

# NATIONAL Assessment Centre Services

[Ref: J2-103]

2

Date In: 06/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000309/12	SAS e-filing		
Veh No: SGX9710R	E-mail (w/In 8hrs, A/C 2hrs)		
D.O.A: 03/01/21 2130	i-Motor Claim Form	06/01 MT/1116343-001	
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:

SMV8740A

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] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

<p>NA2101049</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Preparation Checklist:</p>		<p>Am't (\$)</p> <p>In Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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:-			
OD:				
*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	06/01/2021 10:55 (SGT)
Date of Accident	03/01/2021 21:30 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9710R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL STAR TRANSPORT
Company Reg No	5XXXX501D
Email Address	majeremyyeo@gmail.com
Mobile Phone No	(Phone) +65-91075928
Alternative Phone No	+65-91075928

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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 - Reporting only
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5108686394-01
Cover Note Number	-

#### DRIVER

Name of Driver	KAU JUN YAN
NRIC No	SXXXX804C
Date Of Birth	03/11/1992
Occupation	Outdoor

Date Of Driving Pass .....	31/01/2013
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91233827
Alt. Phone Number .....	-
Email Address .....	kaujunyan@gmail.com
Address .....	BLK 53 COMMONWEALTH DRIVE
Address complement .....	#17-558
Postcode .....	142053
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	DRIZZLING
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Alexandra Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004739999
Alt. Police Station Phone No .....	(Fax) +65-64713569
Police Station Address .....	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210105/2053

#### 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 .....	SMV8740A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOH ZI XIANG
Contact Number .....	(Phone) +65-90993535
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 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.

#### 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.

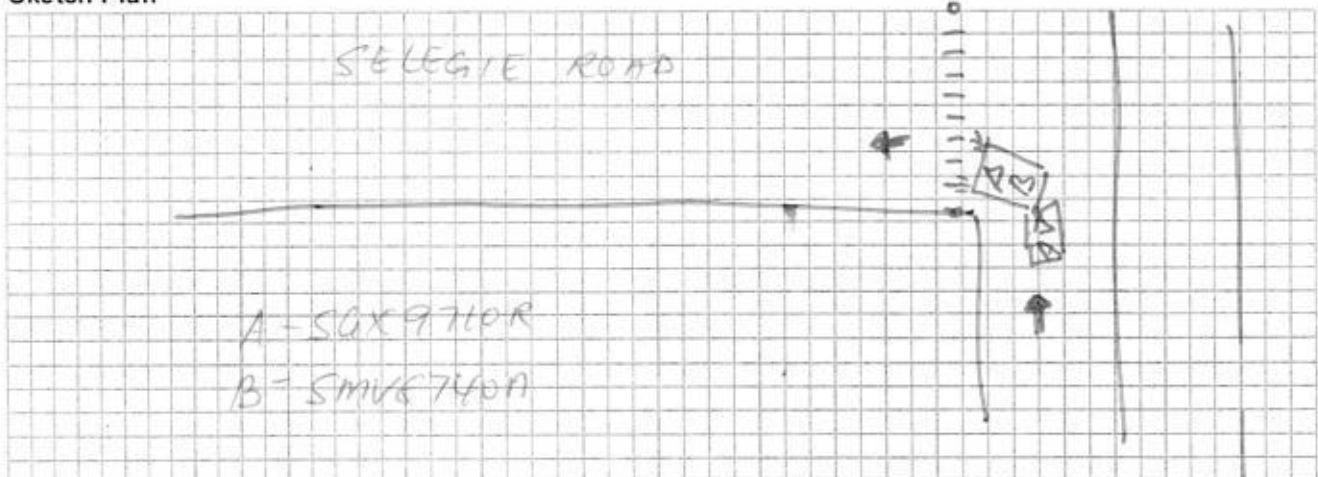


Policyholder's Signature / Date & Time

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

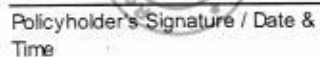
Witnessed by Reporting Centre Personnel

### Sketch Plan



P/s refer to the police report: 7/20510105/2053

We declare the foregoing particulars are true in every respect.



Signature (if driver)

24/10/21





# SINGAPORE POLICE FORCE



T/20210105/2053

1 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20210105/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2021 14:32	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: KAU JUN YAN			Address: APT BLK 53 COMMONWEALTH DRIVE #17-558 SINGAPORE 142053	
ID Type / ID No.: NRIC NO / S9240804C			Contact No.: Home/Office:	Mobile: 91233827
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 03/11/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2021 21:30	Type of Location: Straight Road
Location:  SELEGIE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX9710R	Car	MITSUBISHI	LANCER EX	Blue	Slightly Damaged	2
SMV8740A	Car	HONDA	CIVIC	Blue	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KAU JUN YAN	ID No.	S9240804C
Related Vehicle	SGX9710R (Car)	Contact No.	91233827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SOH ZI XIANG	ID No.	NIL
Related Vehicle	SMV8740A (Car)	Contact No.	90993535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the mentioned date & time, I was driving one rented vehicle, registration SGX9710R, with two passengers seated at the rear seat. I was driving along Selegie Road towards Sophia Road when upon reaching Peace Centre one vehicle ( SMV 8740A) which was driving in front of my vehicle suddenly made an emergency brake. I managed to stop on time to prevent from colliding from the said vehicle. I observed that the vehicle drove forward and stopped at the side. As I felt that my vehicle was quite closed, I also decide to stop to make a check. While both vehicles stopped at the side, we checked the vehicles. I spotted a light scratch marks at the rear left side of the said vehicle. The bumper was intact and there was no dent at the other part of the vehicle. I checked the entire vehicle and there was no other damages. The driver claimed that earlier on there was someone who had dashed across the street thus he applied the emergency brake. He informed me that he wanted private settlement however I told him that there was no dent or other major damage thus I will not accept his request. I had offered to erased off the mentioned minor scatches but he refused. We exchange particulars and drove off. Two days later he called me and requested for a private settlement however I refused and felt that it was not right. He claimed that the bumper of his vehicle was raised due to the incident after two days. I have video evidence that the bumper was not damaged and intact. I will inform the rental company after this report.





**SINGAPORE  
POLICE FORCE**



T/20210105/2053

3 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20210105/2053

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

*Lu*

**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:

D /

Sgt 2 MUHAMMAD ZAMIR BIN MAZELAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 47

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

05/01/2021 14:32

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (03/01/21) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: SELEGIE ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 54X9710R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
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: ROYAL STAR TRANSPORT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91075928  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: KAY JUN YAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91233827  
c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: (03/11/1992) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 31/01/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)  
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: SMV8740A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

majeremyeo@gmail.com

Email = Kayjunyan@gmail.com

fax =

video =

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="03/01/2021 21:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SGX9710R"/>	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"/>	5108686394-01	5108686394-01-000015	ROYAL STAR TRANSPORT	53356501D	GFM	Third Party	SGX9710R	SGX9710R	27/07/2020	03/04/2021
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1116343

Policy No.	510666394-01	Vehicle No.	SGX9710R	GST Registration No.	
Certificate No.	510666394-01-000015				
Policyholder Name	ROYAL STAR TRANSPORT			Policyholder NRIC	53356501D
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91075928	Contact No.(Office)	0	Contact No.(Home)	0
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	No	NCD Entitlement(%)	0	Private Hire	Yes

Report Date

06/01/2021 16:25

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head to

Date of Accident

03/01/2021

Time of Accident hh:mm

21:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

SELEGIE ROAD

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

TP Standard Excess

1,500.00

YIED OD Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Covered

Additional Excess

Total TP Excess Applicable

1,500.00

Total OD Excess Applicable

0.00

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

06/01/2021 16:27:53 System changed GST Status Verified from No to Yes

## Policyholder Mailing Address

Address 1	BLK 26 #11-166	Address 2	JALAN BERSEH	Address 3	KELANTAN COURT
Address 4	SINGAPORE 200026	Address Type	Singapore address	Post Code	200026
Unit No.	11-166	Related Policy Number	5120086263		

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver NRIC

S9240804C

Driver DOB

03/11/1992

Unnamed driver Name

KAU JUN YAN

Driver Age

28

Driving Experience

7

Register Date of Driver License

31/01/2013

Contact No.(Office)

0

Contact No.(Home)

0

Contact No.(Mobile)

91233827

Address 1

BLK 53

Address 2

COMMONWEALTH DRIVE

Address 3

COMMONWEALTH

Address 4

SINGAPORE 142053

Address Type

Singapore address

Post Code

142053

Unit No.

#17-558

Does he own a Singapore Registered car?

☐ Yes ☒ 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	ROYAL STAR TRANSPORT	Insured NRIC	
Contact No.(Mobile)	94877133	Contact No.(Home)		Contact No.(Office)	
Email Address		TP Vehicle Number	SGX9710R	TP Vehicle Number	
Claim Description	SGX9710R / SMV8740A ON 3 Jan 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Preferred Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	06/01/2021 16:33
Date Registered		Workshop Repairer	ROSLINDA	Date Received	
Report Taken By				Total Loss but Repaired	

☐ Print AK letter

Save

Submit

## Attachment

Accident No.	MT/1116343	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

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	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 06 Jan 2021 16:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:32	SAS		Normal	SAS 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:32	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:32	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:30	Photos		Normal	Photos 2021-1-6

## Video List

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