

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA92060003**

Date In: 16/12/20-15:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC122013974/24	SAS e-filing		
Veh No: SUE 6142R	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 17/12/20-17:20	i-Motor Claim Form	NA/1113726-002	16/12/20 15:21
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: SUE 6142R	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

NA1000101	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*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 16/12/2020 15:18 (SGT)
Date of Accident 13/12/2020 17:00 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information junction with orchard road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE6142R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TCN LIMO SERVICES
Company Reg No 5XXXXX015W
Email Address canonthung@gmail.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Kia
Model Forte
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 5102673179-02
Cover Note Number -

DRIVER

Name of Driver THUNG CHUN NGAI
NRIC No SXXXXX601F
Date Of Birth 10/02/1986
Occupation Indoor

Date Of Driving Pass	06/03/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97586838
Alt. Phone Number	-
Email Address	canonthung@gmail.com
Address	BLK 645 HOUGANG AVENUE 8
Address complement	#08-301
Postcode	530645
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WENG LINJIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201215/7019.

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	SGB890D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96811805
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	THUNG CHUN NGAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLE6142R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WENG LINJIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLE6142R
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.

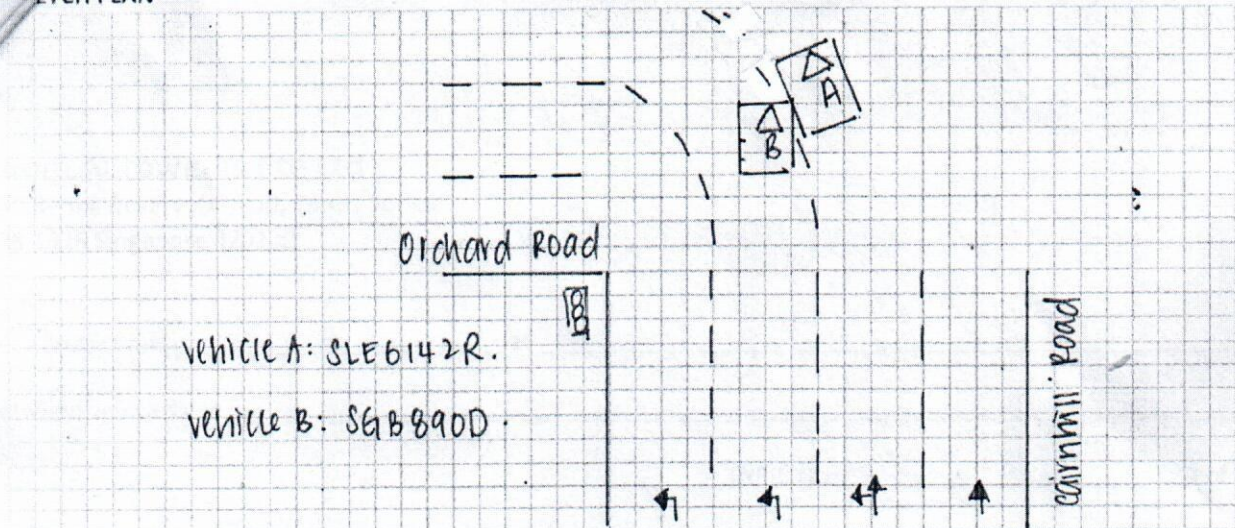
TCH LIMO
SERVICES

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.:

ETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

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

TCN LIMO
SERVICES

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 STATEMENT

ACCIDENT DATE: (13/12/2020) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: Junction of Cairnhill Road & Orchard Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE6142R.
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: TCN LIMO SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THUNG CHUN NGAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8681601F CONTACT: 97586831
 c) ADDRESS: 645 HOUANG AVE B, #08-301 S(530645)

*d) DATE OF BIRTH: (10/02/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S868A0D MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96811805

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =



SINGAPORE POLICE FORCE



T/20201215/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201215/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2020 13:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THUNG CHUN NGAI			Address: 645 HOUGANG AVENUE 8 #08-301 SINGAPORE 530645		
ID Type / ID No.: NRIC NO / S8681601F			Contact No.: Home/Office: Mobile: 97586838		
Nationality: MALAYSIAN			Email: CANONTHUNG@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 10/02/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2020 17:00	Type of Location: X-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGB890D	Car	PORSCHE			Slightly Damaged	2
SLE6142R	Car	KIA			Seriously Damaged	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	WENG LINJIE	ID No.	S8852075J
Related Vehicle	SLE6142R (Car)	Contact No.	91853330
Hospital/Clinic	TWIN CITY MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/12/2020	Date	14/12/2020
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	THUNG CHUN NGAI	ID No.	S8681601F
Related Vehicle	SLE6142R (Car)	Contact No.	97586838
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/12/2020	Date	14/12/2020
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON 13/12/2020 AT ABOUT 17:00HR, I WAS DRIVING MY VEHICLE - SLE6142R, ALONG CAIRNHILL ROAD HEADING TOWARDS ORCHARD ROAD. I WAS TRAVELLING ON THE 2ND LANE FROM THE RIGHT AND TURNING WHEN VEHICLE NUMBER - SGB890D, ATTEMPTED TO GO STRAIGHT ON MY LEFT LANE AND COLLIDED ONTO MY VEHICLE'S LEFT PORTION.

SUSEQUENTLY, MY WIFE AND I SEEK MEDICAL ATTENTION AND WERE GIVEN 3 AND 4 DAYS MC RESPECTIVELY.



**SINGAPORE
POLICE FORCE**



T/20201215/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201215/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/12/2020 13:51

Classification Of Case:

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="13/12/2020 17:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLE6142R"/>	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"/>	5102673179-02		TCN LIMO SERVICES	53339015W	GPC	drivo CLASSIC	SLE6142R	SLE6142R	28/07/2020	27/07/2021
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1113726

Policy No.	5102673179-02	Vehicle No.	SLE6142R	GST Registration No.	
Certificate No.					
Policyholder Name	TCN LIMO SERVICES	Cover Type	drivo CLASSIC	Policyholder NRIC	53339015W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No	Private Hire	Not available		
▼ Accident Details					
Report Date	15/12/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/12/2020	Time of Accident hh:mm	16:56	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BETWEEN CAIRNHILL ROAD JUNCTION TO ORCHARD ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0	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	15/12/2020 15:09:18 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	BLK 645 #08-301	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530645
Address 4		Address Type	Singapore address	Post Code	530645
Unit No.	08-301	Related Policy Number	5102673179-02		

▼ 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 **New**














Claim Type *	OD-MX	Insured Name	TCN LIMO SERVICES	Insured NRIC	53339015W
Contact No.(Mobile)	97586638	Contact No.(Home)	NIL	Contact No.(Office)	64650020
Email Address		OI Vehicle Number	SLE6142R	TP Vehicle Number	SGB890D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLE6142R / SGB890D ON 13 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	16/12/2020 15:21	Claim Close Date		Date Received	16/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1113726	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/12/2020 15:24		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
<input type="checkbox"/> Send Message					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:24	SAS		Normal	SAS 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:23	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:23	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:23	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:23	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:23	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Dec 2020 15:21	Photos		Normal	Photos 2020-12-16

Video List

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