

NATIONAL Assessment Centre Services

Date In: 15/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC 20013860/13	SAS e-filing		
Veh No. SLB8534X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 12/12/20 1755	I-Motor Claim Form	15/12	MT/1113725 - 002
OD : TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SMR4202J 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 hot line: 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

NA2006413	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Clientant'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)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	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 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	15/12/2020 16:00 (SGT)
Date of Accident	12/12/2020 17:55 (SGT)
Exact Location of Accident	Draycott Park, Singapore
Additional Location Information	DRAYCOTT PARK TO STEVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8534X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HOCK ANN
NRIC No	SXXXX677E
Email Address	halee1@singnet.com.sg
Mobile Phone No	(Phone) +65-96358328
Alternative Phone No	+65-96358328

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5081163130-04
Cover Note Number	-

DRIVER

Name of Driver	LEE HOCK ANN
NRIC No	SXXXX677E
Date Of Birth	26/06/1959
Occupation	Outdoor

Date Of Driving Pass	21/12/1978
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-96358328
Alt. Phone Number	+65-96358328
Email Address	halee1@singnet.com.sg
Address	34 DRAYCOTT DRIVE
Address complement	#13-02
Postcode	259426
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 - 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	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunus Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201214/2115

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	SMR4202J
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	PRADO ROLANDO MENDOZA
NRIC No	SXXXX083H
Contact Number	(Phone) +65-82183999
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Axa
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:

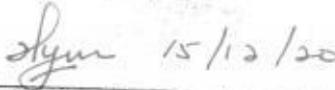
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 15/12/20

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



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Brief Details.

On 14/12/2020, at about 5.54pm, it was raining and the road was wet; I was driving my car SLB8534X along Draycott Road. I was approaching the T-junction to Stevens Road. There was another car SMR4202J in front of me that was also approaching the said junction. Both of our cars were approaching the junction at a slow speed. Suddenly the car SMR4202J stopped; I applied the brakes, but I was a little too late, as such my car SLB8534X impacted the rear of SMR4202J. I was not injured, nor was my wife who was in the car with me.

To my knowledge, the driver of SMR4202J was not injured as well; I had asked personally, to which he denied suffering any injury. My car SLB8534X did not appear to suffer any visible damage, however I noticed that the lower left rear hatch door of SMR4202J was slightly dented. No government property or vehicles were involved in the accident. No pedestrians were involved in the accident as well. The driver of SMR4202J and I exchanged particulars. The driver said that it was troublesome for him to make a report due to the fact that his vehicle was a rental car, as such I suggested that we settle the matter privately amongst us; I offered to repair the damages to his car and he agreed. I also texted him the details of the workshop which I would be sending the car for repair to.

I had in-car camera installed at the time of the accident, which was recording.

I am lodging this police report for recording and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20201214/2115

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20201214/2115

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:
G /
Sgt 3 MUHAMAD REDHUAN BIN ASHARUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/12/2020 20:13

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 12 DEC 2020 Time 17:54 Hrs
 Exact Location Of Accident * DRAYLOTT PARK TO STEVEN ROAD

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLB 8534 X

Insured Policyholder

Name of Registered Owner * LEE HOCK ANN
 NRIC/FIN/Passport Number * S1386677E

Vehicle Particulars

Manufacturer BMW
 Model 316

Exact Purpose for which vehicle was being used at time of accident * Private use Commercial use Hire & reward
 Others - please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? * Yes No Others _____
 If No, please state action to be taken * Third Party Claim Reporting Only

Vehicle Category * Private Commercial Motorcycle

Insurer's Representative

Name of Insurance Company * NTUC INCOME
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes No
 Policy Number * 5081163130-04
 Cover Note Number _____

Driver

Name of Driver * LEE HOCK ANN
 NRIC/FIN/Passport Number * S1386677E
 Date of Birth * 26.6.59
 Occupation * SALES
 Date of Driving Pass * 21 DEC 1978
 Gender * Male Female
 Mobile Number 96358328
 Address 34 DRAYLOTT DRIVE
#13-02 SINGAPORE 259426
 Email Address halee1@singnet.com.sg
 Was driver an employee of the Insured's Company? * Yes No
 If no, Relationship of the Driver with the Insured * OWNER

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

SLB 8534X
SLB 8534X

General Information of the Accident

Type of Accident * COLLISION BACK
Weather Conditions * Clear Raining Others
Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station KAMPONG UBI NPP
Was notice of intended Prosecution given? * Yes No
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SMR 4202 J
Vehicle Make / Model / Colour HONDA SHUTTLE BLACK
Detail Of Properties
Name of Driver * PRADO ROLANDO MENDOZA
NRIC/Passport Number SG961083H
Contact Number * 8218 3999
Email Address
Address 61 MIMOSA RD #08-63 SINGAPORE 80815
Insurance Company Name AXA
Nature of Damage LOWER LEFT REAR HATCH DOOR SLIGHTLY DENTED

Details of Witness

Name
Phone Number
Email Address

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	: 5081163130-04
The Policyholder	: LEE HOCK ANN BLK 388 #09-81 TAMPINES STREET 32 SINGAPORE 520388

Period of Insurance	: 23 May 2020 To 22 May 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$929.41

Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1600cc
Primary Driver	: LEE HOCK ANN	Registration Year	: 2013
Named Driver (1)	: LEE YASUKO	Off-peak Car	: No
Named Driver (2)	: LEE YUMA	Insure with COE	: Yes
Make/Model	: BMW/316i	NCD Entitlement	: 50%
Registration Number	: SLB8534X	NCD Protection	: Yes(Free)
Chassis Number	: WBA3A12040J720017	Loyalty Discount	: 5%
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	: MAYBANK SINGAPORE LIMITED		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: THONG LEE TRADING PTE LTD (00000613251)
Date of Issue	: 11 May 2020 13:32 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

Transaction ref 20160621153031782202

The owner and vehicle particulars for Vehicle No. SLB8534X as at 21 Jun 2016 are as follows:

1.	Name	: LEE HOCK ANN
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S1386677E
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SLB8534X
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 21 Jun 2016
8.	Original Registration Date	: 23 May 2013
9.	First Registration Date	: 23 May 2013
10.	Vehicle Type	: P10 - Passenger Motor Car
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: B.M.W.
16.	Vehicle Model	: 316I 1.6 AT D/AB 4DR ABS HID
17.	Year of Manufacture	: 2013
18.	Primary Colour	: Black
19.	Secondary Colour	: -
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: WBA3A12040J720017 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: B439J428N13B16A / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
26.	Unladen Weight(kg)	: 1405
27.	Maximum Laden Weight(kg)	: 1955
28.	Open Market Value	: \$33,071.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 22 May 2023
31.	Minimum PARF Benefit	: \$11,535.00
32.	No. of Transfers	: 2
33.	IU Label No.	: 1124967192
34.	COE No.	: 2013010101000490Z
35.	COE Expiry Date	: 22 May 2023
36.	COE Category	: A - Car (1600cc & below)
37.	Quota Premium/Prevailing Quota Premium	: \$81,889.00 / -
38.	Actual Quota Premium/PQP Paid	: \$81,889.00
39.	Actual ARF Paid	: \$23,071.00
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category A. The PARF eligibility of the vehicle will expire on 22 May 2023.

Claim Handling

Accident MT/1113725

Policy No.	5081163130-04	Vehicle No.	SLB8534X	GST Registration No.	
Certificate No.					
Policyholder Name	LEE HOCK ANN			Policyholder NRIC	S138677E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	15/12/2020 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	12/12/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UNKNOWN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00				
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 388 #09-81	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 52031
Address 4		Address Type	Singapore address	Post Code	520388
Unit No.	09-81	Related Policy Number	5081163130-04		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LEE HOCK ANN	Insured NRIC	
Contact No.(Mobile)	96358328	Contact No.(Home)	67845629	Contact No.(Office)	
Email Address	halee1@singnet.com.sg	OI Vehicle Number	SLB8534X	TP Vehicle Number	
Claim Description	SLB8534X / SMR4202 ON 12 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/12/2020 19:51	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1113725	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/12/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Choose File No file chosen
 Choose File No file chosen

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:51	SAS	Normal	SAS 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:51	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:51	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:50	Photos	Normal	Photos 2020-12-15

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"/>			