

# NATIONAL Assessment Centre Services

1000 Jan 10 2005

Date In: 08/01/24	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000342/13	SAS e-filing		
Veh No: 5LT6783L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/01/21 0700	i-Motor Claim Form	11/01 MT/1116792-001	
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: 5LB7791B	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%. P: 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

NA210126	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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	08/01/2021 11:48 (SGT)
Date of Accident	07/01/2021 07:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD TWDS PAYA LEBAR RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6783L
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAHDI BIN MOHAMED SALLEH
NRIC No	SXXXX995A
Email Address	mahdi_universalhub@yahoo.com
Mobile Phone No	(Phone) +65-96788045
Alternative Phone No	+65-96788045

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	5095555922-03
Cover Note Number	-

## DRIVER

Name of Driver	MAHDI BIN MOHAMED SALLEH
NRIC No	SXXXX995A
Date Of Birth	08/08/1954
Occupation	Indoor



Date Of Driving Pass .....	28/08/1978
Driving experience .....	42 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96788045
Alt. Phone Number .....	+65-96788045
Email Address .....	mahdi_universalhub@yahoo.com
Address .....	BLK 761 BEDOK RESERVOIR VIEW
Address complement .....	#06-321
Postcode .....	470761
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MARIA IBRAHIM
Gender .....	Female

#### PASSENGER 2

Name .....	SUMARNI MOHD SALLEH
Gender .....	Female

#### PASSENGER 3

Name .....	PASEHA MOHD SALLEH
Gender .....	Female

#### PASSENGER 4

Name .....	ZARINA MOHD SALLEH
Gender .....	Female

#### 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 .....	SLB7791B
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) .....	-


## 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:

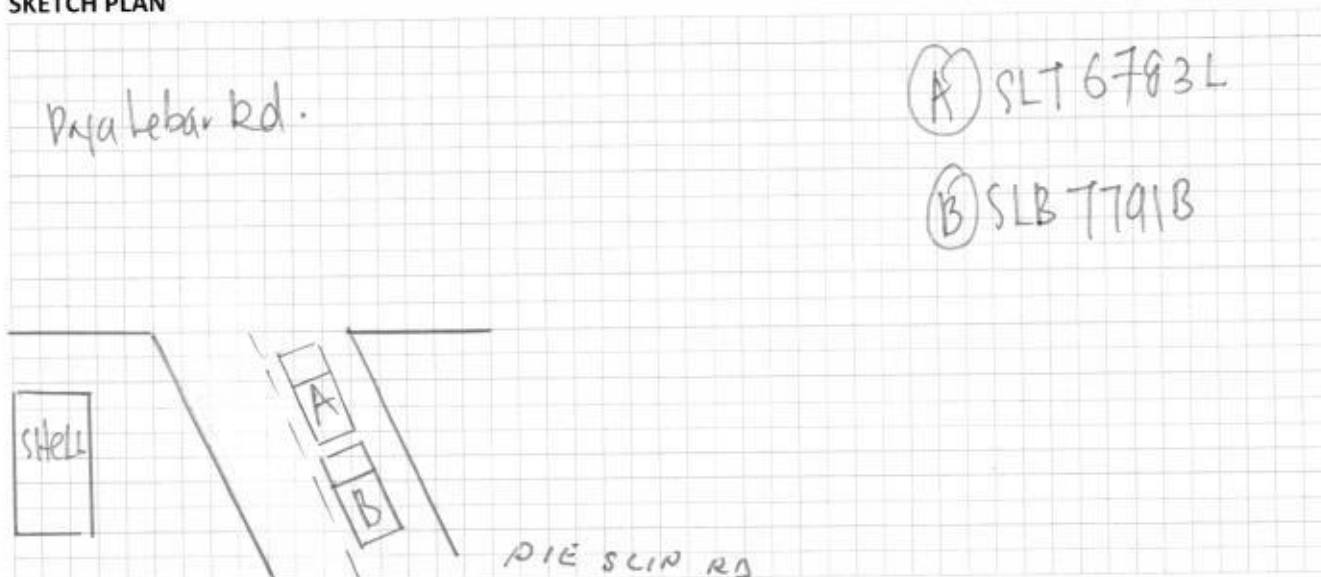
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 08/01/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

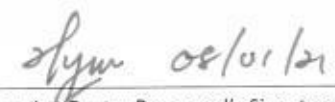
On 07.01.2021 at about 01:00hrs, I was travelling along Slip Rd from PIE towards Papa Lebar Road. Upon reaching the junction, I slow down & stop. While waiting all of a sudden I felt an impact from the rear. Then I realised a vehicle SLB 7791B had collided onto my rear.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

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



Date of Accident : 01.01.2021 Accident Time: 07:00hrs (24-HR-Format)  
 Accident Place : Slip Rd from PE towards Paya Lebar Rd  
 Vehicle No. (Car Plate No.) : SLT 6783L Make/Model: Toyota Estima Aero 2.4CVT  
 Insurance Company : NTUC Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : Mahdi Bin Mohamed Salleh (S0152995A)  
 Owner or Company Contact No. : 96788045 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Same as owner  
 DRIVER'S Date Of Birth : 08.08.1954 DRIVER'S License Pass Date 28.08.1978  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : 761 Bukit Reservoir View #06-321 S(470761)  
 DRIVER'S Contact No./ Alt No. : 1) 96788045 2) \_\_\_\_\_  
 DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)  
 Email Address : MAHDI\_UNIVERSALHUB@yahoo.com  
 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): 5 pax include driver  
 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): \_\_\_\_\_

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

Vehicle No: SLB 7791B (AXA)	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:**

- ① Maria Bte Ibrahim (F)
- ② Sumarni Bte Mohd Salleh (F)
- ③ Paseha Bte Mohd Salleh (F)
- ④ Zainna Bte Mohd Salleh (F)

## 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:** 5095555922-03

**Cover :** drive PREMIUM

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLT6783L                 |
| Chassis Number  | : ACR507140898             |
| 2. Name of Policyholder   | : MAHDI BIN MOHAMED SALLEH |
| 3. Effective Date of Insurance  | : 07 Nov 2020              |
| 4. Expiry Date of Insurance   | : 06 Nov 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MAHDI BIN MOHAMED SALLEH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE 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 : CAR TIMES INSURANCE AGENCY PTE. LTD. (00000571584)

Date of Issue : 16 Oct 2020 13:42 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: 995A

### Vehicle Details

Vehicle No.: SLT6783L  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Jan 2021  
Vehicle Make: TOYOTA  
Vehicle Model: ESTIMA AERAS 2.4 CVT  
Primary Colour: Brown  
Manufacturing Year: 2016  
Engine No.: 2AZL013930  
Chassis No.: ACR507140898  
Maximum Power Output: 125.0 kW (167 bhp)  
Open Market Value: \$36,747.00  
Original Registration Date: 07 Nov 2017  
First Registration Date: 07 Nov 2017  
Transfer Count: 0  
Actual ARF Paid: \$43,446.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 06 Nov 2027  
PARF Rebate Amount: \$32,584.00

### Intended COE Rebate Details

COE Expiry Date: 06 Nov 2027  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$48,109.00  
COE Rebate Amount: \$32,553.00  
**Total Rebate Amount: \$65,137.00**

The information contained herein is correct as at 07 Jan 2021

OK

## Claim Handling

## Accident MT/1116792

Policy No.	509555922-03	Vehicle No.	SLT6783L	GST Registration No.	
Certificate No.				Policyholder NRIC	S0152995A
Policyholder Name	MAHDI BIN MOHAMED SALLEH	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96788045	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	11/01/2021 12:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	07/01/2021	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE SLIP RDS TWDS PAYA LEBAR RD				
<b>Total Excess Applicable</b>					
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 TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
<b>Benefits</b>					
Coverage	Sum Insured				
Transport Allowance	99999999.99				
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date	Yes		
GST Registration No.		GST Status Verified			
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 761 #06-321	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 4707
Address 4		Address Type	Singapore address	Post Code	470761
Unit No.		Related Policy Number	509555922-03		
<b>OI Driver Info</b>					
Driver Name	MAHDI BIN MOHAMED SALLEH	Driver Type	Main Driver	Driver DOB	08/08/1954
Unnamed driver Name		Driver NRIC	S0152995A	Driving Experience	42
Register Date of Driver License	28/08/1978	Driver Age	66	Contact No.(Home)	0
Contact No.(Mobile)	96788045	Contact No.(Office)	0	Address 3	SINGAPORE 4707
Address 1	BLK 761	Address 2	BEDOK RESERVOIR VIEW	Post Code	470761
Address 4		Address Type	Singapore address		
Unit No.	#06-321				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	Driver Insurer Company		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MAHDI BIN MOHAMED SALLEH	Insured NRIC		
Contact No.(Mobile)	96788045	Contact No. (Home)	64458810	Contact No. (Office)		
Email Address	MARIA-JBRAHIM@LIVE.COM	Vehicle Number	SLT6783L	TP		
Claim Description	SLT6783L / SLB77918 ON 7 Jan 2021					
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	11/01/2021 12:19	
Date Registered		Report Taken By	ROSLINDA	Workshop Repairer		
					Date Received	
					Total Lost but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1116792	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2021 00:00

Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:17	SAS		Normal	SAS 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:17	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:17	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:16	Photos		Normal	Photos 2021-1-11

## 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"/>	