

NATIONAL Assessment Centre Services

Date In: 05/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20010664/13	SAS e-filing		
Veh No: FP5775J	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 28/09/20 1135	i-Motor Claim Form	MT/1105655-001	
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: SLX3458A	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 6619)	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

NA2005248	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$3		
	*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	
Auditors' Comments:			
Cal. 1:			
Cal. 2 / 3:			

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	05/10/2020 14:20
Date Of Accident	28/09/2020 11:35
Exact Location Of Accident	SEMPAWANG CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP5775J
Insured/Policyholder	
Name Of Registered Owner	RUSSELL LEE ZHENGHAN
NRIC No	SXXXX686I
Email Address	YONGCAISOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88667667
Alternative Phone No	OTHERS-88667667

Vehicle Particulars

Manufacturer	HONDA
Model	ADV150
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY
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	5115610426
Cover Note Number	

Driver

Name of Driver	RUSSELL LEE ZHENGHAN
NRIC No	SXXXX686I
Date Of Birth	18/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667667
Fax Number	
Contact Number	OTHERS-88667667
EMail Address	YONGCAISOO@GMAIL.COM

Address	BLK 667 WOODLANDS RING ROAD #06-337
Postcode	730667
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?	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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200928/2106

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	SLX3458A
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RUSSELL LEE ZHENGHAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FP5775J

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)**

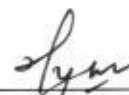
I understand, acknowledge, agree and consent that:

- (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.

 30/09/2020

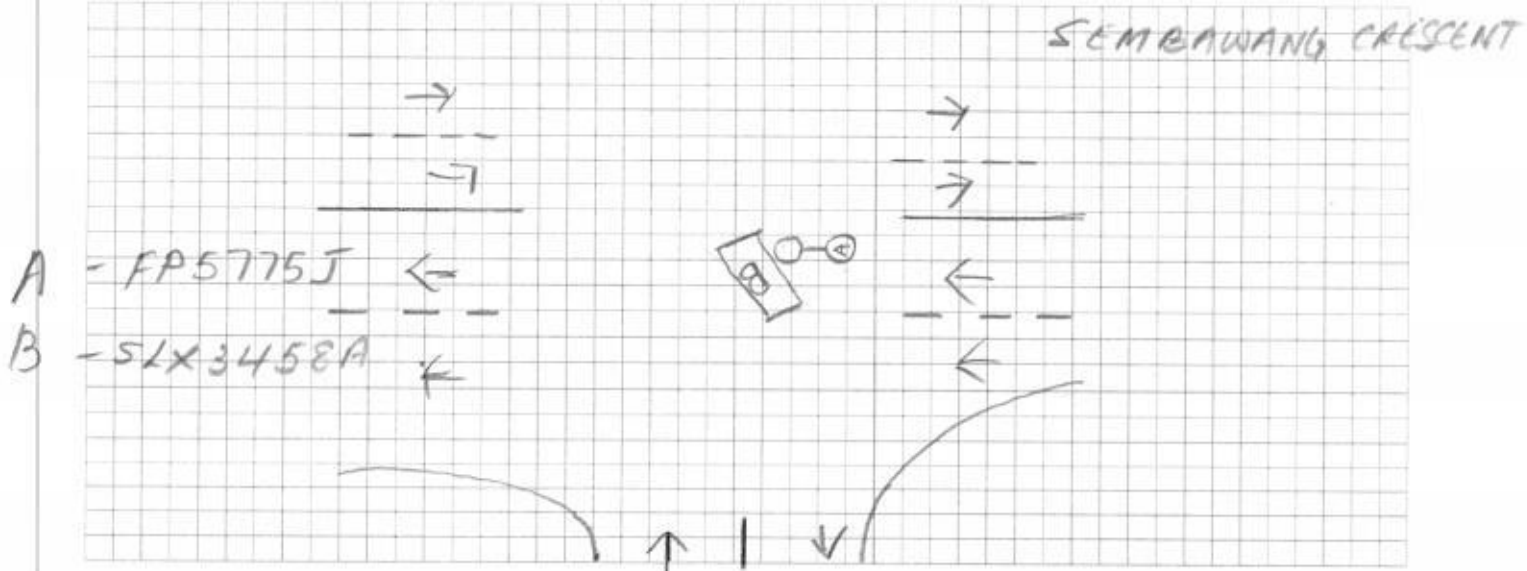
Policyholder's Signature
Date & Time:

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

 05/10/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200928/2106


DECLARATION

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

 30/09/2020

Policyholder's Signature
Date & Time:

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

 05/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**SINGAPORE
POLICE FORCE**

T/20200928/2106

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20200928/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2020 19:44		Vide Report No.: L/20200928/0082		Station Diary No.: 119	
Informant's Particulars					
Name of Informant: RUSSELL LEE ZHENGHAN			Address: APT BLK 667 WOODLANDS RING ROAD #06-337 SINGAPORE 730667		
ID Type / ID No.: NRIC NO / S9524686I			Contact No.: Home/Office: Mobile: 88667667		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 18/07/1995	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/09/2020 11:35	Type of Location: Straight Road	
Location: SEMBAWANG CRESCENT					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP5775J	Motorcycle	HONDA	ADV150 CBS CVT	Black	Seriously Damaged	0
SLX3458A	Car	MAZDA	MAZDA2 SEDAN 1.5 AT STANDARD PLUS EU6	Red	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20200928/2106

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200928/2106

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FP5775J	NTUC Income Insurance Co-Operative Limited	5115610426	15/01/2020	14/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RUSSELL LEE ZHENGHAN	ID No.	S9524686I
Related Vehicle	FP5775J (Motorcycle)	Contact No.	88667667
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	28/09/2020	Date Discharge	28/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the abovementioned date and time, I was riding my motorbike along Sembawang Crescent near Sembawang Secondary School. I was going straight when, when I saw a red car waiting to turn right. As I continued forward, I saw the car suddenly make a right turn. I tried to apply brakes, however I was unable to do so in time, and my motorcycle collided into the car. After this, I only remember some passers-by coming to help me. Ambulance and traffic police also came to the accident. After this, the Traffic Police officers wanted to take the SD Card of my motorcycle dash cam, and gave me an acknowledgement slip for this. I was then subsequently conveyed to hospital by ambulance.

I was treated by the doctors and received a 7-day medical certificate. I was informed that I had sustained some abrasions over my body.



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Sketch Plan
Informant is



**SINGAPORE
POLICE FORCE**



T/20200928/2106

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No: T/20200928/2106

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:

L /
SCSGT(1) CHEONG TZE SUNG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/09/2020 19:44

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 09 / 2020) (DD/MM/YYYY), TIME: (11 : 40) (HH:MM)

LOCATION: SEMBAWANG CRESCENT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FP 5775 J
b) INSURANCE COMPANY: NATUO INCOME
c) POLICY NUMBER: 5115610426
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA ADV 150 CBS CVT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY
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: RUSSELL LEE ZHENGHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S95246961 CONTACT: 88667667
c) ADDRESS: 667 WOODLANDS RING ROAD #06-337
S730667

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RUSSELL LEE ZHENGHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S95246961 CONTACT: 88667667
c) ADDRESS: 667 WOODLANDS RING ROAD #06-337
S730667

*d) DATE OF BIRTH: (18 / 07 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/05/2015

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: CONVEY

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 3458A MODEL: MAZDA 3
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

30/09/20
waiting veh
at compound

Email =

fax =

VIDEO =

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

30/09/2020 13:17

Vehicle No.(For Motor)

FP5775J

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"/>	5115610426		RUSSELL LEE ZHENGHAN	S9524686I	GMC	Third Party	FP5775J	FP5775J	15/01/2020	14/01/2021

Continue

Claim Handling

Accident MT/1105655

Policy No.	5115610426	Vehicle No.	FP5775J	GST Registration No.	
Certificate No.					
Policyholder Name	RUSSELL LEE ZHENGHAN			Policyholder NRIC	S9524686I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88667667	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	No

▼ Accident Details

Report Date	06/10/2020 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/09/2020	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEMBAWANG CRESCENT				

▼ 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 667 #06-337	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730667
Unit No.		Related Policy Number	5115610426		

▼ OI Driver Info

Driver Name	RUSSELL LEE ZHENGHAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9524686I	Driver DOB	18/07/1997
Register Date of Driver License	18/05/2015	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	88667667	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 667	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730667
Unit No.	#06-337				
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	RUSSELL LEE ZHENGHAN	In NF
Contact No.(Mobile)	88667667	Contact No.(Home)	63660833	Co No (O)
Email Address	RASCALRUSSEL7@GMAIL.COM	Vehicle Number	FP5775J	TP No
Claim Description	FP5775J / SLX3458A ON 28 Sept 2020			
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred Workshop, Name unknown			
Date Registered	06/10/2020 09:58	Claim Close Date		De Re
Report Taken By	ROSILINDA	Workshop Repairer		To bu Re
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1105655	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/10/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO 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 06 Oct 2020 09:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:57	SAS		Normal	SAS 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:57	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:57	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:57	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:56	Photos		Normal	Photos 2020-10-6

▼ Video List

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