

# NATIONAL Assessment Centre Services

Date In: 06/01/21	Job description	Date & Time Completed	Done by
Ref No: NM/INC21000260/13	SAS e-filing		
Veh No: FBK714SM	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/12/20 1940	i-Motor Claim Form	06/01 MT/1116360-001	
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: (	BBDC	Tel:	Fax:
TP Particulars:	Veh No: FBL5745P	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

NA2101054		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Additons' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2 / 3:		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			
		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 17:04 (SGT)
Date of Accident	09/12/2020 19:40 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	BBDC CIRCUIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7145M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonkiat@bbdc.sg
Mobile Phone No	(Phone) +65-64833167
Alternative Phone No	(Office) +65-64833167

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114136261
Cover Note Number	-

#### DRIVER

Name of Driver	VELUCHAMY SENTHIL KUMARAN
Passport No/FIN	GXXXXX938W
Date Of Birth	08/07/1987
Occupation	Indoor



Date Of Driving Pass .....	09/12/2020
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-82002131
Alt. Phone Number .....	-
Email Address .....	tanboonkiat@bbdc.sg
Address .....	BLK 587 WOODLANDS DR 16
Address complement .....	#11-58
Postcode .....	730587
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 .....	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 .....	FBL5745P
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 .....	VELUCHAMY SENTHIL KUMARAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT LEG
Injured person in which vehicle? .....	FBK7145M
Were seat belts worn? .....	No
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.

**BUKIT BATOK DRIVING CENTRE LTD**  
151 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6560 7177

*Edun*  
Policyholder's Signature  
Date & Time:

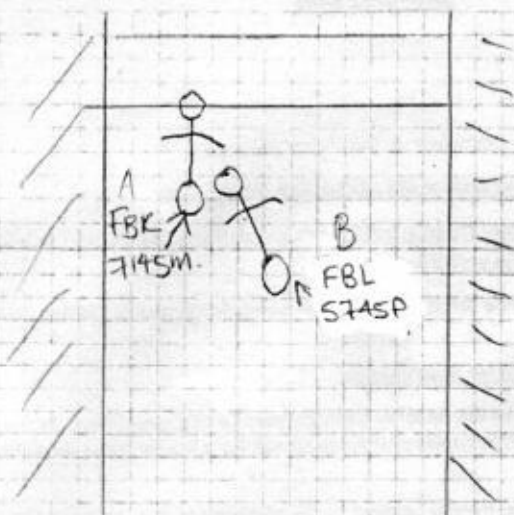
*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

BBDC CIRCUIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing E-brake subject. and I have stop before the yellow line. Then bike FBL 5745P skidded and hit the back of my bike FBK 7145M. causing my bike to fall to the right. My right leg was pin under the crash bar of bike FBK 7145M. That all I have to say.

DECLARATION

I/We declare the foregoing particulars to be true and correct in every respect.

*Edmund*  
 BUKIT BATOK DRIVING CENTRE LTD  
 815 BUKIT BATOK WEST AVENUE 5  
 SINGAPORE 659085  
 TEL: 6561 1233 FAX: 6569 0788

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

*shym 06/01/21*  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No: \_\_\_\_\_



☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

Reporting

9/12/2020

1940 hrs

BBDC circuit

## INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBK F14SM
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA CB 400F
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Exact Purpose for which vehicle was being used at the time of accident.	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00734151220

## DRIVER

Name of Driver	Veluchamy Senthil Kumaran
NRIC/ FIN/ Passport	G 528 8938 W
Date of Birth	08-07-1987
Occupation	
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 82002131
Address	587 Woodland drive 16 #11-CR S (730 CR)
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured.	
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

## GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:
Damage Area	NIL
Approximate Speed	0 km/h

## OTHER INFORMATION

Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	



OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

**Other Vehicle or Property 2**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

**DETAILS OF WITNESS**

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

**DETAILS OF INJURED PERSON 1**

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

**DETAILS OF INJURED PERSON 2**

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

**Declaration**

We declare that the above particulars & information provided above are true in every aspect.

*Edun*  
815 BUKIT BATOK DRIVING  
SINGAPORE 656  
TEL: 6561 1234 FAX: 6561 1234

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

*[Signature]*  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time



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="09/12/2020 19:40"/>
Vehicle No.(For Motor)	<input type="text" value="FBK7145M"/>	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"/>	5114136261	5114136261-000021	BUKIT BATOK DRIVING CENTRE LTD	1988011155R	GFM	Comprehensive	FBK7145M	FBK7145M	01/01/2020	31/12/2020



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	155R

### Vehicle Details

Vehicle No.:	FBK7145M
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2021
Vehicle Make:	HONDA
Vehicle Model:	CB400F
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	NC47E5000456
Chassis No.:	JH2NC4796EK000466
Maximum Power Output:	-
Open Market Value:	\$6,679.00
Original Registration Date:	28 Dec 2015
First Registration Date:	28 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$1,002.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	27 Dec 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,158.00
COE Rebate Amount:	\$3,060.00
Total Rebate Amount:	\$3,060.00

The information contained herein is correct as at 06 Jan 2021

OK



## Claim Handling

Accident MT/1116360

Policy No.	5114136261	Vehicle No.	FBK7145M	GST Registration No.	M200805321
Certificate No.	5114136261-000021				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	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	No

**Accident Details**

Report Date	06/01/2021 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	09/12/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BSDC CIRCUIT				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**Benefits**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**Driver is Covered?** Covered

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 65901
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136654-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/07/1987
Unnamed driver Name	VELUCHAMY SENTHIL KUMARAI	Driver NRIC	G5288938W	Driving Experience	0
Register Date of Driver License	09/12/2020	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	82002131	Contact No.(Office)	0	Address 3	SINGAPORE 73051
Address 1	BLK 587	Address 2	WOODLANDS DRIVE 16	Post Code	730587
Address 4		Address Type	Singapore address		
Unit No.	#11-58				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBK7145M	TP Vehicle Number	
Claim Description	FBK7145M / FBLS745P ON 9 Dec 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred Workshop (refer below)				
Date Registered	06/01/2021 17:34	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Lost but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1116360 Claim No. 001



Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	SAS		Normal	SAS 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 17:33	Photos		Normal	Photos 2021-1-6

📺 Video List

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