

NATIONAL Assessment Centre Services

Date Inc: 22/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010182/13	SAS e-filing		
Veh No: FBD4994R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/09/20 0840	i-Motor Claim Form	MT/1104248-001	
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: 5H8948X	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 repaler.

() 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

NA2005016	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N3: 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: Idao 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	22/09/2020 16:43
Date Of Accident	21/09/2020 08:40
Exact Location Of Accident	PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4994K
Insured/Policyholder	
Name Of Registered Owner	ISKANDAR BIN ARIFFIN
NRIC No	SXXXX699A
Email Address	ISKANDARARIFFIN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-83664979
Alternative Phone No	OTHERS-83664979

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108667406-01
Cover Note Number	

Driver

Name of Driver	ISKANDAR BIN ARIFFIN
NRIC No	SXXXX699A
Date Of Birth	07/12/1994
Occupation	INDOOR
Date Of Driving Pass	22/02/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83664979
Fax Number	
Contact Number	OTHERS-83664979
Email Address	ISKANDARARIFFIN@OUTLOOK.COM

Address	BLK 446 PASIR RIS DRIVE 6 #02-112
Postcode	510446
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	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?	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/20200922/2047

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	SH8948X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RAHIM BIN ABDULLAH
NRIC/Passport Number	SXXXX101E
Contact Number	93865129
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ISKANDAR BIN ARIFFIN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBD4994K

Were seat belts worn? NO

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.
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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: 22/9/20

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

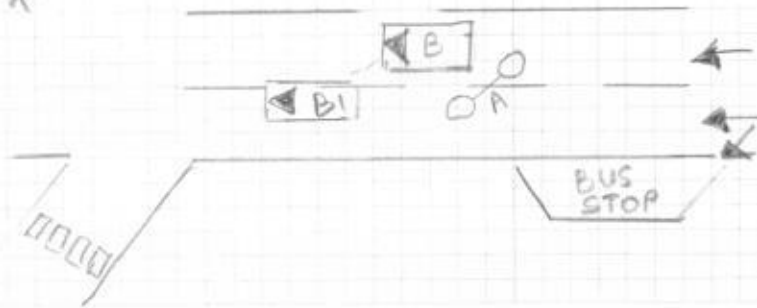
 22/09/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PASIR RIS DR 1

A - FBD4994K

B - SH8948X

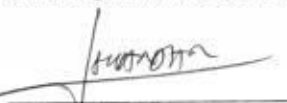


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200922/2047

DECLARATION

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


Policyholder's Signature
Date & Time: 22/9/20

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


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



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

Report No. T/20200922/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 13:08	Vide Report No.: G/20200921/0074	Station Diary No.:
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Informant's Particulars

Name of Informant: ISKANDAR BIN ARIFFIN			Address: 446 PASIR RIS DRIVE 6 #02-112 SINGAPORE 510446	
ID Type / ID No.: NRIC NO / S9445699A			Contact No.: Home/Office: Mobile: 83664979	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 07/12/1994	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: IT ENGINEER			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2020 08:40	Type of Location:
Location: PASIR RIS DRIVE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4994K	Motorcycle	YAMAHA	T135	Blue		0
SH8948X	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4994K	NTUC Income Insurance Co-Operative Limited	5108667406-01	09/04/2020	08/04/2021



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISKANDAR BIN ARIFFIN	ID No.	S9445699A
Related Vehicle	FBD4994K (Motorcycle)	Contact No.	83664979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date time and location,

I was travelling along the mentioned location on the right lane at about 30km/h. I wanted to make a lane change to the left lane. After signal and as soon as the road is clear, I made the lane change. Out of a sudden, the taxi in-front of me also change lane into the left lane, and after successfully change lane, he brake immediately. Due to that I had to brake and lost control of the bike and the bike fell onto my leg. I am not sure if there is any collision. I was conveyed to the nearest hospital. That's all.



SINGAPORE
POLICE FORCE



T/20200922/2047

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

3 of 3

Report No. T/20200922/2047

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:
TP /
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 96192349

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/09/2020 13:08

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 09 / 2020 (DD/MM/YYYY), TIME: 08 : 40 (HH:MM)

LOCATION: ~~pasir ris dr 1~~ pasir ris dr 1 ~~#02-112~~

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 4994 K
b) INSURANCE COMPANY: NTU C
c) POLICY NUMBER: _____
d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA TISS SPARK
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: ISKANDAR BIN ARIFFIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9445699A CONTACT: 83664979
c) ADDRESS: 446 Pasir Ris Dr 6 #02-112
510446

* 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: 07 / 12 / 1994 (DD/MM/YYYY)

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

f) YEARS OF DRIVING EXPERIENCE: 2

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: SH8948 X MODEL: _____
b) DRIVER'S NAME: ABDUL RAHIM BIN ABULLAH
c) NRIC/FIN/PASSPORT: S1699101E CONTACT: 93865129

9. THIRD PARTY VEHICLE

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

Email = iskandarariffin@outlook.com

fax =

VIDEO =

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="22/09/2020 15:27"/>
Vehicle No.(For Motor)	<input type="text" value="FBD4994K"/>	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"/>	S108667406-01		ISKANDAR BIN ARIFFIN	S9445699A	GMC	Third Party	FBD4994K	FBD4994K	09/04/2020	08/04/2021

Claim Handling

Accident MT/1104248

Policy No.	S108667406-01	Vehicle No.	FBD4994K	GST Registration No.	
Certificate No.					
Policyholder Name	ISKANDAR BIN ARIFFIN	Cover Type	Third Party	Policyholder NRIC	S9445699Z
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	83664979	Special Remark		Contact No. (Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	22/09/2020 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/09/2020	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange forte		ICM No.	
Accident Location	PASIR RIS DR 1				

Total Excess Applicable

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

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 446 #02-112	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510446
Unit No.	07-199	Related Policy Number	S108667406-01		

01 Driver Info

Driver Name	Iskandar Bin Ariffin	Driver Type	Main Driver	Driver DOB	07/12/1999
Unnamed driver Name		Driver NRIC	S9445699a	Driving Experience	1
Register Date of Driver License	01/01/2019	Driver Age	25	Contact No. (Home)	0
Contact No. (Mobile)	83664979	Contact No. (Office)	0	Address 3	SINGAPORE
Address 1	BLK 446	Address 2	PASIR RIS DRIVE 6	Post Code	510446
Address 4		Address Type	Singapore address		
Unit No.	#02-112				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ISKANDAR BIN ARIFFIN	In: NF
Contact No. (Mobile)	83664979	Contact No. (Home)	63637830	Co: NC
Email Address	ISKANDARARIFFIN@OUTLOOK.	Vehicle Number	FBD4994K	TP: VO
Claim Description	FBD4994K / SH8948X ON 21 Sept 2020			Nu: NA
Preferred Workshop		Insured Liability	Not at Fault	Pr: W
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	22/09/2020 18:12	Dz: Re
		Workshop Repairer	ROSLINDA	Te: Bu
				Re

Print AX letter

Save Submit

Attachment

Accident No.	MT/1104248	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/09/2020 00:00
Path *		Category *	Confidential Urgency *
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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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 22 Sep 2020 18:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	SAS		Normal	SAS 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:11	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2020 18:10	Photos		Normal	Photos 2020-9-22

Video List

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