

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MDA/V0065954

Date In: 5/8/12-10:37	Job description	Date & Time Completed	Done by
Ref No: 44/INC 2008062/24	SAS e-filing		
Veh No: 56203234	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/8/12-08:20	i-Motor Claim Form	5/8/12 10:51	
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: 56203234	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

NA 2008062/24	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add 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:-		
	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 30		
	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	05/08/2020 10:37
Date Of Accident	04/08/2020 08:20
Exact Location Of Accident	AYE TWDS TUAS BEFORE SOUTH BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1323H
Insured/Policyholder	
Name Of Registered Owner	EX CAPTAIN TRANSPORT
Co Reg No	5XXXX165M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97296255
Alternative Phone No	OFFICE-97296255
Vehicle Particulars	
Manufacturer	BMW
Model	318I SEDAN LED
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	5103579376-01
Cover Note Number	
Driver	
Name of Driver	NE WIN HTOO
NRIC No	SXXXX262H
Date Of Birth	12/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97296255
Fax Number	
Contact Number	OFFICE-97296255
Email Address	NOEMAIL

Address	BLK 32 BEDOK SOUTH AVENUE 2 #07-309
Postcode	460032
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	CHAIN COLLISION
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	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)	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	SLM637C
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	SKC2244D
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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	SLQ6102T
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	NE WIN HTOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGD1323H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

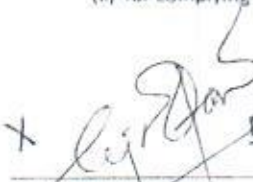
SKETCH PLAN

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.
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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:

**EX CAPTAIN
TRANSPORT
(53364165M)**

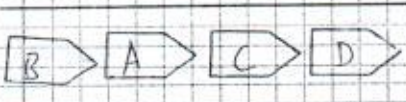

Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

SKETCH PLAN:

AYE TWDS TUAS B4 SOUTH BUONA VISTA

A - SGD1323M
B - SLM637C
C - SKC2244D
D - SLQ6102T




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE TOWARDS TUAS BEFORE SOUTH BUONA VISTA. VEHICLE AHEAD SLOW DOWN AND STOP, I FOLLOW SUIT. MOMENT LATER VEHICLE B REAR ENDED MY VEHICLE, THE FORCE WAS SO GREAT THAT IT FORCE MY VEHICLE TO HIT ONTO VEHICLE C

DECLARATION

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


Policyholder's Signature
Date & Time:

EX CAPTAIN
TRANSPORT
(53304165M)



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


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

Accident Reporting Draft

VEHICLE NO: SGD1323H

MODEL: BMW 318I

DATE OF ACCIDENT	4/8/2020		
TIME OF ACCIDENT	0820	HRS	AM/PM
LOCATION OF ACCIDENT	AYE TOWARDS TUAS BEFORE SOUTH BUONA VISTA		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	EX CAPTAIN TRANSPORT		
CONTACT NO.	97296255,82335135		
NRIC	53364165M		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: NE WIN HTOO		
NRIC	S2750262H	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	97296255,82335135	OFFICE:	HOME:
ADDRESS	APT BLK 32 BEDOK SOUTH AVE 2 #07-309 S(460032)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:		
WEATHER CONDITION	CLEAR / <u>RAINY</u> / OTHER: RAINY		
ROAD SURFACE	DRY / <u>WET</u> / OTHER: WET		
ANY INJURIES	NO / IF YES: <u>Driver</u>		
CONTACT NO.			
POLICE REPORT	NO / IF <u>YES</u> :		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLM637C	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKC2244D	ANY PASSENGER:	
VEHICLE D NO.	SLQ6102T	ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

eBaoTech

GeneralClaim

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="04/08/2020 08:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SGD1323H"/>	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"/>	5103579376-01		EX CAPTAIN TRANSPORT	53364165M	GPC	drive PREMIUM	SGD1323H	SGD1323H	15/09/2019	14/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5103579376-01	Policyholder Name	EX CAPTAIN TRANSPORT	Policyholder NRIC	53364165M
Certificate No.					
Address	BLK 32 #07-309 BEDOK SOUTH AVENUE 2 SINGAPORE 460032				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/08/2019	Effective Date	15/09/2019 00:00	Expiry Date	14/09/2020 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	PRIME MOTOR & LEASING PTE L	Agent Tel.	67419292	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 32 #07-309	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460032
Address 4		Address Type	Singapore address	Post Code	460032
Unit No.	07-309	Related Policy Number	5103579376-01		

Insured Object: SGD1323H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1098977

Policy No.	5103579376-01	Vehicle No.	SGD1323H	GST Registration No.	
Certificate No.					
Policyholder Name	EX CAPTAIN TRANSPORT			Policyholder NRIC	53364165M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97296255	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(%)	50	Private Hire	Yes

Accident Details

Report Date	05/08/2020 10:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	04/08/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWOS TJAS BEFORE SOUTH BUONA VISTA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	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	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 32 #07-309	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460032
Address 4		Address Type	Singapore address	Post Code	460032
Unit No.	07-309	Related Policy Number	5103579376-01		

DI Driver Info

Driver Name	NE WIN HTOD	Driver Type	Main Driver	Driver DOB	12/02/1966
Unnamed driver Name		Driver NRIC	S2750262H	Driving Experience	10
Register Date of Driver License	15/08/2009	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	97296255	Contact No.(Office)	0	Address 3	SINGAPORE 460032
Address 1	BLK 32	Address 2	BEDOK SOUTH AVENUE 2	Post Code	460032
Address 4		Address Type	Singapore address		
Unit No.	07-309				
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 *	OD-MK	Insured Name	EX CAPTAIN TRANSPORT	Insured NRIC	53364165M
Contact No.(Mobile)	02335135	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SGD1323H	TP Vehicle Number	SLM637C
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGD1323H / SLM637C ON 4 Aug 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	05/08/2020 10:51	Claim Close Date		Date Received	05/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1098977	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/08/2020 10:53

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	NRIC/ Driving License	Y	NRIC/ Driving License 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	SAS		SAS 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:53	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:52	Photos		Photos 2020-8-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:51	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:51	Photos		Photos 2020-8-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:51	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:51	Photos		Photos 2020-8-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 05 Aug 2020 10:51	Photos		Photos 2020-8-5	

Video List

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