

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

Date In: 13/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007209/13	SAS e-filing		
Veh No: SKX6272K	E-mail (within 3hrs, AIC 2hrs)		
DTA: 10/07/20 1740	I-Motor Claim Form	MT/1096752-	001
TP: (1P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (**ASIA MOTOR**) Tel: () Fax: ()

TP Particulars: Vch No: **SLJ6706M** 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: ()

Comments: (INC Ref: 67894616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2003667	Invoice/Itemisation Checklist	Am't (\$)	Am't (\$)
		Inc/Ex	Hand/Bill
Circumstances Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	• NS: Courtesy Car / Tpt Allowance \$5		
	• NG: Repairs Coordination \$10		
	• NF: Post Repair Inspection \$25		
	• NR: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Stamp: 13/07/20

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 willful 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	13/07/2020 09:16
Date Of Accident	10/07/2020 17:40
Exact Location Of Accident	YISHUN AVE 6 TWDS AVE 7 OUTSIDE CHONG FU SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6272K
Insured/Policyholder	
Name Of Registered Owner	BUILD & BLOOM PTE LTD
Co Reg No	2XXXXX193Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97668811
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	TADA
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	YES
Policy Number	5111013672-01
Cover Note Number	
Driver	
Name of Driver	WANG LIZHE
NRIC No	SXXXX660H
Date Of Birth	17/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97304530
Fax Number	
Contact Number	
E-Mail Address	XIAOZHE87@GMAIL.COM

Address	BLK 629 YISHUN ST 61 #12-17
Postcode	760629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ6706M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN LIANGZHENG
NRIC/Passport Number	SXXXX146F
Contact Number	93865323
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 11.7.2020

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

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Yishun Ave 6 on the right lane of 2-lanes road. Suddenly veh B from my left swerved into my lane and hit onto my frt left side portion of my veh.

DECLARATION

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

*

[Handwritten Signature]

Policyholder's Signature
Date & Time:



Wang Li W

Driver's Signature
(if driver is not the policyholder)
Date & Time: 11.7.2020

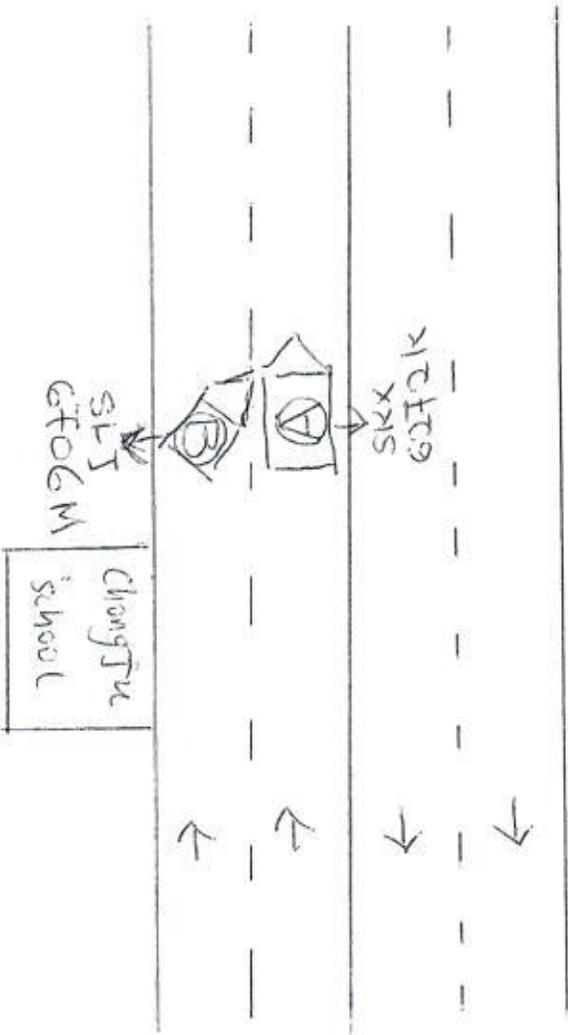
[Handwritten Signature] 13/07/20

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

HP 9130H530
HP 9130H530
HP 9130H530

19.40 PM
SKX 62121K

Yi shun Avenue 6



ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 7 / 2020) (DD/MM/YYYY), TIME: (17 : 40) (HH:MM)

LOCATION: Yishun Ave 6 towards Yishun Ave 7, outside Chong Fu School

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX6272K
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 511013672-01-000001
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota ~~Fit~~ Ario
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) Taxi
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97668811
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Lizhe (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 58776660H CONTACT: 97304530
- c) ADDRESS: BLK 629 Yishun Street 01 #12-17

*d) DATE OF BIRTH: (17 / 12 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ6706M MODEL: Hyundai
- b) DRIVER'S NAME: Chen Liangzheng
- c) NRIC/FIN/PASSPORT: ST37246F CONTACT: 93865323

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)
(3)

1) m
2) m

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

email = billy @successforever.com.sg / xiaozhe87@gmail.com

fax =

VIDEO = yes with w/shop

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: 5111013672-01-000001

Cover : drive CLASSIC

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | SKX6272K |
| Chassis Number | NRE1610012124 |
| 2. Name of Policyholder | BUILD & BLOOM PTE LTD |
| 3. Effective Date of Insurance | 18 Jun 2020 |
| 4. Expiry Date of Insurance | 17 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 law or regulation in force at the time of driving 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 purpose and in connection with the Policyholder's Home 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\$ 1,000
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	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	WING LEONG FINANCE LIMITED
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF

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 : ASSURE (SINGAPORE) PTE LTD (0000061327)
 Date of Issue : 15 Jun 2020 19:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1096752

Policy No.	5113013672-01	Vehicle No.	SKX6272K	GST Registration No.	2016021932
Certificate No.	5113013672-01-000001			Policyholder NRIC	2016021932
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97668811	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(%)	0	Private Hire	Yes

Accident Details

Report Date	14/07/2020 10:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/07/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 6 TWDS AVE 7 OUTSIDE CHONG FU SCHOOL				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/04/2019
GST Registration No.	2016021932	GST Status Verified	Yes
Modification History	14/07/2020 10:08:24 System changed GST Registration Date from 01/01/2016 to 15/04/2019 14/07/2020 10:08:24 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 7 #01-1259	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	TOA PAYOH
Address 4	SINGAPORE 319059	Address Type	Singapore address	Post Code	319059
Unit No.		Related Policy Number	5117460442-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/12/1986
Unnamed driver Name	WANG LIZHE	Driver NRIC	S8776660H	Driving Experience	7
Register Date of Driver License	09/11/2012	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	97304530	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 629	Address 2	YISHUN STREET 61	Post Code	760629
Address 4		Address Type	Singapore address		
Unit No.	#12-17				
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	BUILD & BLOOM PTE LTD	In NR		
Contact No.(Mobile)	NIL	Contact No. (Home)		Co		
Email Address		O1 Vehicle Number	SKX6272K	Nc (O		
Claim Description	SKX6272K / SL36706M ON 10 Jul 2020				TP	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at fault	Ve		
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Nu		
Date Registered	14/07/2020 10:11	Claim Close Date		Ne		
Report Taken By	ROSLINDA	Workshop Repairer		Pr		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1096752	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/07/2020 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 File No file chosen

Choose File No file chosen

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Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:10	SAS	Normal	SAS 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:10	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:10	Photos	Normal	Photos 2020-7-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:10	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 10:09	Photos	Normal	Photos 2020-7-14

Video List

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