

NATIONAL Assessment Centre Services

Wef 1 Jan 05 **W1118 2005744**

| | | | |
|--------------------------------|--|-----------------------|----------------------|
| Date In: 7/12/20-09:20 | Job description | Date & Time Completed | Done by |
| Ref No: HA/INC200703124 | SAS e-filing | | |
| Veh No: 5MS18354 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/12-08:40 | i-Motor Claim Form | 17/12/09 09:38 | 7/12/20 09:38 |
| 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 Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **5JG7216T** 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 | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | Est 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 | | |
| Date 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Date 2/3: | 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 | \$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 | 07/07/2020 09:20 |
| Date Of Accident | 06/07/2020 08:40 |
| Exact Location Of Accident | KPE TWDS MCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | SMS1835Y |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMED ROZAIDY BIN MOHAMED RAFI'EE |
| NRIC No | SXXXX651J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96733494 |
| Alternative Phone No | OFFICE-96733494 |

Vehicle Particulars

| | |
|--|---------------------------------------|
| Manufacturer | TOYOTA |
| Model | HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR |
| 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 | 5117029594 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------------|
| Name of Driver | MOHAMED ROZAIDY BIN MOHAMED RAFI'EE |
| NRIC No | SXXXX651J |
| Date Of Birth | 06/11/1983 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/11/2005 |
| Driving Experience | 14 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96733494 |
| Fax Number | |
| Contact Number | OFFICE-96733494 |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 658B PUNGGOL EAST #08-713 |
| Postcode | 822658 |
| 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 | CHAIN COLLISION |
| 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 | 4 |
| 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) | 2 |
| Passenger 1 | NAME: : OLGA GERGERT 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 | SJG7216T |
| Vehicle Make/Model/Colour | |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCU8278S
Vehicle Make/Model/Colour
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMA1634E
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name MOHAMED ROZAIDY BIN MOHAMED RAFI'EE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMS1835Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name OLGA GERGERT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMS1835Y
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.
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:

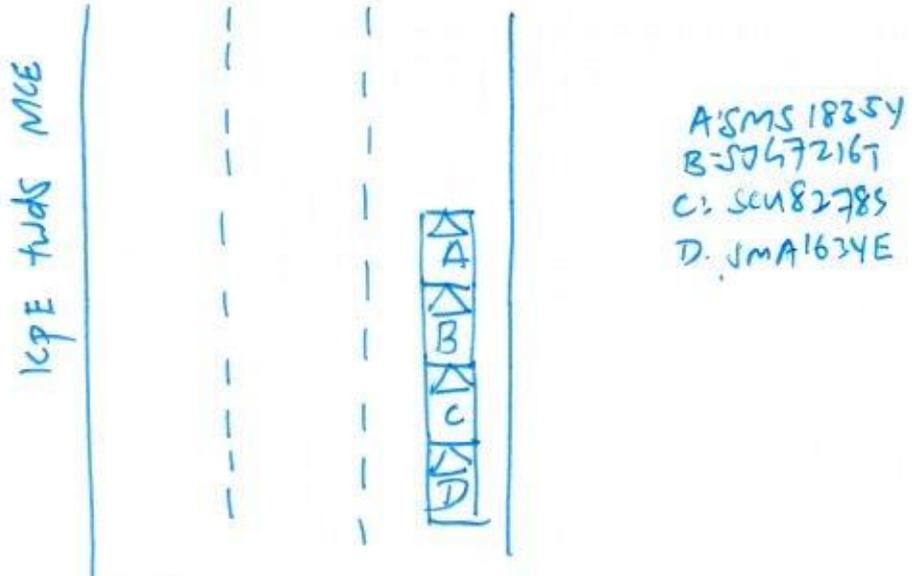
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On stated date and time, I was travelling along KPE twds MCE. Front vehicle brake, I brake my vehicle as well. Suddenly I felt an impact of my vehicle and realised that vehicle B hit onto my vehicle rear portion. There were 4 vehicles involved in this accident.

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: (6 / 7 / 20) (DD/MM/YYYY), TIME: (08 : 40) (HH:MM)

LOCATION: LOPE tw ds MCE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 1835 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9673 3494
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO - neck.

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

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 5097 2167 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: unknown MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

unknown

* No of passenger
(including driver)

(2)

1 female

olga geragery

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

Email =

fax =

video =

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

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5117029594 | | MOHAMED ROZALDY BIN MOHAMED RAFI'EE | S8335651J | GPC | drive CLASSIC | SMS1835Y | SMS1835Y | 06/04/2020 | 05/04/2021 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|---------------------------|----------------------------------|------------------|
| Policy No. | 5117029594 | Policyholder Name | MOHAMED ROZAIDY BIN MOHAI | Policyholder NRIC | S83356511 |
| Certificate No. | | | | | |
| Address | BLK 101 #08-1155 HOUGANG AVENUE 1 SINGAPORE 530101 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | Group Policy Flag N | | |
| Policy Issue Date | 06/04/2020 | Effective Date | 06/04/2020 00:00 | Expiry Date | 05/04/2021 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 | INDEX AGENCY PTE LTD | Agent Tel. | GST Flag Y | | |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 101 #08-1155 | Address 2 | HOUGANG AVENUE 1 | Address 3 | SINGAPORE 530101 |
| Address 4 | | Address Type | Singapore address | Post Code | 530101 |
| Unit No. | 08-1155 | Related Policy Number | 5107805804-01 | | |

Insured Object: SMS1835Y

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 06/04/2020 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 06 Apr 2020, the following amendment(s) is/are made to this policy: MAIN DRIVER: MOHAMED ROZAIDY BIN MOHAMED RAFI'EE |

Continue Cancel

Claim Handling

Accident MT/1096217

| | | | | | |
|---|---|-------------------------------|---|------------------------|----------------------|
| Policy No. | 5117029594 | Vehicle No. | SMS1835Y | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | MOHAMED ROZAIDY BIN MOHAMED RAFTEE | | | Policyholder NRIC | 58335651J |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96733494 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| 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 | No |
| Accident Details | | | | | |
| Report Date | 07/07/2020 09:36 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 06/07/2020 | Time of Accident hh:mm | 08:40 | Country of Accident | Singapore |
| Reporting Centre | | Grange Force | | ICM No. | |
| Accident Location | KPE TWDS MCE | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BUK 101 #08-1155 | Address 2 | HOUANG AVENUE 1 | Address 3 | SINGAPORE 530101 |
| Address 4 | | Address Type | Singapore address | Post Code | 530101 |
| Unit No. | 08-1155 | Related Policy Number | 5107605804-01 | | |
| 01 Driver Info | | | | | |
| Driver Name | MOHAMED ROZAIDY BIN MOHAMED RAFTEE | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | 58335651J | Driver DOB | 06/11/1983 |
| Register Date of Driver License | 07/11/2005 | Driver Age | 36 | Driving Experience | 14 |
| Contact No.(Mobile) | 96733494 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BUK 6588 | Address 2 | RUNGGOL EAST | Address 3 | WATERWAY SUNRAY |
| Address 4 | SINGAPORE 822658 | Address Type | Singapore address | Post Code | 822658 |
| Unit No. | 08-713 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | DD-MX | Insured Name | MOHAMED ROZAIDY BIN MOHA | Insured NRIC | 58335651J |
| Contact No.(Mobile) | 96733494 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | DDIRAFITEE@GMAIL.COM | 01 Vehicle Number | SMS1835Y | TP Vehicle Number | SJG7216T |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SMS1835Y / SJG7216T ON 6 Jul 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 | 07/07/2020 09:38 | Claim Close Date | | Date Received | 07/07/2020 00:00 |
| Report Taken By | Jackson | | | | |

Print AK letter

Save **Submit**

Attachment

Accident No. MT/1096217 Claim No. 001

Last Doc. Received Yes No Upload Date 07/07/2020 09:39

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

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|------------|---|-----------------------|----------|--------------------------------|----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:39 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:39 | SAS | Normal | SAS 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:39 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:39 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:39 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Jul 2020 09:38 | Photos | Normal | Photos 2020-7-7 | |

| Video List | Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|------------------|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | | |