

NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MUA 2006154**

Date In: 21/7/12-17:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC/2007539/24	SAS e-filing		
Veh No: Y 03800B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/7/12-11:30	i-Motor Claim Form	21/10/12-001	21/7/12 17:15
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: Vch No: **3JL18M** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2003786	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Adj Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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 :-	For claiming against INC Only (wef 10 Jan 2005)			
Dat 1:	6) TR: Re-inspection \$75			
Dat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QJ*:			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac 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	21/07/2020 17:00
Date Of Accident	18/07/2020 11:30
Exact Location Of Accident	BLK 524 AMK AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ7800B
Insured/Policyholder	
Name Of Registered Owner	HS INTERNATIONAL PTE LTD
Co Reg No	2XXXXX445C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91005107
Alternative Phone No	OFFICE-91005107

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A AMT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108926544-01
Cover Note Number	

Driver

Name of Driver	CHIN YEE CHUNG
NRIC No	SXXXX326A
Date Of Birth	06/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98559678
Fax Number	
Contact Number	OFFICE-98559678
Email Address	NOEMAIL

Address	BLK 675B JURONG WEST STREET 64 #07-221
Postcode	642675
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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?	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	SJL118M
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)	

SKETCH PLAN

IMPORTANT NOTICE

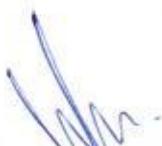
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

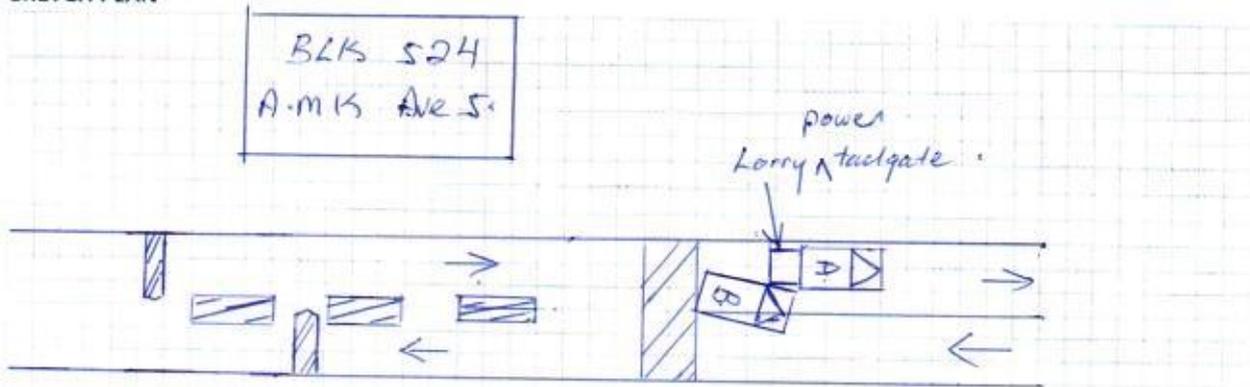


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



(A) YQ 7800B

(B) SJL 118M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2020 at @ 1130 hrs I parked my lorry (YQ 7800B) along the driveway in front of BLK 524 Ang Mo Kio Ave S and wanted to do my delivery. I on my hazel light and with my lorry power tailgate opened. While I was on top of the lorry, stacking the good to the power tailgate. Suddenly, a car (SJL 118M) came in to the carpark, while overtaking my lorry, the said vehicle left side collided onto my lorry power tailgate. There was no damaged to my lorry. I am loading these report for report only.

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)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	YQ 7800 B	Model / Make	SUZUKI 14 ft.
Date of Accident	18/01/2020		
Time of Accident	1130 HRS		
Location of Accident	BLK 524 Ang Mo Kio Ave 5 Open carpark.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	H/S International Pte Ltd.		
Telephone No.	H/P: 9100 5107	Home:	Office:
NRIC	200909445C		
Address	A8 Teh Guan Road East #09-116, Enterprise Hub		
Claim type	OD	THIRD PARTY	REPORTING ONLY (S) 608586
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108 926544-01		
Name of Driver	As Above If No, Chen Yee Chung		
NRIC	S 8370326A	Any Passengers:	N/A
Date of birth	06/11/1983		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	21/05/2010		
Gender	Male	Female	
Contact No.	H/P: 9855 9678	Home:	Office:
Address	BLK 675B Jurong West St 64 #07-221 (S) 642675		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No, -	If Yes, Where?	
Vehicle B No.	SJL 118 M	Any Passengers:	Not sure
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	N/A	Witness Contact:	N/A
Accident Portion	No damaged		
Camera Recorder	Yes/No		
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Joseph TAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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 : 5108926544-01

Cover : Comprehensive

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YQ7800B |
| Chassis Number | : JAANPR75HJ7100413 |
| 2. Name of Policyholder | : HS INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance | : 22 Apr 2020 |
| 4. Expiry Date of Insurance | : 21 Apr 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SINGAPURA FINANCE LTD
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 : PRO-LINK INSURANCE AGENCY (00000615233)

Date of Issue : 16 Apr 2020 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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"/>	5108926544-01		HS INTERNATIONAL PTE. LTD.	200909445C	GCV	Comprehensive	YQ7800B	YQ7800B	22/04/2020	21/04/2021

Continue

Policy Information

Policy No.	5108926544-01	Policyholder Name	HS INTERNATIONAL PTE. LTD.	Policyholder NRIC	200909445C
Certificate No.					
Address	48 TOH GUAN ROAD EAST #09-138 ENTERPRISE HUB SINGAPORE 608586				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	16/04/2020	Effective Date	22/04/2020 00:00	Expiry Date	21/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-138	Related Policy Number	5111365911-01		

Insured Object: YQ7800B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1097510

Policy No.	S108926544-01	Vehicle No.	YQ78008	GST Registration No.	
Certificate No.					
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	200909445C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91005107	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
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 Embellment(%)	0	Private Hire	No

Accident Details

Report Date	21/07/2020 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/07/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	BLK 524 AMK AVE 5 OPEN SPACE CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History	21/07/2020 17:14:22 System changed GST Registered from No to Yes 21/07/2020 17:14:22 System changed GST Registration No. from null to 200909445C 21/07/2020 17:14:22 System changed GST Registration Date from null to 15/06/2009		

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 606586
Address 4		Address Type	Singapore address	Post Code	606586
Unit No.	09-138	Related Policy Number	S111385911-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/11/1983
Unnamed driver Name	CHIN YEE CHUNG	Driver NRIC	S8370326A	Driving Experience	10
Register Date of Driver License	21/05/2010	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	98559678	Contact No.(Office)	0	Address 3	EDILWEISS@JURONG
Address 1	BLK 675B	Address 2	JURONG WEST STREET 64	Post Code	642675
Address 4	SINGAPORE 642675	Address Type	Singapore address		
Unit No.	07-221				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	200909445C
Contact No.(Mobile)	98731300	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	YQ78008	TP Vehicle Number	S3L118M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YQ78008 / S3L118M ON 18 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/07/2020 17:15	Claim Close Date		Date Received	21/07/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097510	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/07/2020 17:15

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

Attachments

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	SAS	Normal	SAS 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Jul 2020 17:15	Photos	Normal	Photos 2020-7-21	

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"/>				