

NATIONAL Assessment Centre Services

Ref: 13-103

Page 1 of 2

Date In: 11/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20813736/13	SAS e-filing		
Veh No: SLW9501Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 10/12/20 0640	i-Motor Claim Form	11/12 MT/1113341-001	
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: SHD4101A	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: 67886616)	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

NA2100347	Invoice Preparation Checklist	Unit (\$) Int Bill	Unit (\$) Add Bill
Claimant's 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno 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: Idno 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	11/12/2020 16:44 (SGT)
Date of Accident	10/12/2020 06:40 (SGT)
Exact Location of Accident	Cranwell Rd, Singapore
Additional Location Information	CRANWELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9501Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF
NRIC No	SXXXX741G
Email Address	syfyus@gmail.com
Mobile Phone No	(Phone) +65-84442027
Alternative Phone No	+65-84442027

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	5115503515
Cover Note Number	-

DRIVER

Name of Driver	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF
NRIC No	SXXXX741G
Date Of Birth	22/12/1987
Occupation	Outdoor



Date Of Driving Pass	14/11/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84442027
Alt. Phone Number	+65-84442027
Email Address	syfyus@gmail.com
Address	BLK 661C EDGEDALE PLAINS
Address complement	#07-648
Postcode	823661
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201211/2012

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4101A
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)	-

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 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.
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")

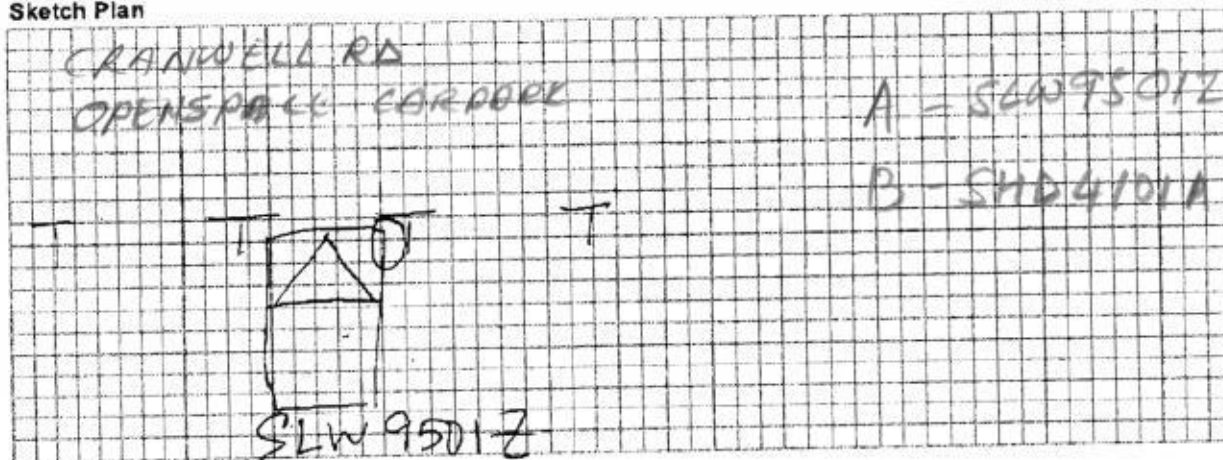
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
REPORT NO: T/20201211/2012


DAMAGE TO MY VEHICLE:

- (1) RIGHT FRONT FENDER
- (2) RIGHT HEADLAMP


I HAVE THE VIDEO FOOTAGE OF THE ACCIDENT.
THERE WERE NO NOTES OR PARTICULARS LEFT
BEHIND BY THE DRIVER AFTER THE ACCIDENT OCCURRED.

Declaration

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

 11/12/20
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20201211/2012

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201211/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 07:56		Vide Report No.:		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF			Address: APT BLK 661C EDGEDALE PLAINS #07-648 SINGAPORE 823661		
ID Type / ID No.: NRIC NO / S8741741G			Contact No.: Home/Office:		Mobile: 84442027
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 22/12/1987	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Fitness Trainer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/12/2020 06:40	Type of Location: Car Park
Location: CRANWELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD4101A	Car	HYUNDAI		Blue	Slightly Damaged	0
SLW9501Z	Car	MERCEDES BENZ	C180K	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLW9501Z	NTUC Income Insurance Co-Operative Limited	5115503515	14/01/2020	09/02/2021



**SINGAPORE
POLICE FORCE**



T/20201211/2012

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201211/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	ID No.	S8741741G
Related Vehicle	SLW9501Z (Car)	Contact No.	84442027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/12/2020 at about 6.40am, I parked my car (SLW 9501Z) at the open space carpark at Cranwell Rd. I left my car there intact. On the same day, at about 7.30pm, I returned to my car and discovered there were scratches on the front right fender of my car. I checked my in cam video recorder and discovered that on 7.33am, a blue Hyundai taxi (SHD 4101A) hit my car and caused the scratches. I have the video recording and I can provide it to the Police if required. The other party did not leave any particulars and left the carpark. As such, I am making this police report.

**SINGAPORE
POLICE FORCE**

T/20201211/2012

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20201211/2012

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:

F /

Sgt 2 KOH WEI JUN, JONES

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

11/12/2020 07:56

Classification Of Case:

S14 035

Authentication Stamp

NP168



Signature:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 10/12/2009 (DD/MM/YYYY), TIME: () (HH:MM)LOCATION: OPEN SPACE CARPARK (CRANWELL ROAD)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 9501 Z
 b) INSURANCE COMPANY: NTU C
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES C180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: NUR MUHAMMAD SYAFIQ BIN MOHD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: YUSOFF 58741741G CONTACT: 84442027
 c) ADDRESS: BLK 661C, EDGEDALE PLAINS, #07-648
S(823661)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NUR MUHAMMAD SYAFIQ BIN MOHD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: YUSOFF 58741741G CONTACT: 84442027
 c) ADDRESS: BLK 661C, EDGEDALE PLAINS, #07-648
S(823661)

* d) DATE OF BIRTH: 22/12/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 YEARS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: ANG MO KIO POLICE STATION

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 4101 A MODEL: HYUNDAI

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)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = syfyus@gmail.com

Fax =

Video =

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Passw

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/12/2020 06:40"/>
Vehicle No.(For Motor)	<input type="text" value="SLW9501Z"/>	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"/>	5115503515		NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	S8741741G	GPC	drivo CLASSIC	SLW9501Z	SLW9501Z	14/01/2020	09/02/2021

Claim Handling

Accident MT/1113341

Policy No.	5115503515	Vehicle No.	SLW9501Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S8741741G
Policyholder Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	84442027	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	12/12/2020 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	10/12/2020	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRANWELL ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
▼ 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 661C #07-648	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY SUND
Address 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Unit No.	07-648	Related Policy Number	5115503515		
▼ OI Driver Info					
Driver Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	Driver Type	Main Driver	Driver DOB	22/12/1987
Unnamed driver Name		Driver NRIC	S8741741G	Driving Experience	12
Register Date of Driver License	14/11/2008	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	84442027	Contact No.(Office)	0	Address 3	WATERWAY SUND
Address 1	BLK 661C	Address 2	EDGEDALE PLAINS	Post Code	823661
Address 4	SINGAPORE 823661	Address Type	Singapore address		
Unit No.	#07-648				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	Insured NRIC	S8741741G
Contact No.(Mobile)	84442027	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLW9501Z	TP Vehicle Number	
Claim Description	SLW9501Z / SHD4101A ON 10 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	12/12/2020 11:55
Report Taken By				Workshop Repairer	ROSINDA
					Date Received
					Total Lost but Repaired

Print AK letter

Save Submit

Attachment

Accident No. MT/1113341

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/12/2020 00:00

Path *

Category *

Confidential

Urgency *

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

<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 12 Dec 2020 11:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	SAS		Normal	SAS 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:55	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:54	Photos		Normal	Photos 2020-12-12

Video List

Uploaded By/Date	Folder Date	File Name		Source
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