

NATIONAL Assessment Centre Services [wef 1 Jan 05] **NA 20063139**

Date In: 27/12/20 - 14:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 200771124	SAS e-filing		
Veh No: JMD 2552C	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 27/12-15:00	i-Motor Claim Form	27/12/2008-02	27/12/20 15:07
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: 5FN36BS	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%; F: 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 (\$) In Bill	Amt (\$) 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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: 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	27/07/2020 14:58
Date Of Accident	24/07/2020 13:00
Exact Location Of Accident	KAMPONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7552C
Insured/Policyholder	
Name Of Registered Owner	TAN NAM HO
NRIC No	SXXXX579C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88000776
Alternative Phone No	OFFICE-88000776

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	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	5114323979
Cover Note Number	

Driver

Name of Driver	TAN NAM HO
NRIC No	SXXXX579C
Date Of Birth	29/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88000776
Fax Number	
Contact Number	OFFICE-88000776
Email Address	NOEMAIL

Address	BLK 636A SENJA ROAD #25-315
Postcode	671636
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	COLLISION - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200725/7008.

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	SFN3613S
Vehicle Make/Model/Colour	VOLKSWAGEN TOURAN
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	TAN NAM HO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD7552C
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 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. 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.:

Date of Accident : 24/7/2020 Accident Time: 1300Hrs (24-HR-Format)
 Accident Place : Kampong Bahru Road
 Vehicle Reg. No. (Car Plate No.) : SMD7B52C
 Vehicle Make/Model : Hyundai Elantra
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Tan NAM HO S1452579C
 Owner or Company Contact No. : 88000776 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Tan NAM HO S1452579C
 DRIVER'S Date Of Birth : 29-03-1960 DRIVER'S License Pass Date 01-08-1983
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B1K 636A Senja Road #25-315 S671636
 DRIVER'S Contact No. / Alt No. : 1) 88000776 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01 injury
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SFN3613S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Volkswagen Touran</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20200725/7008

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200725/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 11:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN NAM HO		Address: APT BLK 636A SENJA ROAD #25-315 SINGAPORE 671636	
ID Type / ID No.: NRIC NO / S1452579C		Contact No.: Home/Office:	Mobile: 88000776
Nationality: SINGAPORE CITIZEN		Email: Huiqin113@gmail.com	
Sex: Male	Age: 60	Date of Birth: 29/03/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 13:00	Type of Location: Straight Road
Location: KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Policeman Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN3613S	Car	VOLKSWAGO N	TOURAN	Brown	Seriously Damaged	2
SMD7552C	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD7552C	NTUC Income Insurance Co-Operative Limited	5114323979	26/11/2019	25/11/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN NAM HO	ID No.	S1452579C
Related Vehicle	SMD7552C (Car)	Contact No.	88000776
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2020	Date Discharge	24/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE SMD7552C ON KAMPONG BAHRU ROAD. THERE WAS ANOTHER ACCIDENT AHEAD OF ME WHERE A TP WAS AT THE SCENE CONTROLLING THE TRAFFIC. THE CAR AHEAD OF ME SLOWED DOWN AND STOP WHILE WAITING FOR THE TP TO DIRECT FURTHER WHERE I ALSO FOLLOWED SUIT. SUDDENLY I FELT A VERY HUGE IMPACT FROM THE REAR. I ALIGHTED TO REALISE THAT VEHICLE B BEARING CARPLATE NUMBER SFN3613S COULD NOT STOP ON TIME AFTER THE RIGHT TURN AND SWERVED TO COLLIDE ONTO MY VEHICLE.
I FELT PAIN ON MY BODY AFTER THE ACCIDENT AND WENT TO THE DOCTORS TO DO A CHECK, WHERE I WAS GIVEN A INITIAL 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200725/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200725/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/07/2020 11:29

Classification Of Case:

eBaoTech

GeneralClaim

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"/>	S114323979		TAN NAM HO	S1452579C	GPC	drive CLASSIC	SMD7552C	SMD7552C	26/11/2019	25/11/2020

Policy Information

Policy No.	5114323979	Policyholder Name	TAN NAM HO	Policyholder NRIC	S1452579C
Certificate No.					
Address	BLK 636A #25-315 SENJA ROAD SENJA PARC VIEW SINGAPORE 671636				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	26/11/2019	Effective Date	26/11/2019 00:00	Expiry Date	25/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 636A #25-315	Address 2	SENJA ROAD	Address 3	SENJA PARC VIEW
Address 4	SINGAPORE 671636	Address Type	Singapore address	Post Code	671636
Unit No.	25-315	Related Policy Number	5114323979		

Insured Object: SMD7552C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1098008

Policy No.	5114323979	Vehicle No.	SMD7552C	GST Registration No.	
Certificate No.					
Policyholder Name	TAN NAM HO	Cover Type	drive CLASSIC	Policyholder NRIC	S1452579C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	88000776	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	27/07/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/07/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAMPONG BAHRU RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED DD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	2000.00	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	BLK 636A #25-315	Address 2	SENJA ROAD	Address 3	SENJA PARC VIEW
Address 4	SINGAPORE 671636	Address Type	Singapore address	Post Code	671636
Unit No.	25-315	Related Policy Number	5114323979		

OT Driver Info

Driver Name	TAN NAM HO	Driver Type	Main Driver	Driver NRIC	S1452579C	Driver DOB	29/03/1960
Unnamed driver Name		Driver Age	60	Contact No. (Office)	0	Driving Experience	36
Register Date of Driver License	01/08/1963	Address 1	BLK 636A	Address 2	SENJA ROAD	Contact No. (Home)	0
Contact No. (Mobile)	88000776	Address 4	SINGAPORE 671636	Address Type	Singapore address	Address 3	SENJA PARC VIEW
Address 1	BLK 636A	Unit No.	25-315	Post Code	671636		
Address 4	SINGAPORE 671636	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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	TAN NAM HO	Insured NRIC	S1452579C
Contact No. (Mobile)	91472120	Contact No. (Home)	67414682	Contact No. (Office)	
Email Address		OT Vehicle Number	SMD7552C	TP Vehicle Number	SFN36135
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMD7552C / SFN36135 ON 24 Jul 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	27/07/2020 15:07	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	27/07/2020 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1098008	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/07/2020 15:08

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (C)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	NR3C/ Driving License	Normal	NR3C/ Driving License 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	SAS	Normal	SAS 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:08	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Jul 2020 15:07	Photos	Normal	Photos 2020-7-27	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)