

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA2920C90004**

Date In: 9/12/12-10:25	Job description	Date & Time Completed	Done by
Ref No: NA114C201357974	SAS e-filing		
Veh No: 8VB77594	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/12/12-11:15	i-Motor Claim Form	NA111293-001	9/12/12 10:29
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: **8VB7712B**

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%. P: 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

NA2920C90004

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpl 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: Idac 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 09/12/2020 10:25 (SGT)
Date of Accident 08/12/2020 11:15 (SGT)
Exact Location of Accident 192 Lor 4 Toa Payoh, Singapore 310192
Additional Location Information carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB3759Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH CHYE HUAT (WU CAIFA)
NRIC No SXXXX117E
Email Address teo_vlyn@yahoo.com
Mobile Phone No (Phone) +65-81258300
Alternative Phone No +65-96619139

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 5108163207-01
Cover Note Number -

DRIVER

Name of Driver GOH CHYE HUAT (WU CAIFA)
NRIC No SXXXX117E
Date Of Birth 31/08/1972
Occupation Indoor

Date Of Driving Pass	15/10/1992
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81258300
Alt. Phone Number	+65-96619139
Email Address	teo_vlyn@yahoo.com
Address	BLK 685B JURONG WEST STREET 64
Address complement	#13-165
Postcode	642685
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH PEI SHEA
Gender	Female

PASSENGER 2

Name	FELICIA
Gender	Female

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

REFER TO 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	SGG5712B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH CHYE HUAT (WU CAIFA)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLB3759Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TOH PEI SHEA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLB3759Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	FELICIA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLB3759Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

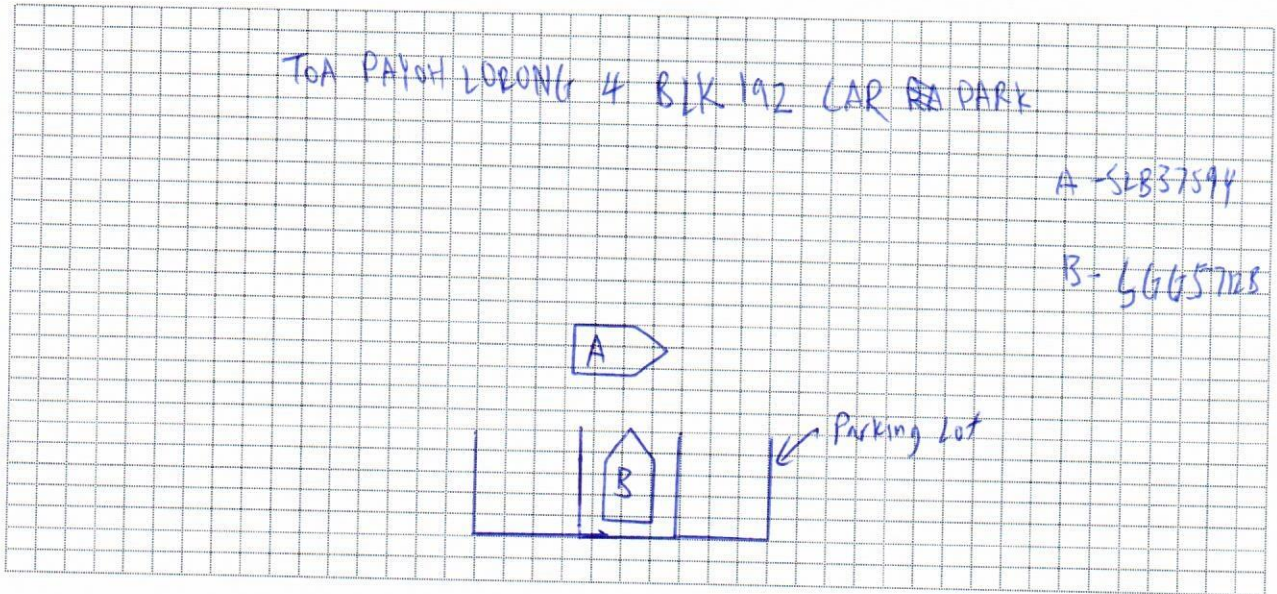
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TOA PAYOH LORONG 4 BLK 192 CAR PARK.
SUDDENLY VEHICLE B CAME OUT FROM THE PARKING LOT AND HIT ONTO THE
RIGHT SIDE OF MY VEHICLE.

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:

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

Accident Reporting Draft

VEHICLE NO: SLB3759Y

MODEL: TOYOTA HARRIER

DATE OF ACCIDENT	8/12/12	1986cc
TIME OF ACCIDENT	1115	HRS AM/PM
LOCATION OF ACCIDENT	TOA PAYOH LORONG 4 BLK 192 CAR PARK	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	GOH CHYE HUAT (WU CAIFA) Teo_VLYN@yahoo.com.sg	
CONTACT NO.	81258300,96619139	
NRIC	S7231117E	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE	
NRIC	ANY PASSENGER: 2	
DATE OF BIRTH	F: Teo Pel Shee	
OCCUPATION	OUTDOOR / INDOOR F: Felicia	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	81258300,96619139	OFFICE: HOME:
ADDRESS	APT BLK 685B JURONG WEST ST 64 #13-165 S(642685)	
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: Dry	
ANY INJURIES	NO / IF YES: 3	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SGG5712B	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	 <p>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</p>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5108163207-01
The Policyholder	: GOH CHYE HUAT (WU CAIFA) BLK 685B #13-165 JURONG WEST STREET 64 SINGAPORE 642685

Period of Insurance	: 05 Apr 2020 To 04 Apr 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$764.00

Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 2000cc
Primary Driver	: GOH CHYE HUAT	Registration Year	: 2016
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/HARRIER	NCD Entitlement	: 40%
Registration Number	: SLB3759Y	NCD Protection	: No
Chassis Number	: ZSU600064445		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: HL BANK		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)
Date of Issue	: 05 Mar 2020 11:04 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

GeneralClaim

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="08/12/2020 11:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SLB3759Y"/>	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"/>	5108163207-01		GOH CHYE HUAT (WU CAIFA)	S7231117E	GPC	drivo CLASSIC	SLB3759Y	SLB3759Y	05/04/2020	04/04/2021
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5108163207-01	Policyholder Name	GOH CHYE HUAT (WU CAIFA)	Policyholder NRIC	S7231117E
Certificate No.					
Address	BLK 685B #13-165 JURONG WEST STREET 64 SINGAPORE 642685				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2020	Effective Date	05/04/2020 00:00	Expiry Date	04/04/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 685B #13-165	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 642685
Address 4		Address Type	Singapore address	Post Code	642685
Unit No.		Related Policy Number	5108163207-01		

▶ Insured Object: SLB3759Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1112903

Policy No.	5108163207-01	Vehicle No.	SLB3759Y	GST Registration No.	
Certificate No.					
Policyholder Name	GOH CHYE HUAT (WU CAIFA)			Policyholder NRIC	S7231117E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81258300	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N/A"/>
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(%)	40	Private Hire	No

Accident Details

Report Date	09/12/2020 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/12/2020	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	192 Lor 4 Toa Payoh				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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 685B #13-165	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 642685
Address 4		Address Type	Singapore address	Post Code	642685
Unit No.		Related Policy Number	5108163207-01		

OI Driver Info

Driver Name	GOH CHYE HUAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7231117E	Driver DOB	31/08/1972
Register Date of Driver License	15/10/1992	Driver Age	48	Driving Experience	28
Contact No.(Mobile)	81258300	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 685B	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 642685
Address 4		Address Type	Singapore address	Post Code	642685
Unit No.	13-165				
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 **New**

Claim Type *	OD-MX	Insured Name	GOH CHYE HUAT (WU CAIFA)	Insured NRIC	S7231117E
Contact No.(Mobile)		Contact No.(Home)	57947145	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLB3759Y	TP Vehicle Number	SGG5712B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLB3759Y / SGG5712B ON 8 Dec 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/12/2020 10:29	Claim Close Date		Date Received	09/12/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1112903	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2020 10:31

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Message Read

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:31	SAS		Normal	SAS 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Dec 2020 10:30	Photos		Normal	Photos 2020-12-9	

Video List

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