

NATIONAL Assessment Centre Services

Date In: 29/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010446/13	SAS e-filing		
Veh No: 5LQ3347Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/09/20 1310	i-Motor Claim Form	MT/1105001-001	
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: G36467B	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

NA2005193	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (N/n 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	29/09/2020 17:12
Date Of Accident	29/09/2020 12:10
Exact Location Of Accident	LOYANG WAY TWDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3347Z
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN MOKHTAR
NRIC No	SXXXX418J
Email Address	DAVILLEANRE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87844472
Alternative Phone No	OTHERS-87844472

Vehicle Particulars

Manufacturer	HONDA
Model	SPADA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5116424862
Cover Note Number	

Driver

Name of Driver	AZMI BIN MOKHTAR
NRIC No	SXXXX418J
Date Of Birth	28/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2003
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87844472
Fax Number	
Contact Number	OTHERS-87844472
EMail Address	DAVILLEANRE@GMAIL.COM

Address	BLK 2 SPOONER ROAD #04-64
Postcode	168790
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200929/2066

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SENT VIDEO TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG467B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO SOON HUAT
NRIC/Passport Number	SXXXX357H
Contact Number	
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:

29/09/20

Driver's Signature

(If driver is not the policyholder)

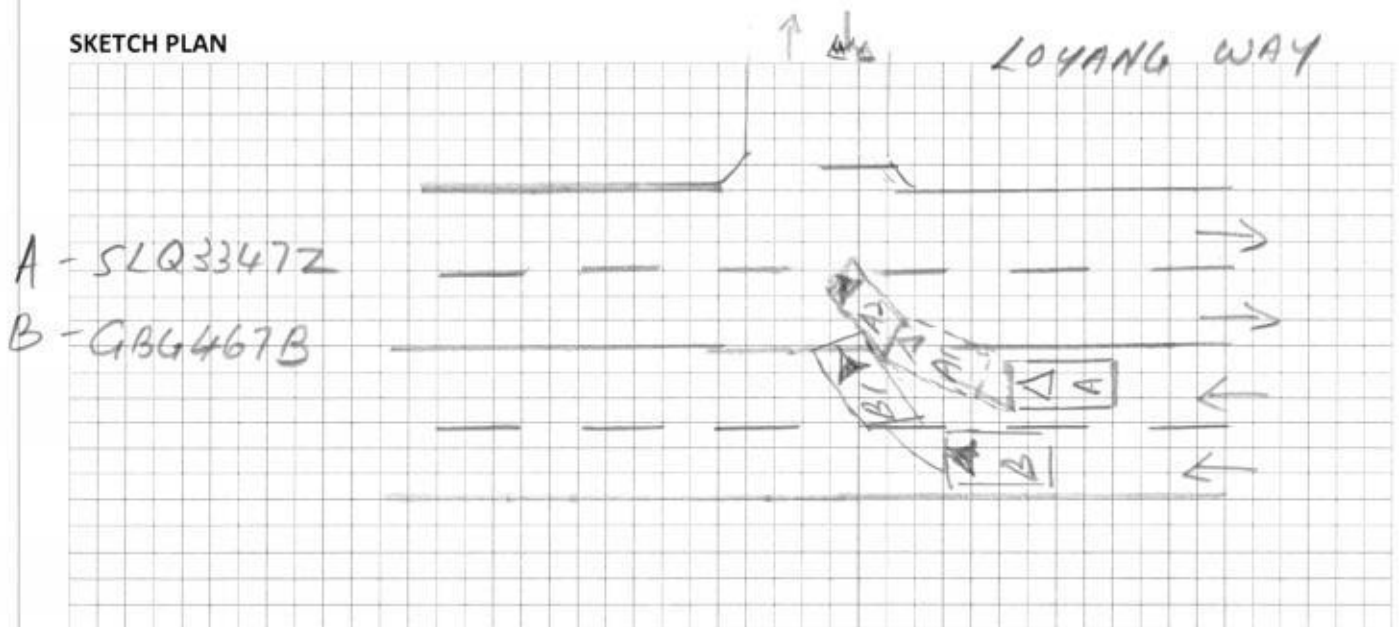
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200929/2066

DECLARATION

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

An
 Policyholder's Signature
 Date & Time: *29/09/20*

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

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



SINGAPORE POLICE FORCE



T/20200929/2066

1 of 4

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20200929/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2020 14:40		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: AZMI BIN MOKHTAR			Address: APT BLK 2 SPOONER ROAD #04-64 SINGAPORE 168790		
ID Type / ID No.: NRIC NO / S7823418J			Contact No.: Home/Office: Mobile: 87844472		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 28/08/1978	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2020 12:10	Type of Location: Straight Road
Location: LOYANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG467B	Van				Slightly Damaged	2
SLQ3347Z	Car	HONDA	STEP WAGON SPADA 1.5 CVT	Purple	Slightly Damaged	0

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



SINGAPORE POLICE FORCE



T/20200929/2066

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200929/2066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ3347Z	NTUC Income Insurance Co-Operative Limited	5116424862	26/02/2020	25/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO SOON HUAT	ID No.	S6917357H
Related Vehicle	GBG467B (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AZMI BIN MOKHTAR	ID No.	S7823418J
Related Vehicle	SLQ3347Z (Car)	Contact No.	87844472
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/09/2020 at about 1210hrs, an accident occurred at the junction of Loyang Way and Loyang Way 1.

I was driving along Loyang Way towards Pasir Ris Dr 3 on the right lane of the road.

There was a Van driving on the left lane going straight, however while I was near the Van the Van made a sudden right turn from his lane with the intention to turn into Loyang Way 1 and I was not able to stop in time as the action of the Van was too sudden and resulted in the collision.

I wish to state that I have a in-car camera and captured the accident.

Nobody was injured at the scene. I am lodging this traffic accident report for insurance claim.

Damages to my vehicle - SLQ3347Z:

The front left bumper area, the front left head light and the front left vehicle body area.



**SINGAPORE
POLICE FORCE**



T/20200929/2066

3 of 4

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

Report No. T/20200929/2066

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200929/2066

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

4 of 4

Report No. T/20200929/2066

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:

E /

Sgt 3 TEO TECK CHUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

29/09/2020 14:40

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 09 / 20 (DD/MM/YYYY), TIME: 12 : 10 (HH:MM)

LOCATION: LOYANG WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 33472
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116424862
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA SPADA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: AZMI BIN MOKHTAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5782348J CONTACT: 57844472
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: 28 / 08 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14 / 02 / 2003

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: GBG 467B MODEL: _____
b) DRIVER'S NAME: TEO SOON HUAT
c) NRIC/FIN/PASSPORT: 569173574 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO = yes

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116424862		AZMI BIN MOKHTAR	S7823418J	GPC	drivo CLASSIC	SLQ3347Z	SLQ3347Z	26/02/2020	25/02/2021

Claim Handling

Accident MT/1105001

Policy No.	5116424862	Vehicle No.	SLQ33472	GST Registration No.	
Certificate No.					
Policyholder Name	AZMI BIN MOKHTAR			Policyholder NRIC	S7823418J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87844472	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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	29/09/2020 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/09/2020	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG WAY TWDS PASIR RIS DR 3				

▼ 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	1,500.00				
Total OD Excess Applicable	3,500.00	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	2 SPOONER ROAD	Address 2	#04-64 MELATI FLAT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	168790
Unit No.	04-64	Related Policy Number	5116424862		

▼ OI Driver Info

Driver Name	Azmi Bin Mokhtar	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7823418J	Driver DOB	26/08/1971
Register Date of Driver License	14/03/2003	Driver Age	42	Driving Experience	17
Contact No.(Mobile)	87844472	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	2 SPOONER ROAD	Address 2	MELATI FLAT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	168790
Unit No.	#04-64				
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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	AZMI BIN MOKHTAR	In: N/S
Contact No.(Mobile)	90191601	Contact No. (Home)	NIL	Co No (O)
Email Address		Vehicle Number	SLQ33472	TP Ve Nu
Claim Description	SLQ33472 / GBG467B ON 29 Sept 2020			
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Na Pr Wh
Date Registered	29/09/2020 18:05	Repair Option	Preferred Workshop, Name unknown	
Report Taken By	ROSILINDA	GIA report	Received	
		Claim Close Date		De Re
		Workshop Repairer		To bu Re

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1105001	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	Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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 29 Sep 2020 18:05	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:05	SAS	Normal	SAS 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:05	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:05	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:04	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2020 18:03	Photos	Normal	Photos 2020-9-29

Video List

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