





## 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	08/08/2020 14:22
Date Of Accident	07/08/2020 06:45
Exact Location Of Accident	BLK 333 HOUGANG AVE 5 LOT 138 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5439Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG BOON KIAT
NRIC No	SXXXX805I
Email Address	TECHFREDDO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97826692
Alternative Phone No	OTHERS-97826692
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093154954-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	ONG BOON KIAT
NRIC No	SXXXX805I
Date Of Birth	20/03/1955
Occupation	INDOOR
Date Of Driving Pass	13/06/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97826692
Fax Number	
Contact Number	OTHERS-97826692
Email Address	TECHFREDDO@SINGNET.COM.SG

Address	BLK 333 HOUGANG AVE 5 #02-244
Postcode	530333
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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)	0
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLS REFER TO THE POLICE REPORT: T/20200807/2037	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL MAIL TO OD SUPPORT
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SMQ467T
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

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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:

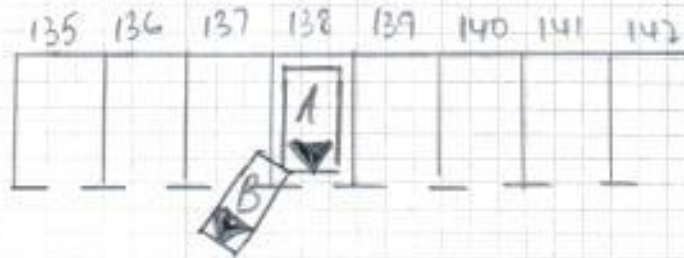


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

BLK 333 HOUGANG AVE 5

LOT 138 OPEN CARPARK



A-SKF5439Z

B-SMQ467P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report. T/20200807/2037

DECLARATION

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

8/8/20

Policyholder's Signature  
Date & Time:

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

8/8/20

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120067114 Vehicle Registration No: SKF5439Z  
Name(as shown in NRIC) : ONG BOON KIAT NRIC/FIN/Passport No : SXXXX805I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 333 HOUGANG AVE 5 #02-244 Singapore( 530333)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97826692  
Email Address : \_\_\_\_\_  
Date of Accident : 07/08/20 Time of Accident : 06:45  
Place of Accident : BLK 333 HOUGANG AVE 5 LOT 138 OPEN CARPARK  
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO

Policyholder / Driver's Signature  
Date:

 08/08/2020  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:





# SINGAPORE POLICE FORCE



T/20200807/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20200807/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2020 12:47		Vide Report No.:		Station Diary No.: 34	
<b>Informant's Particulars</b>					
Name of Informant: ONG BOON KIAT			Address: APT BLK 333 HOUGANG AVENUE 5 #02-244 SINGAPORE 530333		
ID Type / ID No.: NRIC NO / S1121805I			Contact No.: Home/Office: Mobile: 97826692		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 20/03/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RETIRED			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/08/2020 06:45	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 5				
OPEN CARPARK OF BLK 333 HOUGANG AVENUE 5 (LOT 138)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF5439Z	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKF5439Z	NTUC Income Insurance Co-Operative Limited	5093154954-02	13/12/2019	12/12/2020





**SINGAPORE  
POLICE FORCE**



T/20200807/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20200807/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG BOON KIAT	ID No.	S11218051
Related Vehicle	SKF5439Z (Car)	Contact No.	97826692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 06/08/2020 at about 2130hrs, I have parked my vehicle bearing plate number: SKF5439Z at open carpark of Blk 333 (HG14) lot number: 138. Everything was intact at the point in time and there was no other vehicle around mine.

On 07/08/2020 at about 0645hrs, I went back to the same parking lot and noticed that there was scratch mark on the right head light, right front bumper, right mud guard and the right side bonnet of my car. On my vehicle windscreen there was also a note stating that 'Your car hit by a white car - SMU467, they leave a card.' The card was a business card belonging to one 'Joey Hong' HP:94555969. I made a call to check however 'Mrs. Hong' mentioned that she was not at the incident location at all and that the vehicle description is not her car. She suggested that someone might have just randomly place her card there.

I wish to inform that my in-car camera was not working as it was switched off. I am unsure if there is any police camera nearby my parking lot. I would like to add that few of my friends mentioned that they heard some loud sound coming from the carpark at about 2200hrs - 2300hrs.



**SINGAPORE  
POLICE FORCE**



T/20200807/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No: T/20200807/2037

**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:  
F /  
Sgt 2 KOH YEOW WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/08/2020 12:47

Classification Of Case:



## ACCIDENT STATEMENT

ACCIDENT DATE: 07/08/20 (DD/MM/YYYY), TIME: 06:45 (HH:MM)

LOCATION: BLK 323 HOUGANG AVE 5 LOT 138 OPEN CARPARK

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF54392  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MERCEDES BENZ  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED UGH  
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: ONG BOON KIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97826692  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 20/03/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/06/1975

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) HORGANIC APC  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ467P MODEL: 1  
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: \_\_\_\_\_

Carat =

fax =

VIDEO =

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5093154954-02		
The Policyholder	: ONG BOON KIAT		
	BLK 333 #02-244		
	HOUANG AVENUE 5		
	SINGAPORE 530333		
Period of Insurance	: 13 Dec 2019 To 12 Dec 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,348.74		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: ONG BOON KIAT		
Named Driver (1)	: ONG MU SEN JEREMY		
Named Driver (2)	: N/A		
Make/Model	: MERCEDES BENZ/C180	Capacity	: 1600cc
	KOMPRESSOR		
Registration Number	: SKFS439Z	Registration Year	: 2012
Chassis Number	: WDD2040452A726868	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

**Memo A** : N/A

**Endorsement Operative** : N/A

Agency : NG AH HOE EDMUND (00000519148)  
Date of Issue : 25 Nov 2019 12:26 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



Hello, NAC\_PAYA\_UB1\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

07/08/2020 06:45

Vehicle No. (For Motor)

SKF5439Z

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5093154954-02		DNG BOON KIAT	S11218051	GPC	drive CLASSIC	SKF5439Z	SKF5439Z	13/12/2019	12/12/2020

## Claim Handling

Accident MT/1099265

Policy No.	97926692	Vehicle No.	SAF54392	GST Registration No.	
Certificate No.					
Policyholder Name	ONG BOON KIAT	Cover Type	Third Party	Policyholder NRIC	911111111
Product Code	PRIVATE CAR (SALES/RENT)	Contact No.(Office)	8	Loading	0
Contact No.(Mobile)	97926692	Special Remark		Contact No.(Home)	8
Email Address		TCA	No Yes	eCode	0000
KPIs	No Yes	NCD Entitlement(%)	25	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Report Date	06/08/2020 14:59	Time of Accident (H:mm)	06:00	Accident Type	No and run
Date of Accident	07/08/2020	Damage Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	BLK 333 HOUANG AVENUE L1F L34 OFFICE CARPARK				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	100.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	100.00				

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Not
Modification History			

## Policyholder Mailing Address

Address 1	BLK 333 HOUANG	Address 2	HOUANG AVENUE L1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	112111
Unit No.		Related Policy Number	97926692		

## OI Driver Info

Driver Name	ONG BOON KIAT	Driver Type	Main Driver	Driver DOB	20/01/1990
Uninsured Driver Name		Driver NRIC	911111111	Driving Experience	20
Register Date of Driver License	01/01/2010	Driver Age	30	Contact No.(Home)	8
Contact No.(Mobile)	97926692	Contact No.(Office)	8	Address 3	SINGAPORE
Address 1	BLK 333	Address 2	HOUANG AVENUE L1	Post Code	112111
Address 4		Address Type	Singapore address		
Unit No.	001-044	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration		Any Injury?	Yes No
Breathalyzer or Blood Test Reading?	0 mg		

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ONG BOON KIAT	In
Contact No.(Mobile)	97926692	Contact No.(Home)	88617583	Co
Email Address		CI		TP
Claim Description	SAF54392 / SMQ467P ON 7 Aug 2020	Vehicle Number	SAF54392	Ve
Preferred Workshop	Preferred	Insured Liability	Not at Fault	No
Report No.	Report	Preferred Workshop, Name unknown		W
Production	Yes	Report Option	Report	
Date Registered	06/08/2020 14:59	Claim Close Date		By
Report Taken By	ROSINDA	Workshop Repairer		To
Send AK letter				Es
				Re

Save Submit

## Attachment

Accident No.	MT/1099265	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/08/2020 00:00
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	No
Choose File	No file chosen	Urgency *	Normal



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:56	NRCI/ Driving License	Y	Normal	NRCI/ Driving License 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:55	SAS		Normal	SAS 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:56	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:56	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:56	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:53	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:53	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:53	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:53	Photos		Normal	Photos 2020-8-8
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2020 14:53	Photos		Normal	Photos 2020-8-8

## Video List

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