

# NATIONAL Assessment Centre Services

Date In: 29/09/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20010438/12	SAS e-filing		
Veh No: SJV1183P	E-mail (within 8hrs, At 2hrs)		
D.O.A: 28/09/20 1750	i-Motor Claim Form	MT/1105002-001	
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: (MIA AUTOSOLUTIONS)	Tel:	Fax:
TP Particulars:	Veh No: 8455289T	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

NA2005192	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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*			
	*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: Idao 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	29/09/2020 16:26
Date Of Accident	28/09/2020 17:50
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1183P
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#### Insured/Policyholder

Name Of Registered Owner	FEROSE MEERA FASAL MOHAMED
NRIC No	SXXXX781J
Email Address	FEROSEMEERA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94752529
Alternative Phone No	OTHERS-94752529

#### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100712271-02
Cover Note Number	

#### Driver

Name of Driver	FEROSE MEERA FASAL MOHAMED
NRIC No	SXXXX781J
Date Of Birth	24/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2005
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94752529
Fax Number	
Contact Number	OTHERS-94752529
EMail Address	FEROSEMEERA@GMAIL.COM

Address	BLK 310 CANBERRA ROAD #10-141
Postcode	750310
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### 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 BRADDELL RD FROM UPP SERANGOON RD ON THE LEFT LANE. SUDDENLY VEH B FROM MY RIGHT LANE SWERVED INTO MY LANE AND HIT ONTO MY FRT RIGHT SIDE PORTION TILL THE REAR SIDE PORTION.

#### 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	SGS5289T
Vehicle Make/Model/Colour	HONDA ODDSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUAH KEE HONG
NRIC/Passport Number	SXXXX662D
Contact Number	96725536

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: 29/09/2020

Driver's Signature

(If driver is not the policyholder)

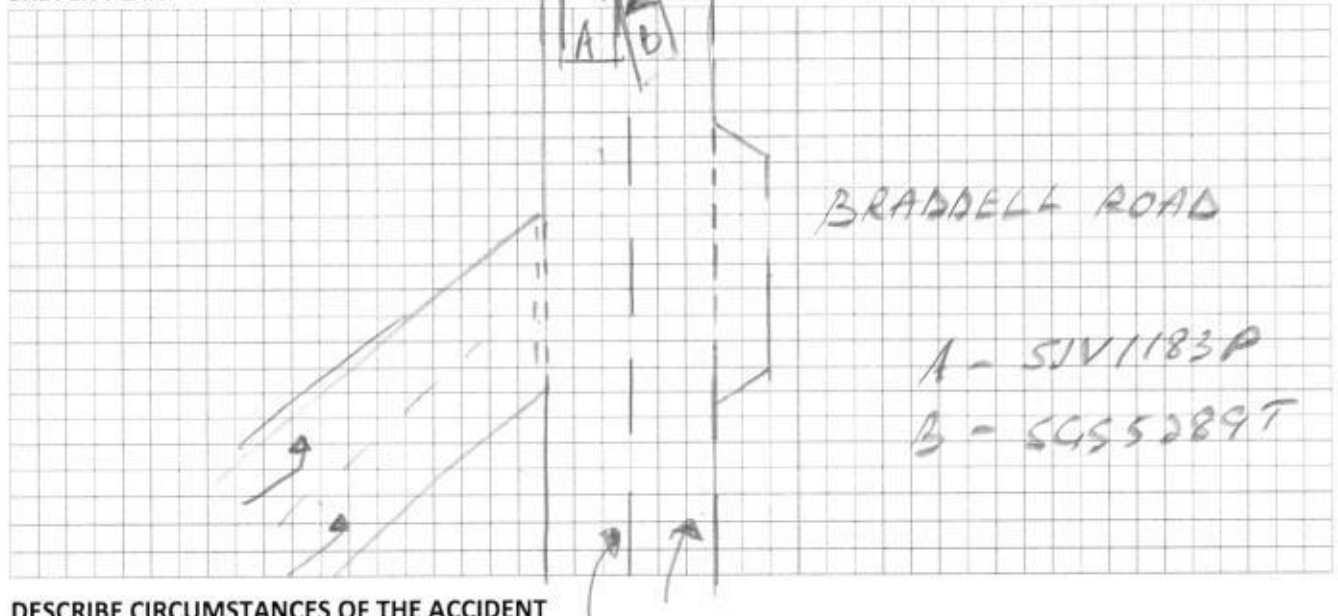
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

## DECLARATION

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

J. J. Heera  
 Policyholder's Signature  
 Date & Time: 29/09/2020

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

sgw 29/09/20  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 09 / 2020) (DD/MM/YYYY), TIME: (5 : 50 PM) (HH:MM)

LOCATION: Upper Serangoon Road Towards Bedok Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 1183P  
 b) INSURANCE COMPANY: Niac Income  
 c) POLICY NUMBER: 5100712271-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Freed  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
 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: Ferose Meera Fasal Mohamed (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7861781J CONTACT: 9475 9475 2529  
 c) ADDRESS: Blk 310 Canberra Road #10-141  
 Singapore 750310

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

## DRIVER

- a) NAME: Ferose Meera Fasal Mohamed (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7861781J CONTACT: 9475 9475 2529  
 c) ADDRESS: Blk 310 Canberra Road #10-141  
 Singapore 750310

- \* d) DATE OF BIRTH: (24 / 11 / 1978) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 15

## 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: S75 SWS 5289T MODEL: Honda glory  
 b) DRIVER'S NAME: Quah Kee Hong  
 c) NRIC/FIN/PASSPORT: S912163D CONTACT: 9672 5536

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 (3)

2 Female

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

ferosemeera@hotmail.com

Email = mta-autosolutions@gmail.com

fax =

VIDEO =

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5100712271-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJV1183P**  
Chassis Number : GB31040143
2. Name of Policyholder : **FEROSE MEERA FASAL MOHAMED**
3. Effective Date of Insurance : 12 Jul 2020
4. Expiry Date of Insurance : 11 Jul 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
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#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: FEROSE MEERA FASAL MOHAMED
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : ASOKA INVESTMENT PTE LTD (00000613895)  
Date of Issue : 01 Jul 2020 12:43 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



## Claim Handling

## Accident MT/1105002

Policy No.	5100712271-02	Vehicle No.	SJV1183P	GST Registration No.	
Certificate No.					
Policyholder Name	FEROSE MEERA FASAL MOHAMED			Policyholder NRIC	57861781J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94752529	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	No	NCD Entitlement(%)	40	Private Hire	Yes

## ▼ Accident Details

Report Date	29/09/2020 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/09/2020	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BRADDELL ROAD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

## ▼ 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 310 #10-141	Address 2	CANBERRA ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750310
Unit No.		Related Policy Number	5100712271-02		

## ▼ OI Driver Info

Driver Name	FEROSE MEERA FASAL MOHAMED	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57861781J	Driver DOB	24/11/1971
Register Date of Driver License	03/03/2005	Driver Age	41	Driving Experience	15
Contact No.(Mobile)	94752529	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 310	Address 2	CANBERRA ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750310
Unit No.	#10-141				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	FEROSE MEERA FASAL MOHAMED	In: NF
Contact No.(Mobile)	94752529	Contact No. (Home)	62572070	Co: NC (O)
Email Address	ferosemeera@hotmail.com	OI Vehicle Number	SJV1183P	TP: Ve Nu
Claim Description	SJV1183P / SGS5289T ON 28 Sept 2020			Na: Pn Wk
Preferred Workshop	Insured Liability	Not at Fault		
Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/09/2020 18:14	Claim Close Date		Da: Re
Report Taken By	ROSLINDA	Workshop Repairer		To: Bu Re

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1105002	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/09/2020 00:00
Path *		Category *	Confidential
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	SAS		Normal	SAS 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:13	Photos		Normal	Photos 2020-9-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:12	Photos		Normal	Photos 2020-9-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:12	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:11	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:11	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:11	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:11	Photos		Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:11	Photos		Normal	Photos 2020-9-29

## Video List

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