

NATIONAL Assessment Centre Services

(Ref: J2102)

Date In: 26/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20014495/13	SAS e-filing		
Veh No: SJW880KE	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/12/20 1030	i-Motor Claim Form	26/12 mt/1115 315 -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: PAE7203K	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: (
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: 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	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) 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	26/12/2020 12:18 (SGT)
Date of Accident	25/12/2020 10:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TUAS B4 EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8804E
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG LEE CHOO
NRIC No	SXXXX466I
Email Address	cyril_ttk@yahoo.com.sg
Mobile Phone No	(Phone) +65-96192309
Alternative Phone No	+65-96192309

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	5117031478
Cover Note Number	-

DRIVER

Name of Driver	TAN TIONG KENG CYRIL
NRIC No	SXXXX663H
Date Of Birth	19/12/1952
Occupation	Outdoor

Date Of Driving Pass	24/02/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93860163
Alt. Phone Number	-
Email Address	cyril_ttk@yahoo.com.sg
Address	28 BRADDELL ROAD
Address complement	#04-01
Postcode	359966
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	1
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	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

PLS REFER TO THE POLICE REPORT:T/20201225/7012

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	FBE7203K
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TIONG KENG CYRIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & BACK
Injured person in which vehicle?	SJW8804E
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:

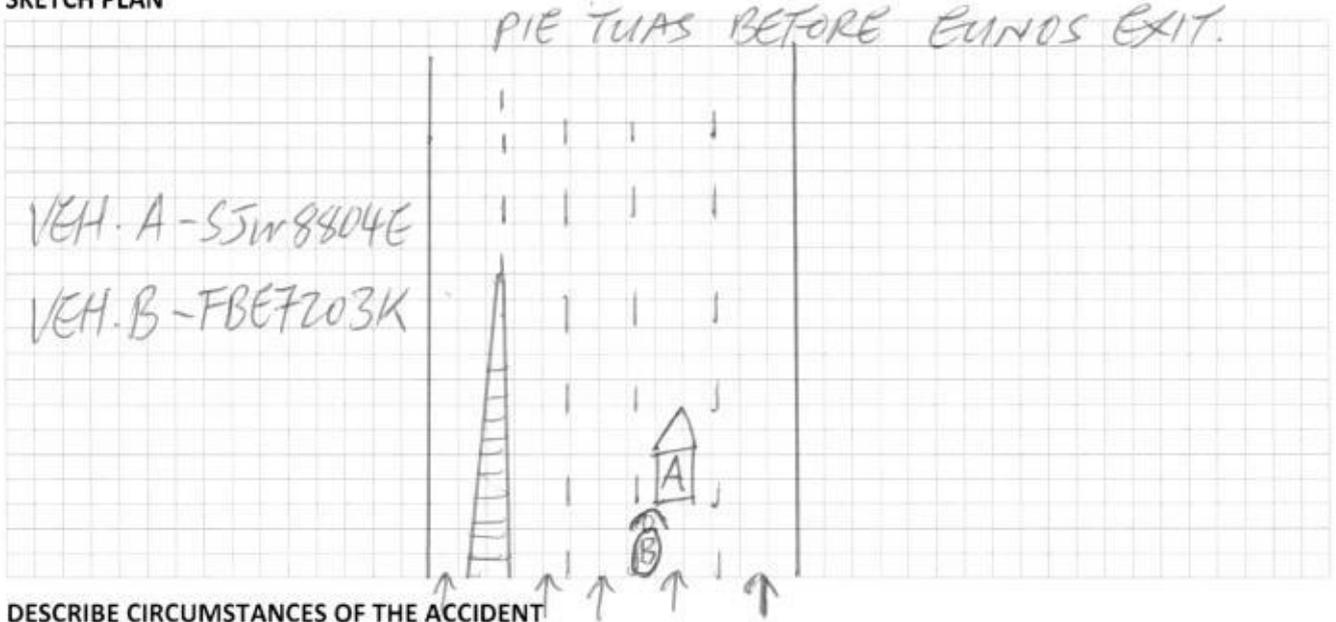


Driver's Signature
(if driver is not the policyholder)
Date & Time:

 26/12/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

Policyholder's Signature

Date & Time:

MTC

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Shym 26/12/20

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



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

Report No. T/20201225/7012

CONTINUATION OF REPORT

Driver			
Name	TAN TIONG KENG CYRIL	ID No.	S0182663H
Related Vehicle	SJW8804E (Car)	Contact No.	93860163
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time. I vehicle (SJW8804E) was travelling along PIE towards Tuas before eunos exit. As the front vehicle stopped. I follow suit. Suddenly, I felt an impact from the rear. I then realised Vehicle (FBE7203K) had collided to my vehicle rear portion. Traffic police and ambulance attended to the accident.

After the accident. I felt pain on my neck, shoulder and back. I went to Intemedical Kovan Clinic to seek medical treatment and was given 3 days of MC.



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

Report No. T/20201225/7012

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 /
MOHAMMED FERAZ BIN HUSSIAN
Contact No.: 65476206

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:
25/12/2020 15:43

Classification Of Case:

Date of Accident : 25/12/2020 Accident Time: 1030 (24-HR-Format)
Accident Place : PIE TRAP BEFORE EUNOS EXIT.
Vehicle No. (Car Plate No.) : SJW 8804E Make/Model: TOYOTA CAMRY
Insurance Company : NTUC Policy No: 5117031478
Owner or Company Name / IC No. : CHENG LEE CHOO 57484466I
Owner or Company Contact No. : 96192309 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : TAN TIONG KENG CYRIL 50182663H
DRIVER'S Date Of Birth : 19/12/1952 DRIVER'S License Pass Date 24/02/2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: FRIEND.
DRIVER'S Address : 28 BRADDELL ROAD #04-01 5359966
DRIVER'S Contact No./ Alt No. : 1) 93860163 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address : CYRIL-TTK@YAMOO.COM.SG
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): 01
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
Any Injury (If YES, Pls state): NECK, SHOULDER, BACK

(B) **Other Party Driver's Particular (if any)**

Vehicle No: <u>FBE 7203K</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: 5117031478

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJW8804E |
| Chassis Number | : MR053BK4107049460 |
| 2. Name of Policyholder | : CHENG LEE CHOO |
| 3. Effective Date of Insurance | : 27 Apr 2020 |
| 4. Expiry Date of Insurance | : 26 Apr 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHENG LEE CHOO
NAMED DRIVER (1)	: TAN TIONG KENG CYRIL
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEED CREDIT PTE 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 : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)

Date of Issue : 08 Apr 2020 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	466I
Vehicle Details	
Vehicle No.:	SJW8804E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1AZE149004
Chassis No.:	MR053BK4107049460
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$27,271.00
Original Registration Date:	27 Apr 2010
First Registration Date:	27 Apr 2010
Transfer Count:	2
Actual ARF Paid:	\$27,271.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,568.00
COE Rebate Amount:	\$31,292.00
Total Rebate Amount:	\$31,292.00

The information contained herein is correct as at 26 Dec 2020

OK

Claim Handling

Accident MT/1115315

Policy No.	5117031478	Vehicle No.	SJW8804E	GST Registration No.	
Certificate No.					
Policyholder Name	CHENG LEE CHOO			Policyholder NRIC	S7484466T
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96192309	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFX	<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(%)	0	Private Hire	No

Accident Details

Report Date	28/12/2020 19:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	25/12/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	P/E TUAS B4 EUNOS EXIT				

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 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 507 #08-660	Address 2	HOU GANG AVENUE 8	Address 3	SINGAPORE 53051
Address 4		Address Type	Singapore address	Post Code	530507
Unit No.		Related Policy Number	5117031478		

O1 Driver Info

Driver Name	TAN TIJONG KENG CYRIL	Driver Type	Named Driver	Driver DOB	19/12/1952
Unnamed driver Name		Driver NRIC	S0182663H	Driving Experience	14
Register Date of Driver License	24/02/2006	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	93860153	Contact No.(Office)	0	Address 3	SINGAPORE 35991
Address 1	28 BRADDELL ROAD	Address 2	E MAISON	Post Code	359966
Address 4		Address Type	Singapore address		
Unit No.	#04-01				
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHENG LEE CHOO	Insured NRIC	
Contact No.(Mobile)	97917372	Contact No. (Home)	97917372	Contact No. (Office)	
Email Address		Vehicle Number	SJW8804E	TP Vehicle Number	
Claim Description	SJW8804E / FBE7203K ON 25 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop Finalisation	Yes	Experienced Repair Option	Preferred Workshop, Name unknown	Claim Close Date	28/12/2020 19:37
Date Registered		Report Taken By	ROSLINDA	Workshop Repairer	
					Date Received
					Total Lost but Repaired

Attachment

Accident No.	MT/1115315	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

28/12/2020 00:00

Path *

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	SAS		Normal	SAS 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:37	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:36	Photos		Normal	Photos 2020-12-28

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	--	--------