

NATIONAL Assessment Centre Services

Date In: 04/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000093/12	SAS e-filing		
Veh No: 5LF32320	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12/20 1200	I-Motor Claim Form	05/01	MT/1116191-001
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: SJQ1368A	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 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

NA2100996	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Cal 1:	Invoice dated	Fee Charged	
Cal 2/3:			

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 18:32 (SGT)
Date of Accident	31/12/2020 18:00 (SGT)
Exact Location of Accident	333A Orchard Rd, Singapore 238897
Additional Location Information	MANDARIN GALLERY FEXIT B4 GRANGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3232D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JONATHAN TAN ZHI YING
NRIC No	SXXXX898F
Email Address	jt97jt@gmail.com
Mobile Phone No	(Phone) +65-93265115
Alternative Phone No	+65-93265115

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115692133
Cover Note Number	-

DRIVER

Name of Driver	JONATHAN TAN ZHI YING
NRIC No	SXXXX898F
Date Of Birth	08/04/1994
Occupation	Outdoor

Date Of Driving Pass	08/01/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93265115
Alt. Phone Number	+65-93265115
Email Address	jt97jt@gmail.com
Address	BLK 537 SERANGOON NORTH AVE 4
Address complement	#08-161
Postcode	550537
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?	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?	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	SJQ1368A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person JONATHAN TAN ZHI YING
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SLF3232D
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.

JL L-L

Policyholder's Signature
Date & Time:

JL L-L

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

shym 04/01/21

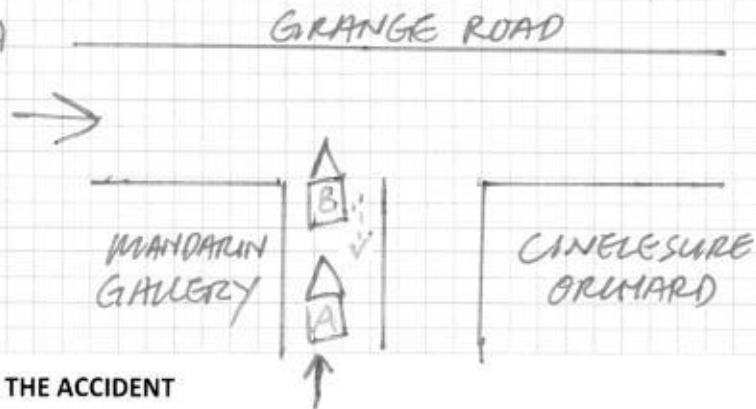
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

MANDARIN GALLERY EXIT BEFORE GRANGE RD.

VEH. A - SLF3232D

VEH. B - SJQ1368A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A'
WAS STATIONARY ON THE STATED VENUE.
SUDDENLY, VEHICLE 'B' REVERSE AND BANG
ONTO MY VEHICLE FRONT PORTION.

DECLARATION

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

JCL-L

Policyholder's Signature
Date & Time:

JCL-L

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

shym 04/01/21

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

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 31/12/2020 TIME : 1800
LOCATION : MANDARIN GALLERY EXIT BEFORE GRANGIE RDVEHICLE NUMBER : SLF3232D MAKE / MODEL VELFIRE TOYOTA
OWNER INSURED : JONATHAN TAN ZHI YING
NRIC NO. : 59412898F CONTACT NUMBER: 93265115
INSURANCE COMP: NTUC POLICY NUMBER: 5115692133-01
TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** (☒)DRIVER NAME : _____ NRIC NO.: _____
ADDRESS: BLK 537 SERANGOON NORTH AVE 4 #08 POSTAL : 550537
CONTACT : 93265115 EMAIL: JT94JT@GMAIL.COM 161 GENDER: MALE
DOB: 08/04/1994 DATE OF PASS: 08/01/2013**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES (☒) NO
IF NO, RELATION OF DRIVER WITH INSURED:
(☒) OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS
WEATHER CONDITION: () CLEAR (☒) RAINING () DRIZZLING
ROAD SURFACE: () DRY (☒) WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : NECK BACK
WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____
() YES (☒) NO POLICE REPORT NUMBER: _____
ANY VIDEO CAPTURED: () YES (☒) NO CONVEY BY AMBULANCE () YES (☒) NO
NUMBER OF PASSENGER INCLUDE DRIVER: 01PARTICULAR OF PASSENGER : _____ () MALE () FEMALE

_____ () MALE () FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B SJQ1368A NAME /NRIC: (A16) CONTACT: _____
VEHICLE C _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____
VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____**WITNESS (IF ANY)**

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*

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: 5115692133-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF3232D**
Chassis Number : AGH300237653
2. Name of Policyholder : JONATHAN TAN ZHI YING
3. Effective Date of Insurance : 23 Jan 2021
4. Expiry Date of Insurance : 22 Jan 2022
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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.

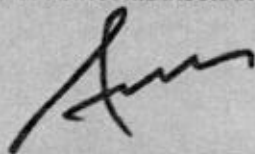
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JONATHAN TAN ZHI YING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 22 Dec 2020 21:23 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:	898F
Vehicle Details	
Vehicle No.:	SLF3232D
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 2.5ZG CVT
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ARJ253230
Chassis No.:	AGH300237653
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$50,385.00
Original Registration Date:	23 Jan 2020
First Registration Date:	23 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$62,693.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jan 2030
PARF Rebate Amount:	\$47,019.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jan 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$42,020.00
COE Rebate Amount:	\$37,523.00
Total Rebate Amount:	\$84,542.00

The information contained herein is correct as at 04 Jan 2021

OK

Claim Handling

Accident MT/1116191

Policy No.	5115692133	Vehicle No.	SLF3232D	GST Registration No.	
Certificate No.					
Policyholder Name	JONATHAN TAN ZHI YING	Cover Type	drive CLASSIC	Policyholder NRIC	S9412898F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93265115	Special Remark		Contact No.(Home)	0
Email Address				eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	05/01/2021 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	04/01/2021	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDARIN GALLERY EXIT B4 GRANGE RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

▼ 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 537 #08-161	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 5505
Address 4		Address Type	Singapore address	Post Code	550537
Unit No.		Related Policy Number	5115692133-01		

▼ OI Driver Info

Driver Name	JONATHAN TAN ZHI YING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9412898F	Driver DOB	08/04/1994
Register Date of Driver License	08/01/2013	Driver Age	26	Driving Experience	7
Contact No.(Mobile)	93265115	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 537	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 5505
Address 4		Address Type	Singapore address	Post Code	550537
Unit No.	#08-161				
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Claim Close Date

05/01/2021 17:14

Workshop Repairer

ROSLINDA

Insured Name

JONATHAN TAN ZHI YING

Contact No.(Home)

63633010

Vehicle Number

SLF3232D

Name of Preferred Workshop

Date Received

Total Loss but Repaired

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1116191

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

05/01/2021 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
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
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 05 Jan 2021 17:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	SAS		Normal	SAS 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:13	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:12	Photos		Normal	Photos 2021-1-5

Video List

Uploaded By/Date	Folder Date	File Name		Source
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[Scan and uploading](#)