wisp / QW: (	ZERO GRAVITY	Tel:	Fax:
IP Particulars:	Veh No: SLU42822	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) 100hrs (67884616)	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

NA2003478	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30):		
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idea DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpl 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: Idea 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	01/07/2020 14:18
Date Of Accident	30/06/2020 17:50
Exact Location Of Accident	CHANGI NORTH CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM5305B
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN HUAT
NRIC No	SXXXX828G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83834671
Alternative Phone No	OTHERS-83834671
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5101866269-01
Cover Note Number	
Driver	
Name of Driver	LIM CHIN HUAT
NRIC No	SXXXX828G
Date Of Birth	20/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83834671
Fax Number	
Contact Number	OTHERS-83834671
Email Address	NOEMAIL

Address	BLK 105 TAMPINES ST 11 #11-53
Postcode	521105
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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

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

PLS REFER TO THE ATTACHED 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	SLU4282Z
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD BIN ABDUL KARIM
NRIC/Passport Number	SXXXX331F
Contact Number	90626967
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:

1/7/2020

1151 hrs

GIA Form SketchPlan (Rev. 03)

Driver's Signature

(If driver is not the policyholder)

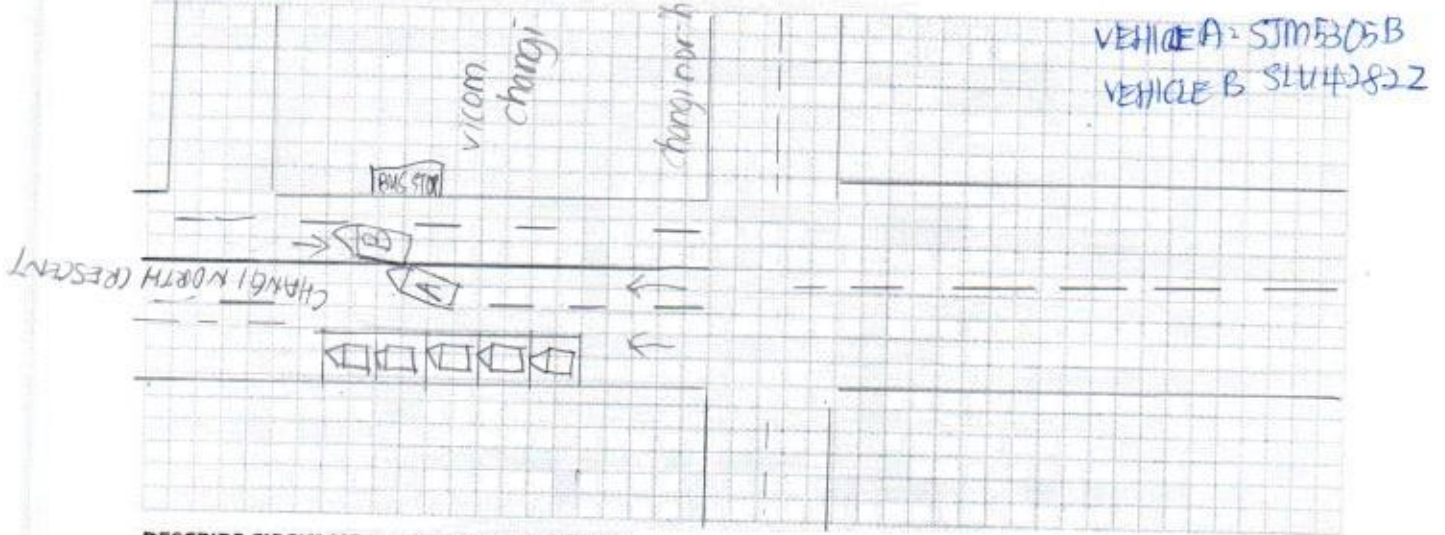
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I GRADUALLY SLOW DOWN MY VEHICLE & WAS ABOUT TO MAKE AN U-TURN.

SUDDENLY VEHICLE B SLU4282Z OVER TAKING ON MY RIGHT HIT ONTO MY RIGHT FRONT.

DECLARATION

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

Policyholder's Signature

Date & Time:

1/7/2020
11:51 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Shym 01/07/20

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 30/6/2020 Time 1750 Hrs
Exact Location Of Accident * Changi North Crescent

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SIM 5305 B

Insured Policyholder

Name of Registered Owner * Lim Chin Huet

NRIC/FIN/Passport Number * S1200828 G

Vehicle Particulars

Manufacturer 2008

Model Nissan Sylphy

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Endorsement

Name of Insurance Company * NTUC

Type of Coverage * Driver class

Fleet Policy Yes ☐ No ☐

Policy Number * 510186626901

Cover Note Number

Driver

Name of Driver * LIM CHIN HUAT

NRIC/FIN/Passport Number * S1200828 G

Date of Birth * 20/06/1956

Occupation * Group Driver

Date of Driving Pass * 05/07/1978

Gender * Male ☒ Female ☐

Mobile Number 83834671

Address * Blk 105 A 11-53

Tampines St 11 (521105)

Email Address

Was driver an employee of the Insured's Company? * Yes ☐ No ☐

If no, Relationship of the Driver with the Insured * PASSENGER

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>	
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>	
General Information of the Accident			
Type of Accident	* <u>SIDE TO SIDE</u>		
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>		
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>		
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details of Injured Persons			
Name	* <input type="text"/>		
Address	<input type="text"/>		
Approximate Age	* <input type="text"/>		
Injuries Sustained	* <input type="text"/>		
If vehicle Occupants, state in which vehicle?	<input type="text"/>		
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details of Police Action			
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please state which Police Station	<input type="text"/>		
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, against whom?	<input type="text"/>		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* <u>SLV 4282 Z</u>		
Vehicle Make / Model / Colour	<u>Honda Shuttle White</u>		
Detail Of Properties	<input type="text"/>		
Name of Driver	* <u>Muhammad Bin Abdul Karim</u>		
NRIC/Passport Number	<u>S8425331F</u>		
Contact Number	* <u>90626967</u>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Insurance Company Name	<input type="text"/>		
Nature of Damage	<input type="text"/>		
Details of Witness			
Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

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: 5101866269-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM5305B**
Chassis Number : JN1BAAG11Z0107214
2. Name of Policyholder : LIM CHIN HUAT
3. Effective Date of Insurance : 09 Jul 2019
4. Expiry Date of Insurance : 08 Jul 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	: LIM CHIN HUAT
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 : CH INSURANCE AGENCY PTE. LTD. (00000615369)
Date of Issue : 06 Jul 2019 11:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Transfer Of Vehicle Ownership (Acknowledgement)
Vehicle Details

Vehicle No.:	SJM5305B		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Make:	NISSAN	Vehicle Model:	SYLPHY 1.5 4AT
Chassis No.:	JN1BAAG11Z0107214	Engine No.:	HR15068672B
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1498 cc	Power Rating:	-
Unladen Weight:	1175 kg	Maximum Laden Weight:	1520 kg
Primary Colour:	Black	Secondary Colour:	-
IU Label No.:	1123647795	Maximum Power Output:	80.0 kW (107 bhp)
First Registration Date:	07 Jan 2009	Original Registration Date:	07 Jan 2009
Manufacturing Year:	2008	Open Market Value:	\$20,572.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$9,768.00
No. of Transfer:	2	Actual ARF Paid:	\$19,536.00

Owner Particulars

Owner Name:	LIM CHIN HUAT
Owner ID Type:	Singapore NRIC
Owner ID:	S1200828G
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	120
Registered Street Name:	TAMPINES STREET 11
Registered Unit No.:	# 10 - 298
Registered Building Name:	-
Registered Postal Code:	521120
COE No./Expiry Date:	2009010101003158N / 06 Jan 2019
COE Bid Category:	A - Car (1600cc & below)
QP Paid:	\$5,605.00

Transaction Details

Business
Transaction Ref. 20180630133029902339
No.:

Business
Transaction Date: 30 Jun 2018

Business
Transaction Time: 13:30:29

Message

Vehicle has been successfully transferred to LIM CHIN HUAT (S1200828G).

Please note that \$367.00 will be deducted from your GIRO account.

The notification delivery date will be subject to validation of address with source agency.

Claim Handling

Accident MT/1095840

Policy No.	S101866269-01	Vehicle No.	SJMS305B	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHIN HUAT			Policyholder NRIC	S1200828G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83834671	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	01/07/2020 17:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/06/2020	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	CHANGI NORTH CRESCENT				

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	0.00				
Total OD Excess Applicable	2,000.00	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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999990
Unit No.	10-29B	Related Policy Number	S101866269-01		

DI Driver Info

Driver Name	LIM CHIN HUAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1200828G	Driver DOB	20/06/195
Register Date of Driver License	05/07/1978	Driver Age	64	Driving Experience	41
Contact No.(Mobile)	83834671	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 105	Address 2	TAMPINES STREET 11	Address 3	SINGAPOR
Address 4		Address Type	Singapore address	Post Code	521105
Unit No.	#11-53				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LIM CHIN HUAT	In NF
Contact No.(Mobile)	98781682	Contact No. (Home)	NIL	Co Nc (Q
Email Address		DI Vehicle Number	SJMS305B	TP Ve Nc
Claim Description	SJMS305B / SLU4282Z ON 30 Jun 2020			
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Na Pr Wi
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	01/07/2020 17:39	Claim Close Date		Di Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re

Print AK letter

Attachment

Accident No. MT/1095840

Claim No. 001

Last Doc. Received Yes No

Upload Date 01/07/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	SAS		Normal	SAS 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:38	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Jul 2020 17:37	Photos		Normal	Photos 2020-7-1

Video List

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