

NATIONAL Assessment Centre Services

[part 1 Jan 2009]

MMA 120062290

Date In: 24/7/20 10:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20007629164	SAS e-filing		
Veh No: SLT 53841	E-mail (within 3hrs, AIC 2hrs)		
IP/A: 23/7/20 12:45	I-Motor Claim Form	MT11097780-001	24/7/20 11:52
Old: TP / 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/Wksp		

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

TP Particulars: () Veh No: Cyclist 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: 90-100%]

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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/TIME: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

NA 2003857

Client's Particulars:	Invoice Itemization Checklist	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idas 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	24/07/2020 10:53
Date Of Accident	23/07/2020 12:45
Exact Location Of Accident	BOON LAY WAY TWDS JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5384L
Insured/Policyholder	
Name Of Registered Owner	WELL DRIVEN
Co Reg No	5XXXX053X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94306781

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	REPORTING ONLY
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	5095461363-02
Cover Note Number	

Driver

Name of Driver	TAY PUAY CHAI
NRIC No	SXXXX122G
Date Of Birth	24/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1987
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94306781
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 352 HOUGANG AVE 7 #08-727
Postcode	530352
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	COLLIDED INTO BICYCLIST
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200723/2075

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	CYCLIST
Details Of Properties	
Vehicle Category	NA/UNKNOWN

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.

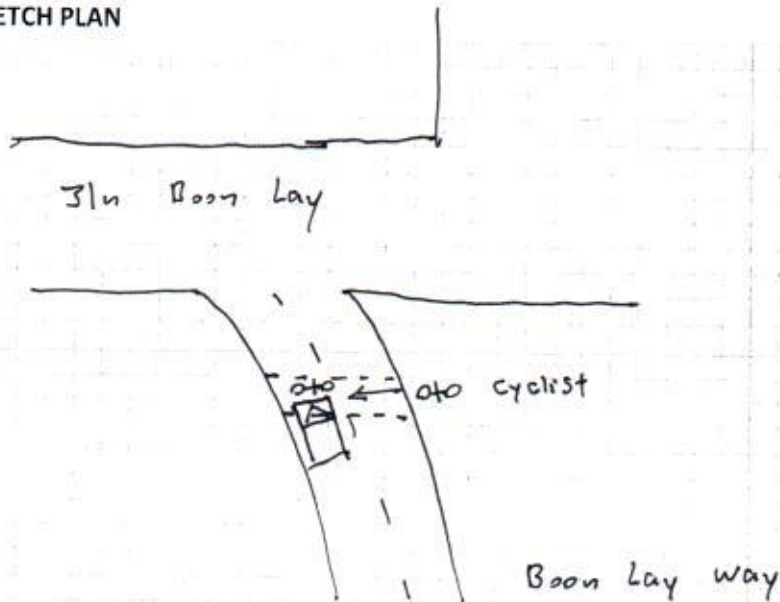


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200723/2075

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.:



SINGAPORE POLICE FORCE



T/20200723/2075

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200723/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 15:15		Vide Report No.: J/20200723/0097		Station Diary No.: 83	
Informant's Particulars					
Name of Informant: TAY PUAY CHAI			Address: APT BLK 352 HOUGANG AVE 7 #08-727 SINGAPORE 530352		
ID Type / ID No.: NRIC NO / S1745122G			Contact No.: Home/Office: Mobile: 94306781		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 24/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2020 12:45	Type of Location: X-Junction
Location: Along Road 1 BOON LAY WAY				
Towards Jalan Boon Lay				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT5384L	Car	TOYOTA	SIENTA 1.5G	White	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20200723/2075

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20200723/2075

CONTINUATION OF REPORT

Brief Details.

On 23/07/2020 at about 1245hrs, as I was driving my vehicle bearing plate number SLT5384L, along Jalan Boon Lay heading towards Boon Lay Way and it was drizzling. I was approaching the filter lane/ Zebra Crossing, I am sure that the Zebra Crossing was clear. I proceeded forward when suddenly a cyclist (A1) had cross in front of me from my right. I did not manage to stop in time, results to me colliding into A1.

I made a check on A1 and discovered that he is bleeding on the left side forehead. I then decided to do first aid on A1, which was then conveyed by ambulance to hospital. Traffic Police was at scene and I have handed over my In-Car Camera SD Card to the police.



**SINGAPORE
POLICE FORCE**



T/20200723/2075

3 of 3

Report No. T/20200723/2075

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 FAIZUL BIN NENWARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

23/07/2020 15:15

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature:

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="23/07/2020 16:06"/>
Vehicle No. (For Motor)	<input type="text" value="SLT5384L"/>	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"/>	5095461363-02		WELL DRIVEN	53368053X	GPC	drive CLASSIC	SLT5384L	SLT5384L	31/10/2019	30/10/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (23/7/20)(DD/MM/YYYY), TIME: (12:45)(HH:MM)

LOCATION: Boon Lay Way turns Jln Boon Lay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 5384 L
 b) INSURANCE COMPANY: INUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Sienna
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Well driven (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 94306781
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tay Puay Chai (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)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Jurong West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Cyclist MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (3)

11
 M F

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* chop

Email = dave.tay57@gmail.com

fax =

VIDEO = SD card with 7P.

Claim Handling

Accident MT/1097780

Policy No.	5095461363-02	Vehicle No.	SLT5384L	GST Registration No.	
Certificate No.					
Policyholder Name	WELL DRIVEN			Policyholder NRIC	93368053X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94306781	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

▼ Accident Details

Report Date	24/07/2020 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Collided into
Date of Accident	23/07/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY WAY TWOS JLN BOON LAY				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,600.00	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	2,600.00	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	24/07/2020 11:49:25 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 352 #08-727	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530352
Unit No.	08-727	Related Policy Number	5095461363-02		

▼ OI Driver Info

Driver Name	TAY PUAY CHAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1745122G	Driver DOB	24/06/1956
Register Date of Driver License	03/09/1987	Driver Age	54	Driving Experience	32
Contact No.(Mobile)	94306781	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 352 #08-727	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530352
Unit No.	08-727				
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
-------------------------------------	------	-------------	--------

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WELL DRIVEN	Insu NRIC	
Contact No.(Mobile)		Contact No. (Home)		Cont No. (OH)	
Email Address		OI Vehicle Number	SLT5384L	TP Vehi Num	
Claim Description	SLT5384L / CYCLIST ON 23 Jul 2020				Nam Prefi Worl
Preferred Workshop		Insured Liability	Fully at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	24/07/2020 11:50
Report Taken By					SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097780	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/07/2020 11:52
Path *		Category *	
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select

Confidential	Urgency *
No	Normal
No	Normal
No	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal




















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	SAS		Normal	SAS 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:52	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:51	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 11:50	Photos		Normal	Photos 2020-7-24

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
<div>Display in New Window</div> <div>Scan and uploading</div>				