

NATIONAL Assessment Centre Services

Date In: 21/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008816/13	SAS e-filing		
Veh No: FBF16722	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/20 1540	i-Motor Claim Form	MT/1100755-001	
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMG5424L 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
NA2004365	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) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idno 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	21/08/2020 16:45
Date Of Accident	14/08/2020 15:40
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1672Z
Insured/Policyholder	
Name Of Registered Owner	NURHAFIEZ NAZIR AHMAD
NRIC No	SXXXX480G
Email Address	MYNAMEISHAFIEZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96603510
Alternative Phone No	OTHERS-96603510

Vehicle Particulars

Manufacturer	SUZUKI
Model	DR125SM
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108889206-01
Cover Note Number	

Driver

Name of Driver	NURHAFIEZ NAZIR AHMAD
NRIC No	SXXXX480G
Date Of Birth	19/08/1993
Occupation	INDOOR
Date Of Driving Pass	02/03/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96603510
Fax Number	
Contact Number	OTHERS-96603510
EMail Address	MYNAMEISHAFIEZ@GMAIL.COM

Address	BLK 17 MARINE TERRACE #13-86
Postcode	440017
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	NO 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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
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

PLS REFER TO THE POLICE REPORT:T/20200815/7005

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	SMG5424L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CASSY LEE
NRIC/Passport Number	
Contact Number	82233378
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NURHAFIEZ NAZIR AHMAD
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBF1672Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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**.
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:

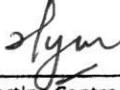
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 20 AUG 2011300

-

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

 21/08/20

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



**SINGAPORE
POLICE FORCE**



T/20200815/7005

1 of 3

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

Report No. T/20200815/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2020 11:17	Vide Report No.: D/20200814/0078	Station Diary No.:
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Informant's Particulars			
Name of Informant: NURHAFIEZ NAZIR AHMAD		Address: 17 MARINE TERRACE #13-86 SINGAPORE 440017	
ID Type / ID No.: NRIC NO / S9329480G		Contact No.: Home/Office: Mobile: 96603510	
Nationality: SINGAPORE CITIZEN		Email: MYNAMEISHAFIEZ@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 19/08/1993	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2020 15:45	Type of Location: Highway
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Self-skid			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBF1672Z	Motorcycle	SUZUKI	DR+125SM+M	Black		0
SMG5424L	Car			Grey	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200815/7005

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

2 of 3

Report No. T/20200815/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1672Z	NTUC Income Insurance Co-Operative Limited	5108889206-01	16/04/2020	20/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	NURHAFIEZ NAZIR AHMAD	ID No.	S9329480G	
Related Vehicle	FBF1672Z (Motorcycle)	Contact No.	96603510	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL	
Date	14/08/2020	Date	14/08/2020	
No. of Days granted Medical Leave	05	Degree of	Serious	
Driver				
Name	CASSY LEE	ID No.	NIL	
Related Vehicle	SMG5424L (Car)	Contact No.	82233378	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

Car on Lane 1 abrupt stop on AYE. I proceeded to abrupt change lane to avoid collision, skidded on wet floor and slid across about 10 m in front of car. Sustained abrasions to both knees and elbows and had to be admitted to NUH.



**SINGAPORE
POLICE FORCE**



T/20200815/7005

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

3 of 3

Report No. T/20200815/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394

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: 15/08/2020 11:17
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 08 / 2020 (DD/MM/YYYY), TIME: 15 : 40 (HH:MM)

LOCATION: AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF1672Z
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5108889206
d) POLICY TYPE: (~~COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: SUZUKI DR125 SM
f) TYPE: (~~SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~)
g) VEHICLE CATEGORY: (~~PRIVATE / COMMERCIAL / MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: NURHAFIEZ NAZIR AHMAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S93294806 CONTACT: 96603510
c) ADDRESS: 17 MARINE TERRACE #13-86 SG440017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 19 / 08 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 1

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: 10 UBI AVENUE 3 (TRAFFIC POLICE HQ)

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMG5424L MODEL: _____

b) DRIVER'S NAME: CASSY LEE

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

SUBJECT: VEH NO
FBF1672Z

Email = mynameishafiez@gmail.com

fax = -

EMAIL: RSPU@LKKAUTO.COM

VIDE.O = -

TEL: 68410055

20/08/20
waiting for
veh.

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"/>	5108889206-01		NURHAFIEZ NAZIR AHMAD	S9329480G	GMC	Third Party	FBF1672Z	FBF1672Z	16/04/2020	20/02/2021

Continue

Claim Handling

Accident MT/1100755

Policy No.	5108889206-01	Vehicle No.	FBF1672Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S9329480G
Policyholder Name	NURHAFIEZ NAZIR AHMAD	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96603510	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	21/08/2020 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/08/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

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 17 #13-86	Address 2	MARINE TERRACE	Address 3	SINGAPORI
Address 4		Address Type	Singapore address	Post Code	440017
Unit No.		Related Policy Number	5108889206-01		

OI Driver Info

Driver Name	NURHAFIEZ NAZIR AHMAD	Driver Type	Main Driver	Driver DOB	19/08/199
Unnamed driver Name		Driver NRIC	S9329480G	Driving Experience	1
Register Date of Driver License	02/03/2019	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	96603510	Contact No.(Office)	0	Address 3	SINGAPORI
Address 1	BLK 17	Address 2	MARINE TERRACE	Post Code	440017
Address 4		Address Type	Singapore address		
Unit No.	#13-86	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration		Any injury?	Yes No
Breathalyser or Blood Test Reading?	0 mg		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NURHAFIEZ NAZIR AHMAD	In: NF
Contact No.(Mobile)	96603510	Contact No.(Home)	62466180	Co Nc (O)
Email Address	MYNAMEISHAFIEZ@GMAIL.COM	OI Vehicle Number	FBF1672Z	TP Ve Nu
Claim Description	FBF1672Z / SMG5424L ON 14 Aug 2020			Na Pr Wc
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	
Date Registered	21/08/2020 17:30	Repair Option	Preferred Workshop, Name unknown	GIA report Received
Report Taken By	ROSINDA	Claim Close Date		Da Re
Print AK letter	<input checked="" type="checkbox"/>	Workshop Repairer		To bu Re

Save Submit

Attachment

Accident No.	MT/1100755	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2020 00:00
Path *		Category *	NO
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

Choose File No file chosen

Clear

Please Select

NO

Normal

Choose File No file chosen

Clear

Please Select

NO

Normal

Choose File No file chosen

Clear

Please Select

NO

Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:30	SAS		Normal	SAS 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:30	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:30	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:29	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:29	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:29	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:29	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:29	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 17:27	Photos		Normal	Photos 2020-8-21

Video List

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