

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 2008888-21

Date In: 14/12-11:17	Job description	Date & Time Completed	Done by
Ref No: MNA 200844924	SAS e-filing		
Veh No: -	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/8/2010-15	i-Motor Claim Form	M/1099917-001	14/8/2010 12:17
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: Pipe	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
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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2/3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	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:-			
QD*				
*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	14/08/2020 11:17
Date Of Accident	13/08/2020 10:15
Exact Location Of Accident	VERTEX BUILDING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	-
Insured/Policyholder	
Name Of Registered Owner	CARZ WORLD PTE LTD
Co Reg No	2XXXXX222Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65709482
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104167816-01
Cover Note Number	
Driver	
Name of Driver	CHEN YONGJIN
NRIC No	SXXXX293B
Date Of Birth	28/03/1988
Occupation	INDOOR
Date Of Driving Pass	19/11/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96754500
Fax Number	
Contact Number	OFFICE-96754500
EMail Address	NOEMAIL

Address	42 MOUNT VERNON ROAD #17-34
Postcode	368061
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	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)	0

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	PIPE
Vehicle Make/Model/Colour	PUBLIC LIABILITY (MCST)
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

On stated date and time, my vehicle was stationary parked onto the carpark lot. The water pipe fell from the building and hit against to my stationary vehicle rear parking.

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:

[Handwritten signature]

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

[Handwritten signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 8 / 20) (DD/MM/YYYY), TIME: (10 : 15) (HH:MM)

LOCATION: Verde Building on lot 1 Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: N/A
b) INSURANCE COMPANY: NJC
c) POLICY NUMBER: 5104167811-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: white honda fit
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: Gomez World Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53709182 CONTACT: 53709182
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Uma Pravin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 88852933 CONTACT: 96774500
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:

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: W440C P10A MODEL:
b) DRIVER'S NAME: Public Liability (MCA)
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

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 : MNA120068886 Vehicle Registration No : -
Name(as shown in NRIC) : CARZ WORLD PTE LTD NRIC/FIN/Passport No : 2XXXXX222Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 65709482 Mobile No. : _____
Email Address : _____
Date of Accident : 13/08/2020 Time of Accident : 10:15
Place of Accident : VERTEX BUILDING CARPARK
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Number of passenger: 0

Policyholder / Driver's Signature
Date:


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

Date: 13/08/2020

Attn: To whom this may concern

Dear Sir/Mdm,

RE: LETTER OF AUTHORITY

This is to certify that Chen Yongjin, S8810293B, is an employee of our company.

He is authorised by the company to file an accident report on behalf of the company;



Thank you.

THE SCHEDULE

Motor Trade Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured 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	: 5104167816-01
The Policyholder	: CARZ WORLD PTE. LTD. 33 UBI AVENUE 3 #01-57/58 VERTEX SINGAPORE 408868

Period of Insurance	: 30 Oct 2019 To 29 Oct 2020
Sum Insured	: N/A
Premium (Inclusive GST)	: S\$4,974.12

Interest Insured	
Cover Type	: Third Party
Type of Trade/Business	: Car Dealers
Total Number of Authorised Driver(s)	: 14
Detail of Authorised Driver(s)	: Refer to List Attached
NCD Entitlement	: 0%
Loyalty Discount	: 5%
Excess (Section I)	: N/A
Excess (Section II)	: N/A

Memo A : Operation hours from 7am to 10pm

Endorsement Operative : MT1

Agency	: S & M ALLIANCE PTE LTD (00000614373)
Date of Issue	: 30 Oct 2019 19:03 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

eBaoTech

General/Claim

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"/>	5104167816-01		CARZ WORLD PTE. LTD.	201202222Z	GMT	Third Party		LAM SOON TECK/S9402906F_TAN KAIQIN, JASON/S8412972J_Liang Hao Neng /G0243038Q_Tan Keng Nam/S7401899H_Clyde Tan Yong Jie/S9248615Z_TAN ZHONG HAO/S9234471A_TAN JACK CHYE KENNETH/S7909588E_CHEN YONGJIN/S8810293B_MOHAMAD DZULHILMI BIN RAMLI/S8513711E_FOO CHUAN SHUN/S9226447E_KHAIRUL ANWAR BIN ABDUL AZIZ/S8542193Z_Sun YanJun/G3060099T_VENESSA CHUA JIA HUI/S9321849C_YEW KAR HAO JOEL/S9022933H_LEE EE PENG JEREMY/S8801615G_CHIA KIM HONG ALVIN/S1646978E	30/10/2019	29/10/2020

Continue

Policy Information	
Policy No.	5104167816-01
Certificate No.	
Address	33 UBI AVENUE 3 #01-57/58 VERTEX SINGAPORE 408868
Product Name	MOTOR TRADE INSURANCE
Policy issue Date	30/10/2019
Excess Type	Per Accident
Third Party Excess	0
Additional Excess	
Outside Singapore OD Excess	
Agent	S & M ALLIANCE PTE LTD
Co-insurance Flag	No
Open Policy Info	
Certificate Info	
Policyholder Mailing Address	
Address 1	33 UBI AVENUE 3
Address 4	
Unit No.	06-08
Insured Object: LAM SOON TECK/S9402906F_TAN KAIQIN, JASON/S84129723_Liang Hao Neng /G0243038Q_Tan Keng Nam/S7401899H_Clyde Tan Yong Jie/S9248615Z	
Endorsements	
Sequence	Date of Endorsement
1	16/03/2020 00:00
2	02/04/2020 00:00

Claim Handling

Accident MT/1099917

Policy No.	5104167816-01	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	CARZ WORLD PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	2012022222
Product Code	MOTOR TRADE INSURANCE	Motor Trade Driver Name	CHEN YONGJIN	Loading	12
Motor Trade Rate No.	0	Contact No. (Office)	0	Motor Trade Driver NRIC	S88102938
Contact No. (Mobile)	96754500	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/08/2020 12:05	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	13/08/2020	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	VERTEX BUILDING CARPARK				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	06/08/2012
GST Registration No.	2012022222	GST Status Verified	Yes
Modification History	14/08/2020 12:12:51 System changed GST Registered from No to Yes 14/08/2020 12:12:51 System changed GST Registration No. from null to 2012022222 14/08/2020 12:12:51 System changed GST Registration Date from null to 06/08/2012		

Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#01-57/58 VERTEX	Address 3	SINGAPORE 408668
Address 4		Address Type	Singapore address	Post Code	408668
Unit No.	06-08	Related Policy Number	S087505838-03		

DI Driver Info

Driver Name	CHEN YONGJIN	Driver Type	Named Driver	Driver DOB	28/03/1988
Unnamed driver Name		Driver NRIC	S88102938	Driving Experience	12
Register Date of Driver License	19/11/2007	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	96754500	Contact No. (Office)	0	Address 1	SINGAPORE 368061
Address 1	42 MOUNT VERNON ROAD	Address 2	BARTLEY RIDGE	Post Code	368061
Address 4		Address Type	Singapore address		
Unit No.	17-34	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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	CARZ WORLD PTE. LTD.	Insured NRIC	2012022222
Contact No. (Mobile)	98560583	Contact No. (Home)		Contact No. (Office)	67497796
Email Address	admin@carzworld.com.sg	DI Vehicle Number		TP Vehicle Number	PIPE
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	/ PIPE ON 13 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	14/08/2020 12:13	Claim Close Date		Date Received	14/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1099917	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2020 12:14

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	

Please Select

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	SAS	Normal	SAS 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Aug 2020 12:14	Photos	Normal	Photos 2020-8-14	

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				