

NATIONAL Assessment Centre Services

Date In: 04/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC31000085/13	SAS e-filing		
Veh No: SQS86970	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/01/21 1530	I-Motor Claim Form	05/01	MT/111619S-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: SKJ211A	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	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] ( )		

Date/Time	Activity

Client's Particulars	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-Inspection	\$75		
	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	\$0		
	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	04/01/2021 17:44 (SGT)
Date of Accident	03/01/2021 15:30 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	OPEN CARPARK AT BLK 85C BETWEEN TOA PAYOH LOR 2 & 4 LOT 58
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8697D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG THIAM SENG
NRIC No	SXXXX262C
Email Address	benkhoo93@hotmail.com
Mobile Phone No	(Phone) +65-98223482
Alternative Phone No	+65-98223482

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	5108406314-01
Cover Note Number	-

#### DRIVER

Name of Driver	NG THIAM SENG
NRIC No	SXXXX262C
Date Of Birth	18/11/1952

Occupation .....	Indoor
Date Of Driving Pass .....	21/06/1978
Driving experience .....	42 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98223482
Alt. Phone Number .....	+65-98223482
Email Address .....	benkhoo93@hotmail.com
Address .....	BLK 206 CLEMENTI AVENUE 6
Address complement .....	#08-109
Postcode .....	120206
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 .....	Side Swipe
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKJ211A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG YOKE WAH
Contact Number .....	(Phone) +65-81468732
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 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:

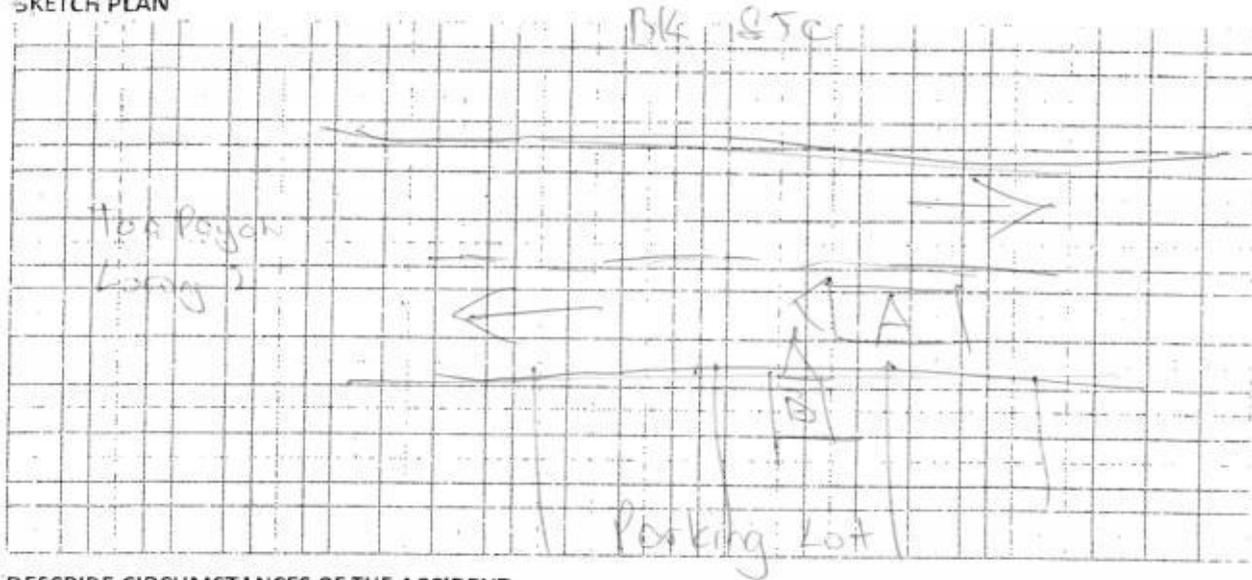
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 04/01/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



Tua Poyan  
Lorong 4  
A: SQS26970  
B: SKJ211A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the carpark when vehicle B, SKJ211A suddenly exited her parking lot and knocked onto my vehicle front left portion

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 04/01/21

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN0803114000C Vehicle Registration No: S9586970

Name (as shown in NRIC) : NG THIAM SENB NRIC/FIN/Passport No : SXXXV262C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : BLK 206 CEMENTI AVE 6 #08-109 Singapore ( 12006 )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 98723482

Email Address : \_\_\_\_\_

Date of Accident : 03/01/21 Time of Accident : 15:30

Place of Accident : OPEN CARPARK AT BLK 55C BETWEEN BLK 55A & 55D TUA PAHUA LOR 214 LOT 58

Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICY NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

shym 04/01/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

VEHICLE NO: SGS8697D

MAKE &amp; MODEL : Mazda 3

DATE OF ACCIDENT	03 / 01 / 21	
TIME OF ACCIDENT	3.30 pm AM/PM	
LOCATION OF ACCIDENT	Open Air Carpark at Blk 85c Between Toopayoh Lor 2 & 4	
Exact Purpose use during accident	Driving Home Lot 58	
NAME OF OWNER	Ng Thiam Seng	
TELP NO	98223482	
NRIC	S0044262C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES/NO?	
INSURANCE CO.	NTUC Income	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5108406314-01	
EMAIL	benkhou93@hotmail.com	
NAME OF DRIVER	As above / If No:	
NRIC	Any passengers: <input type="radio"/>	
DATE OF BIRTH	18 / 11 / 1952	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	21 / 06 / 1978	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTAC NO.	Office: Home:	
EMAIL		
ADDRESS	Blk 206 Clementi Avenue 6 #08-109 S(120206)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTAC NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
VEHICLE B NO.	SKS211A Any Passenger:	
NAME	Wong Yoke Wah	
CONTAC NO.	81468732	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY PHOTO CAPTURE?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
	Hock Motors Workshop hockmotors@hotmail.com Fax: 6753 5346	

## 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	: 5108406314-01
The Policyholder	: NG THIAM SENG BLK 206 #08-109 CLEMENTI AVENUE 6 SINGAPORE 120206

Period of Insurance	: 27 Mar 2020 To 26 Mar 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$747.63

#### Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1600cc
Primary Driver	: Ng Thiam Seng	Registration Year	: 2007
Named Driver (1)	: Ong Chwee Hong	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: MAZDA/3	NCD Entitlement	: 50%
Registration Number	: SGS8697D	NCD Protection	: Yes(Free)
Chassis Number	: JM6BK106270330324		
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	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: JZ ASSURE PTE. LTD. (00000573155)
Date of Issue	: 12 Mar 2020 13:35 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

**Claim Handling**

Accident MT/1116195

Policy No.	5108406314-01	Vehicle No.	SGS8697D	GST Registration No.	
Certificate No.					
Policyholder Name	NG THIAM SENG			Policyholder NRIC	S0044262C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98223482	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
K/FK	<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	05/01/2021 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/01/2021	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPEN CARPARK AT BLK B5C BETWEEN TOA PAYOH LOR 2 & 4 LOT NO 58				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
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 206 #08-109	Address 2	CLEMENTI AVENUE 6	Address 3	SINGAPORE 120206
Address 4		Address Type	Singapore address	Post Code	120206
Unit No.		Related Policy Number	5108406314-01		

▼ **O1 Driver Info**

Driver Name	Ng Thiam Seng	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0044262C	Driver DOB	18/11/1952
Register Date of Driver License	01/12/1978	Driver Age	68	Driving Experience	42
Contact No.(Mobile)	98223482	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 206	Address 2	CLEMENTI AVENUE 6	Address 3	SINGAPORE 120206
Address 4		Address Type	Singapore address	Post Code	120206
Unit No.	#08-109				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NG THIAM SENG	Insured NRIC	
Contact No.(Mobile)	98223482	Contact No.(Home)	67772407	Contact No.(Office)	
Email Address		O1 Vehicle Number	SGS8697D	TP Vehicle Number	
Claim Description	SGS8697D / SKJ211A ON 3 Jan 2021				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at fault		
Workshop No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/01/2021 17:22	Claim Close Date		Date Received	
Report Taken By:	ROSLINDA	Workshop Repairer		Total Lost but Repaired	
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No. MT/1116195 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

05/01/2021 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 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	SAS		Normal	SAS 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:21	Photos		Normal	Photos 2021-1-5

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"/>				