

# NATIONAL Assessment Centre Services

Date In: 02/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013244/12	SAS e-filing		
Veh No: 5M061568	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 28/11/20 1040	I-Motor Claim Form	02/12 MT/1112095-001	
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: FBK44367	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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Defect / Action:


NA2006370	Invoice / Repairation Checklist	Amount (\$)	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TF: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Cal 1:	For claiming against INC Only (ref 10 Jan 2005)		
Cal 2/3:	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 (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 Submission	02/12/2020 11:18 (SGT)
Date of Accident	28/11/2020 10:40 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ECP(MCE) B4 MARINE PARADE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6156B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDEN JINNAH PTE LTD
Company Reg No	2XXXXX733Z
Email Address	muhamad.yusoff@gmail.com
Mobile Phone No	(Phone) +65-94522441
Alternative Phone No	+65-94522441

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119816200
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD YUSOFF S/O MOHAMED ALI JINNAH
NRIC No	SXXXX314A
Date Of Birth	07/06/1989
Occupation	Indoor

Date Of Driving Pass .....	21/01/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94522441
Alt. Phone Number .....	-
Email Address .....	muhamad.yusoff@gmail.com
Address .....	BLK 111 ALJUNIED CRESCENT
Address complement .....	#09-110
Postcode .....	380111
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MOHAMED ZAKKARIYA
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBK4436T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## 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.

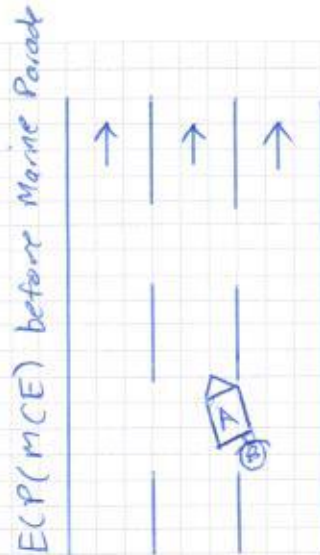


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



(A) - SMQ6156B

(B) - FBK4436T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 28/11/2020 @ about 1040 HRS, along ECP(MCE).

I was travelling along the above mentioned expressway on

lane 1 before Marine Parade Exit. There was road works

and heavy traffic along Lane 1. I filtered out into lane

2 and stopped my vehicle due to heavy traffic.

After stopping for about 3 seconds, I heard a loud

bang from the rear. I alighted my vehicle and realised

it was vehicle (B), who hit into the rear right portion of

my vehicle (A) causing damages to my vehicle.

I, Golden Jinnah Pte. Ltd. has authorised Muhammad Yusoff  
s/o Mohamed Ali Jinnah to drive the vehicle SMQ6156B on  
the 28/11/2020.

## 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:

*[Signature]*

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

*[Signature]* 01/12/20



Date of Accident : 28/11/2020 Accident Time: 1040 (24-HR-FORMAT)

Accident Place : ECP (MCE) before Marine Parade Exit

Vehicle Reg. No (Car plate No.) : SMQ 6156 B Vehicle Make/Model: BMW 530i

Insurance Company : NTUC Policy No. 5119816200

Name of Registered Owner : Company / Individual Golden Jinnah Pte Ltd.

ID of Registered Owner : Co Reg No: 200205733Z Owner's NRIC No: \_\_\_\_\_

Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_

**DRIVER'S Name** : Muhammad Yusoff s/o Mohamed Ali Jinnah **DRIVER'S NRIC No:** 58919314A

**DRIVER'S Date of Birth** : 07/06/1989 **DRIVER'S License Pass Date** 21/01/2008

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: \_\_\_\_\_

**DRIVER'S Address** : Blk 111 Aljunied Crescent #09-110 S(380111)

**DRIVER'S Contact No./ Alt No.** : 1) 94522441 2) \_\_\_\_\_

**DRIVER'S Occupation** : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address : muhamad.yusoff@gmail.com

Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 / Gender / Name

Was the accident reported to the police? YES NO

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>FBK 4436T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

MOHAMED ZAKARIYA MOHAMED SHARK

## 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:** 5119816200

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMQ6156B**  
 Chassis Number : WBAJR320X0CD20336
2. Name of Policyholder : GOLDEN JINNAH PTE LTD
3. Effective Date of Insurance : 27 Nov 2020
4. Expiry Date of Insurance : 26 Nov 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ALI YOUSOUF SAIBOO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 16 Nov 2020 17:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SMQ6156B**

Make / Model  
**B.M.W. / 530I NAV ADAPTIVE HEADLIGHT FOGLIGHT**

Vehicle Type :  
**N18 - Passenger (Co) Company Car (Single Rate)**

Vehicle Attachment 1 :  
**No Attachment**

Vehicle Scheme :  
**Normal**

Chassis No. :  
**WBAJR320X0CD20336**

Propellant :  
**Petrol**

Engine No. :  
**H241K248B48B20B**

Motor No. :  
**-**

Engine Capacity :  
**1998 cc**

Power Rating :  
**-**

Maximum Power Output :  
**185.0 kW (248 bhp)**

Maximum Laden Weight :  
**2220 kg**

Unladen Weight :  
**1540 kg**

Year Of Manufacture :  
**2019**

Original Registration Date :

**27 Nov 2019**

Lifespan Expiry Date :

-

COE Category :

**B - Car above 1600cc or 97kW (130bhp)**

Quota Premium :

**\$40,009.00**

COE Expiry Date :

**26 Nov 2029**

Road Tax Expiry Date :

**26 Nov 2021**

PARF Eligibility Expiry Date :

**26 Nov 2029**

Inspection Due Date :

**26 Nov 2022**

Intended Transfer Date :

**30 Nov 2020**

CO2 Emission :

**149.00 (g/km)**

CEV/VES Rebate Utilised Amount :

-

CO Emission :

**0.137610 (g/km)**

HC Emission :

**0.023390 (g/km)**

NOx Emission :

**0.022160 (g/km)**

PM Emission :

**0.100000 (mg/km)**

## Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Print

OK →

Save as PDF

Copy as Text



## Claim Handling

Accident MT/1112095

Policy No.	5119816200	Vehicle No.	SMQ6156B	GST Registration No.	
Certificate No.				Policyholder NRIC	200205733Z
Policyholder Name	GOLDEN JINNAH PTE LTD	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	94522441	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	40	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	02/12/2020 14:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	28/11/2020	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP(MCE)B4 MARINE PARADE EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YTD OD Excess	0.00	YTD TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	02/12/2020 14:54:08 System changed GST Status Verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	11 COLLYER QUAY	Address 2	#03-03 THE ARCADE	Address 3	SINGAPORE 0493
Address 4		Address Type	Singapore address	Post Code	049317
Unit No.		Related Policy Number	5119816200		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/06/1989
Unnamed driver Name	MUHAMMAD YUSOFF S/O MOHA	Driver NRIC	S8919314A	Driving Experience	12
Register Date of Driver License	21/01/2008	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	94522441	Contact No.(Office)	0	Address 3	SINGAPORE 3801
Address 1	BLK 111	Address 2	ALJUNIED CRESCENT	Post Code	380111
Address 4		Address Type	Singapore address		
Unit No.	#09-110	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	No Yes				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	GOLDEN JINNAH PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	GOLDENJINNAH@yahoo.com	Vehicle Number	SMQ6156B	TP	
Claim Description	SMQ6156B / PBK4436T ON 28 Nov 2020			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
COINSURE No. Finalisation	Yes	Preferred Workshop, Name unknown		Claim Close Date	02/12/2020 14:57
Date Registered				Workshop Repairer	ROSLINDA
Report Taken By				Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1112095	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

02/12/2020 00:00

Path \*

No file chosen

No file chosen

No file chosen

No file chosen

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<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:57	SAS		Normal	SAS 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:57	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:57	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2020 14:56	Photos		Normal	Photos 2020-12-2

## ▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
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