

NATIONAL Assessment Centre Services

Form 1-12-03

Date In: 02/10/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC 20010599/13	SAS e-filing		
Veh No. FBK 6919D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/09/20 1740	I-Motor Claim Form	MT/1105342-001	
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 Assign Wksp / QW: (Kim KEAT (ABDC))	Tel:	Fax:
TP Particulars:	Veh No:	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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Tel. 1: Tel. 2/3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	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 (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	02/10/2020 14:35
Date Of Accident	22/09/2020 17:40
Exact Location Of Accident	PYLON SLALOM(BBDC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6919D
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	CBF400F
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	

Driver

Name of Driver	PIUS ZAI ZHEN NING
NRIC No	TXXXX985J
Date Of Birth	22/08/2000
Occupation	INDOOR
Date Of Driving Pass	22/09/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91890292
Fax Number	
Contact Number	
EMail Address	NOEMAIL

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120086010 Vehicle Registration No: FBK6919D
Name (as shown in NRIC) : PIUS ZAI ZHEN NING NRIC/FIN/Passport No : T0027985J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 437 CCK AVE 4 #15-489 Singapore (680437)
Contact (Tel) : _____ Mobile No. : 91890292
Email Address : _____
Date of Accident : 22/09/20 Time of Accident : 17:40
Place of Accident : DYLAN SLALOM (BBDC)
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND PASS DATE SHOULD BE 2020

Policyholder / Driver's Signature
Date:

shyr 02/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Address	BLK 437 CHOA CHU KANG AVE 4 #15-489
Postcode	680437
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 INJURED PERSON 1

Name	PIUS ZAI ZHEN NING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK6919D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

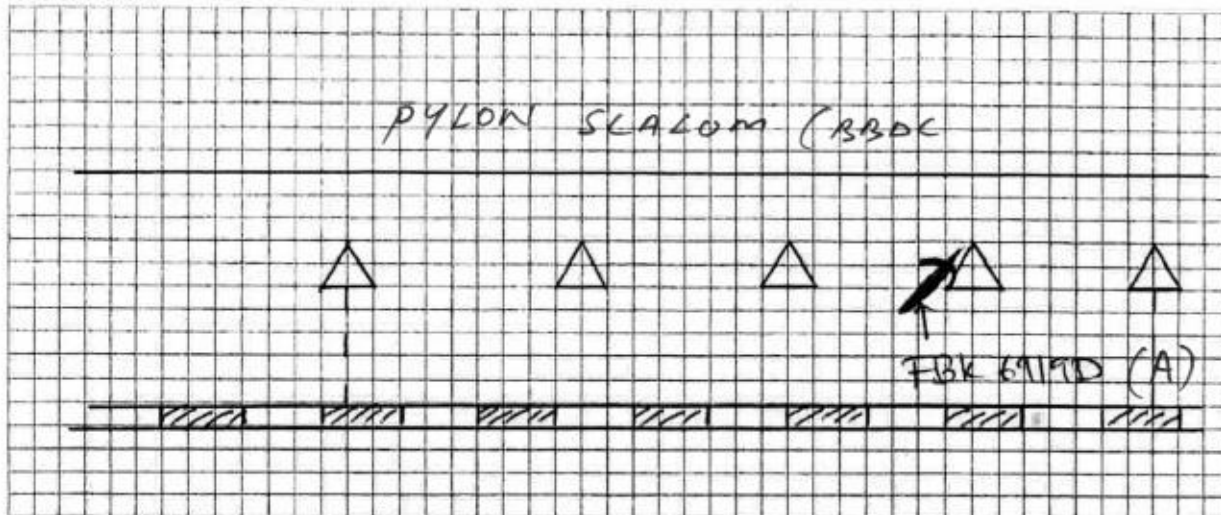
PRINT BATAK DRIVING CENTRE LTD
155 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
Tel: 6581 1233 FAX: 6589 9777

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

On 22/9/2020 @ session 5, I was riding FBK 6919D for my lesson. At around 5.40pm, while I was doing the pylon slalom, I hit a pylon and lost my balance and fell. I felt slight pain after that but continued with my lesson. However, the pain became worse as time passed and I was limping at the end.

DECLARATION

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

[Signature]
 BATCH DRIVING CENTRE
 100 WEST AVENUE 5
 SINGAPORE 659085
 TEL: 65908533 FAX: 65908533

Policyholder's Signature
 Date & Time:

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

[Signature] 02/10/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

ACCIDENT STATEMENT

Reporting

☐ Owner
☐ Driver

Date of Accident

22/9/2020

Time

174 hrs.

Location of Accident

Pylon station area.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBK6919D

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

CB 400F

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bds M/cycle, Others:

Exact Purpose for which vehicle was being used at the time of accident.

Training.

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☒ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

DRIVER

Name of Driver

Pius Zai Zhen Xing

NRIC/ FIN/ Passport

T00299851

Date of Birth

22/08/2000

Occupation

Student

Driving Pass Date

30 Apr 2019

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

91890292

Address

Choa Chu Kang Ave 4 B1K V17 #15-419 680427

Email Address

pius.zai.npcce@gmail.com

Was driver an employee of the Insured's Company?

☒ Yes

☐ No

If No, relationship of Driver with the Insured.

Training

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Self-fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

mirror cracked.

Approximate Speed

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

FBK 6919D**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED****Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes☒ No

Was Injured conveyed to hospital by ambulance?

☐ Yes☒ No**DETAILS OF INJURED PERSON 2**

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes☐ No**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Transaction ref 20151228102013611748

The owner and vehicle particulars for Vehicle No. FBK6919D as at 28 Dec 2015 are as follows:

1. Name	: BUKIT BATOK DRIVING CENTRE LTD
2. Identification No. Type	: Company
3. Identification No.	: 198801155R
4. Place Of Passport Issue	: -
5. Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6. Mailing Address	: -
7. Vehicle No.	: FBK6919D
8. Effective Date of Ownership	: 28 Dec 2015
9. Original Registration Date	: 28 Dec 2015
10. First Registration Date	: 28 Dec 2015
11. Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: HONDA
17. Vehicle Model	: CB400F
18. Year of Manufacture	: 2015
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: JH2NC479XEK000471 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: NC47E5000473 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 399 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 190
28. Maximum Laden Weight(kg)	: 372
29. Open Market Value	: \$6,679.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2015100106000621Z
35. COE Expiry Date	: 27 Dec 2025
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,158.00
38. Actual Quota Premium/PQP Paid	: \$6,158.00
39. Actual ARF Paid	: \$1,002.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Road Tax Amount	: \$71.00
46. Road Tax Start Date	: 28 Dec 2015
47. Road Tax End Date	: 27 Dec 2016
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

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 17:40"/>
Vehicle No.(For Motor)	<input type="text" value="FBK6919D"/>	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"/>	5114136261	5114136261-000006	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBK6919D	FBK6919D	01/01/2020	31/12/2020

Claim Handling

Accident MT/1105342

Policy No.	5114136261	Vehicle No.	FBK6919D	GST Registration No.	M20080531
Certificate No.	5114136261-000006				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	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	No

▼ Accident Details

Report Date	02/10/2020 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	22/09/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PYLON SLALOM(BBDC)				

▼ 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	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PIUS ZAI ZHEN NING	Driver NRIC	T00279853	Driver DOB	22/08/2001
Register Date of Driver License	22/09/2020	Driver Age	20	Driving Experience	0
Contact No.(Mobile)	91890292	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 437	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	680437
Unit No.	#15-489				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	In: NF
Contact No.(Mobile)		Contact No. (Home)		Co No (O)
Email Address		OI Vehicle Number	FBK6919D	TP Ve Nu
Claim Description	FBK6919D ON 22 Sept 2020			Na Pri Wi
Preferred Workshop		Insured Liability	Fully at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered		Claim Close Date	02/10/2020 15:49	Dz Re
Report Taken By		Workshop Repairer	ROSJUNDA	To bu Re

Print AX letter

Save Submit

Attachment

Accident No.	MT/1105342	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2020 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
		Confidential	NO
		Urgency *	Normal

No file chosen No file chosen No file chosen

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:49	SAS		Normal	SAS 2020-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:40	Photos		Normal	Photos 2020-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:40	Photos		Normal	Photos 2020-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:40	Photos		Normal	Photos 2020-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Oct 2020 15:40	Photos		Normal	Photos 2020-10-2

▼ Video List

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