

NATIONAL Assessment Centre Services

[N.A. 20-100]

20

Date In: 27/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC 20011655/13	SAS e-filing		
Veh No. SBV3978U	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 21/10/20 1730	I-Motor Claim Form	MT/1108043-001	
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: (Ryder)	Tel:	Fax:
TP Particulars:	Veh No: X08946M	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: 678816616)	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

NA2005751	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		Int Bill	Add Bill
Client and 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:		
	*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 \$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	27/10/2020 09:55
Date Of Accident	21/10/2020 17:30
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV3978U
Insured/Policyholder	
Name Of Registered Owner	MAVIS WEE QI EN
NRIC No	SXXXX455H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88771919
Alternative Phone No	OTHERS-88771919

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104812996-01
Cover Note Number	

Driver

Name of Driver	MAVIS WEE QI EN
NRIC No	SXXXX455H
Date Of Birth	14/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88771919
Fax Number	
Contact Number	OTHERS-88771919
Email Address	NOEMAIL

Address	BLK 82 COMMONWEALTH CLOSE #13-141
Postcode	140082
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	COLLISION - HEAD TO REAR
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?	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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201026/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8946M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 MAVIS WEE QI EN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SBV3978U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

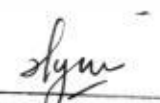
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

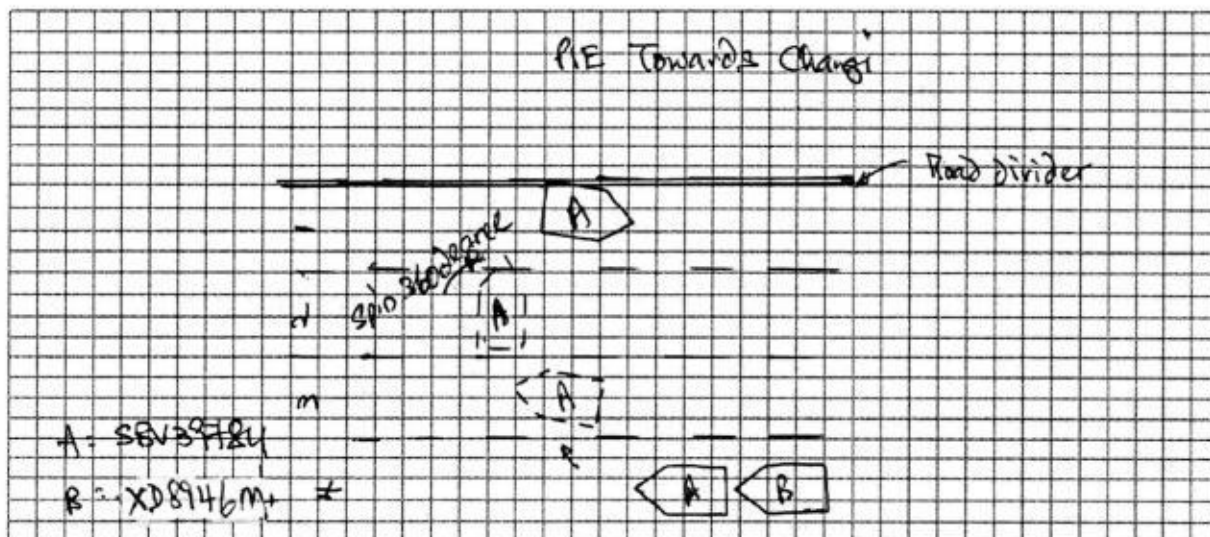
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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

 27/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS REFER TO POLICE REPORT AS ATTACHED.


[illegible]

DECLARATION

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

Policyholder's Signature
Date & Time:


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

 27/10/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC / FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201026/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20201026/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 17:34	Vide Report No.: T/20201021/2123	Station Diary No.: 14
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Informant's Particulars

Name of Informant: MAVIS WEE QI EN			Address: APT BLK 82 COMMONWEALTH CLOSE #13-141 SINGAPORE 140082		
ID Type / ID No.: NRIC NO / S9149455H			Contact No.: Home/Office: Mobile: 88771919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 29	Date of Birth: 14/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRODUCT SPECIALIST			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2020 17:30	Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBV3978U	Car	TOYOTA	COROLLA 1.3M	Grey	Slightly Damaged	0
XD8946M	Truck					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBV3978U	NTUC Income Insurance Co-Operative Limited	5104812996-01	01/11/2019	31/10/2020



**SINGAPORE
POLICE FORCE**



T/20201026/2115

2 of 3

Report No. T/20201026/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Brief Details.

I wish to make amendments to the report I lodged previously vide T/20201021/2123. The amended report as follows:

On 21/10/2020 at about 1731hrs, I was driving in my vehicle, SBV3978U travelling along Pan-Island Express way towards Changi Airport on the left most lane.

At the filter lane of Jin Jurong Kechil to PIE, I noticed a truck, XD8946M carrying a trailer, TRD3011P was at the filter lane going in to PIE. As the truck was still quite a distance away to filter into PIE, I decided to proceed first before the truck filter in. After I pass the truck, I noticed that the truck started filtering into PIE. Shortly after, I felt a push at the rear of my vehicle and my vehicle surge towards the right. My vehicle knocked on to the center divider before coming to a stop at the right most lane. A few passer by stopped to assist me however no vehicle stopped to acknowledged of them hitting on to my vehicle.

After which, a tow truck that happened to pass by stopped and towed my vehicle to a workshop at 2 Kaki Bukit ave 2 #02-19 namely: Ryder.

I went to consult a doctor at Dawson place Clinic for my neck and back ache and was give 5 days medical leave. I wish to state that my vehicle only have in car camera at the front.

111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111
Tel No: 1800-4749999



**SINGAPORE
POLICE FORCE**



T/20201026/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20201026/2115

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:

D/
Sgt 3 LEE HAO ZHENG ALVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/10/2020 17:34

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Reporting Draft

VEHICLE NO: SBV3978U

MODEL: TOYOTA COROLLA

DATE OF ACCIDENT	21/10/20		
TIME OF ACCIDENT	1730	HRS	AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS CHANGI		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	MAVIS WEE QI EN		
CONTACT NO.	88771919		
NRIC	S9149455H		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	<u>OUTDOOR</u> / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / <u>FEMALE</u>		
CONTACT NO.	88771919	OFFICE:	HOME:
ADDRESS	BLK 82 COMMONWEALTH CLOSE #13-141 S(140082)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u> : YES Driver		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	XD8946M	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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="21/10/2020 17:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SBV3978U"/>	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"/>	5104812996-01		MAVIS WEE QI EN	S9149455H	GPC	Third Party	SBV3978U	SBV3978U	01/11/2019	31/10/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1108043

Policy No.	5104812996-01	Vehicle No.	SBV3978U	GST Registration No.	
Certificate No.					
Policyholder Name	MAVIS WEE QI EN			Policyholder NRIC	S9149455H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88771919	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<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	27/10/2020 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	21/10/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK B2 #13-141	Address 2	COMMONWEALTH CLOSE	Address 3	COMMONWEALTH
Address 4	SINGAPORE 140082	Address Type	Singapore address	Post Code	140082
Unit No.	141	Related Policy Number	5104812996-02		

▼ O1 Driver Info

Driver Name	MAVIS WEE QI EN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9149455H	Driver DOB	14/06/1991
Register Date of Driver License	20/05/2015	Driver Age	29	Driving Experience	5
Contact No.(Mobile)	88771919	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK B2	Address 2	COMMONWEALTH CLOSE	Address 3	COMMONWEALTH
Address 4	SINGAPORE 140082	Address Type	Singapore address	Post Code	140082
Unit No.	#13-141				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MAVIS WEE QI EN	Insured NRIC	
Contact No.(Mobile)	88771919	Contact No.(Home)	64797020	Contact No.(Office)	
Email Address	MELISSAWEE@GMAIL.COM	Vehicle Number	SBV3978U	TP Vehicle Number	
Claim Description	SBV3978U / XD8946M ON 21 Oct 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	27/10/2020 16:50	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Lost but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1108043	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/10/2020 00:00

Path *

Category *

Confidential

Urgency *

 No file chosen No file chosen No file chosen 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 27 Oct 2020 16:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:50	SAS		Normal	SAS 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:50	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:50	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:49	Photos		Normal	Photos 2020-10-27

Video List

Uploaded By/Date

Folder Date

File Name

Source