

# NATIONAL Assessment Centre Services

Date In: 20/08/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20008745/13	SAS e-filing		
Veh No: SLT2405E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/08/20 1200	i-Motor Claim Form	MT/1100646-001	
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: GBH2159Y	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: -
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Date/Time	Actions

NA2004325	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 / Tp. 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	20/08/2020 15:02
Date Of Accident	19/08/2020 12:00
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2405E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO IRENE
NRIC No	SXXXX999D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96187671
Alternative Phone No	OTHERS-96187671

### Vehicle Particulars

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113176912
Cover Note Number	

### Driver

Name of Driver	TEO IRENE
NRIC No	SXXXX999D
Date Of Birth	09/12/1960
Occupation	INDOOR
Date Of Driving Pass	11/09/1989
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96187671
Fax Number	
Contact Number	OTHERS-96187671
EMail Address	NOEMAIL

Address	BLK 860 YISHUN AVE 4 #12-137
Postcode	760860
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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : STEVEN TAN GENDER: : MALE

#### 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

I WAS TRAVELLING STRAIGHT ALONG SCOTTS RD ON THE EXTREME LEFT LANE. SUDDENLY VEH B FROM MY RIGHT LANE ABRUPTLY CHANGE LANE WITHOUT ANY SIGNAL INDICATOR AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2159Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG HOCK TIONG
NRIC/Passport Number	SXXXX474J
Contact Number	97458336
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.
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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:

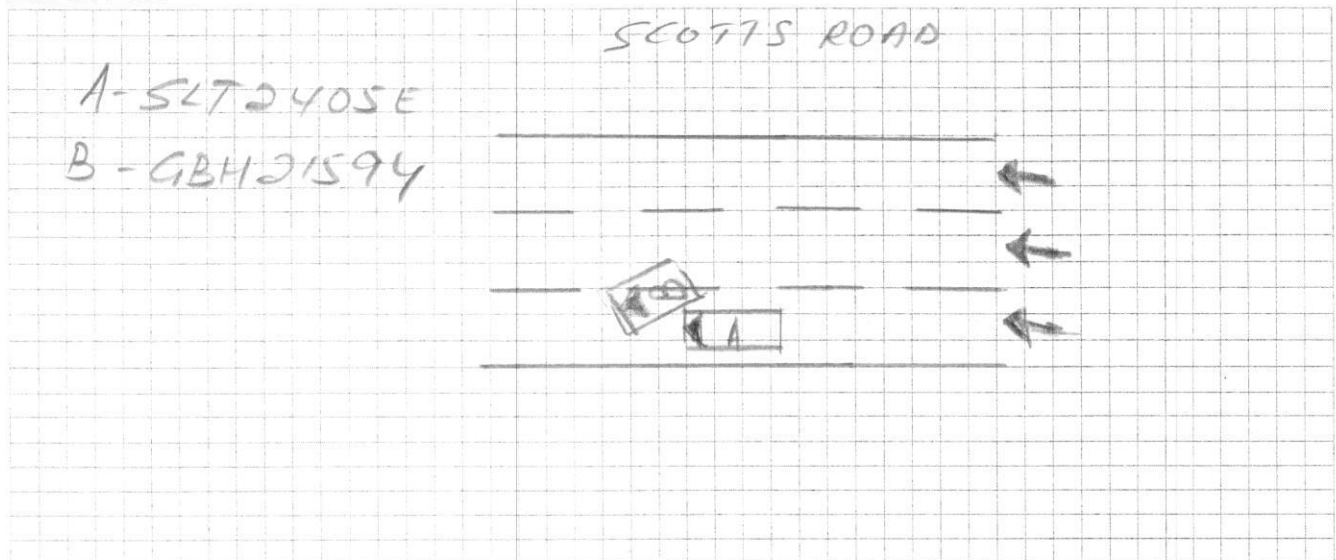
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

*Pls refer to the statement.*

## 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.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (19/8/20) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: Scotts Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 2405E  
b) INSURANCE COMPANY: YTC  
c) POLICY NUMBER: 5113176912  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 218i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: TEO IRENE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9687671  
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: (09/12/1960) (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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GB421594 MODEL: \_\_\_\_\_

b) DRIVER'S NAME: NG HOE TIANG

c) NRIC/FIN/PASSPORT: 568724745 CONTACT: 97458336

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

Fax =

Vide =

hngpoc@ yahoo.com.sg



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5113176912

**Cover :** drivo PREMIUM

- |  |                                   |
|--|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle<br>Chassis Number   | : SLT2405E<br>: WBA8E36090NU80312 |
| 2. Name of Policyholder  | : TEO IRENE                       |
| 3. Effective Date of Insurance   | : 24 Oct 2019                     |
| 4. Expiry Date of Insurance  | : 23 Oct 2020                     |
| 5. Persons or Classes of Persons entitled to drive#<br>(a) The Policyholder.<br>(b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                   |
| 6. Limitations as to Use#<br>(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                   |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: TEO IRENE
NAMED DRIVER (1)	: TEO PETER
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JG MOTOR AGENCY (00000613374)  
Date of Issue : 08 Oct 2019 14:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**Register New Vehicle (Acknowledgement)**

## Vehicle Particulars

Vehicle No.:	SLT2405E	Vehicle Scheme:	Normal
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	318I SEDAN LED NAV MSPT
Vehicle Attachment 2:	-	Engine No.:	F5141719B38B15A
Vehicle Make:	B.M.W.	Trailer Chassis No.:	-
Chassis No.:	WBA8E36090NU80312	Passenger Capacity:	4
Motor No.:	-	Power Rating:	-
Propellant:	Petrol	Maximum Laden Weight:	2000 kg
Engine Capacity:	1499 cc	Secondary Colour:	-
Maximum Power Output:	100.0 kW ( 134 bhp )	Original Registration Date:	24 Oct 2017
Unladen Weight:	1425 kg	Open Market Value:	\$33,512.00
Primary Colour:	Silver	Minimum PARF Benefit:	\$16,958.00
First Registration Date:	24 Oct 2017	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$13,512.00 (140%)
Manufacturing Year:	2017		
PARF Eligibility:	Yes		
No. of Transfers:	0		
Actual ARF Paid:	\$33,917.00		

## Owner Particulars

Owner Name:	TEO IRENE
Owner ID Type:	Singapore NRIC
Owner ID:	S1410999D
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	860
Registered Street Name:	YISHUN AVENUE 4
Registered Unit No.:	# 12 - 137
Registered Building Name:	-
Registered Postal Code:	760860
COE No. / Expiry Date:	2017100103000088R / 23 Oct 2027
COE Bid Category:	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$49,000.00

## Transaction Details

Business Transaction Ref. No.:	20171024073544099425
Business Transaction Date:	24 Oct 2017
Business Transaction Time:	07:35:44

## Message

The above vehicle has been successfully registered.

Please note that \$73,741.00 will be deducted from your GIRO account.

## Claim Handling

## Accident MT/1100646

Policy No.	5113176912	Vehicle No.	SLT2405E	GST Registration No.	
Certificate No.					
Policyholder Name	TEO IRENE			Policyholder NRIC	S1410999D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96187671	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	20/08/2020 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - C
Date of Accident	19/08/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCOTTS ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
Coverage		Sum Insured			
Transport Allowance		99999999.99			
Excess Waiver		99999999.99			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 860 #12-137	Address 2	YISHUN AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760860
Unit No.		Related Policy Number	5113176912		
<b>OI Driver Info</b>					
Driver Name	TEO IRENE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1410999D	Driver DOB	09/12/1961
Register Date of Driver License	01/12/1989	Driver Age	59	Driving Experience	30
Contact No.(Mobile)	96187671	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 860	Address 2	YISHUN AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	760860
Unit No.	#12-137				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TEO IRENE	In: NF
Contact No.(Mobile)	96187671	Contact No. (Home)	67595030	Co Nc (O)
Email Address	IRENETEO1302@HOTMAIL.COM	OI Vehicle Number	SLT2405E	TP Ve Nu
Claim Description	SLT2405E / GBH2159Y ON 19 Aug 2020			Na Pri Wt
Preferred Workshop	<input type="checkbox"/> Insured Liability	<input type="checkbox"/> Not at Fault		
Workshop No.	<input type="checkbox"/> Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2020 18:11	Claim Close Date		Da Re
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re
<input checked="" type="checkbox"/> Print AK letter				

Save Submit



## Attachment

Accident No.	MT/1100646	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2020 00:00
Path *		Category *	Confidential Urgency *

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Reply	

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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) on 20 Aug 2020 18:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:11	SAS	Normal	SAS 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:11	SAS	Normal	SAS 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:11	SAS	Normal	SAS 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:09	Photos	Normal	Photos 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:09	Photos	Normal	Photos 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:09	Photos	Normal	Photos 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:09	Photos	Normal	Photos 2020-8-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 18:09	Photos	Normal	Photos 2020-8-20

## Video List

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