

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA 92120005

Date In: 12/1/11-10:40	Job description	Date & Time Completed	Done by
Ref No: NA 11000549/11	SAS e-filing		
Veh No: 122 48143	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 11/11-19:15	i-Motor Claim Form	11/11/11 17:15-21	12/1/11 10:40
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 122 2537	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:	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

NA 1100460	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
Dat. 1:			
Dat. 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	13/01/2021 10:40 (SGT)
Date of Accident	12/01/2021 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	twds tuas before adam rd exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4814J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA LEE SENG
NRIC No	SXXXX234J
Email Address	leeseng.mc@gmail.com
Mobile Phone No	(Phone) +65-81829751
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	5108754324-01
Cover Note Number	-

DRIVER

Name of Driver	CHIA LEE SENG
NRIC No	SXXXX234J
Date Of Birth	16/08/1983
Occupation	Indoor

Date Of Driving Pass	23/01/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-81829751
Alt. Phone Number	+--
Email Address	leeseng.mc@gmail.com
Address	BLK 183A BOON LAY AVENUE
Address complement	#06-710
Postcode	641183
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

REFER TO 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	SGR253J
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV2105J
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 CHIA LEE SENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SJQ4814J
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.


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.:

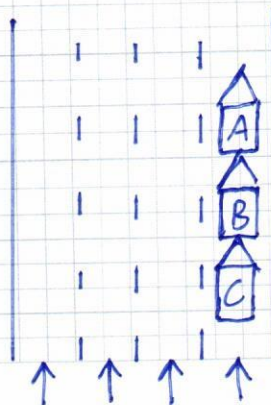
SKETCH PLAN

PIE TOWARDS THAS BEFORE ADAM RD EXIT.

VEH. A - SJQ 4814J

VEH. B - SGR 253J

VEH. C - SJV 2105J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A'
 WAS TRAVELLING ON THE STATED VENUE. AS
 THE FRONT VEHICLE STOPPED. I FOLLOW SUIT.
 SUDDENLY, VEHICLE 'B' BANG ONTO MY VEHICLE
 REAR PORTION. I THEN REALISED THIS IS A
 CHAIN COLLISION INVOLVING 3 VEHICLES.

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 : 12/01/2021 Accident Time: 1915 (24-HR-Format)
Accident Place : PIE towards Tuas BEFORE ADAM RD EXIT.
Vehicle. No. (Car Plate No.) : S3Q 4814J Make/Model: Honda Fit 1.3G A
Insurance Company : Ntuc Policy No: _____
Owner or Company Name /IC No. : CHIA LEE SENG (XIE LICHENG) S8325234J
Owner or Company Contact No. : 81829751 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : SAME AS ABOVE
DRIVER'S Date Of Birth : 16/08/1983 DRIVER'S License Pass Date 23/01/2002
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : BLK 183A BOON LAY AVE #06-710 S641183
DRIVER'S Contact No./ Alt No. : 1) 81829751 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : leeseng.mc@gmail.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): 01
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): Neck Back Pain

Other Party Driver's Particular (if any)

(B) Vehicle. No: SGR 253J (A/A)

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

(C) Vehicle. No: STV 2105J

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: 5108754324-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ4814J**
 Chassis Number : GE61161246
2. Name of Policyholder : CHIA LEE SENG
3. Effective Date of Insurance : 13 May 2020
4. Expiry Date of Insurance : 12 May 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)	: N/A
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHIA LEE SENG (XIE LICHENG)
NAMED DRIVER (1)	: CHIA LAK PEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
 Date of Issue : 12 Apr 2020 14:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108754324-01		CHIA LEE SENG	S8325234J	GPC	drive CLASSIC	SJQ4814J	SJQ4814J	13/05/2020	12/05/2021

▼ Policy Information

Policy No.	5108754324-01	Policyholder Name	CHIA LEE SENG	Policyholder NRIC	S8325234J
Certificate No.					
Address	BLK 183A #06-710 BOON LAY AVENUE BOON LAY GROVE SINGAPORE 641183				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/04/2020	Effective Date	13/05/2020 00:00	Expiry Date	12/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	INSMART (INSURANCE) AGENCY	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 183A #06-710	Address 2	BOON LAY AVENUE	Address 3	BOON LAY GROVE
Address 4	SINGAPORE 641183	Address Type	Singapore address	Post Code	641183
Unit No.	06-710	Related Policy Number	5108754324-01		

▶ Insured Object: SJQ4814J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1117175

Policy No.	5108754324-01	Vehicle No.	SJQ4814J	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA LEE SENG			Policyholder NRIC	S8325234J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drvo CLASSIC	Loading	0
Contact No.(Mobile)	81829751	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KFK	<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	13/01/2021 10:42	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/01/2021	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

Coverage	Sum Insured		
Transport Allowance	9999999.99		
Excess Waiver	9999999.99		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 183A #06-710	Address 2	BOON LAY AVENUE	Address 3	BOON LAY GROVE
Address 4	SINGAPORE 641183	Address Type	Singapore address	Post Code	641183
Unit No.	06-710	Related Policy Number	5108754324-01		

▼ OI Driver Info

Driver Name	CHIA LEE SENG (XIE LICHENG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8325234J	Driver DOB	16/08/1983
Register Date of Driver License	23/01/2002	Driver Age	37	Driving Experience	18
Contact No.(Mobile)	81829751	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 183A	Address 2	BOON LAY AVENUE	Address 3	BOON LAY GROVE
Address 4	SINGAPORE 641183	Address Type	Singapore address	Post Code	641183
Unit No.	06-710				
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 **New**

Claim Type *	OD-MX	Insured Name	CHIA LEE SENG	Insured NRIC	S8325234J
Contact No.(Mobile)	81829751	Contact No.(Home)		Contact No.(Office)	
Email Address	LEESENG.MC@GMAIL.COM	O1 Vehicle Number	SJQ4814J	TP Vehicle Number	SGR253J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJQ4814J / SGR253J ON 12 Jan 2021				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/01/2021 10:43	Claim Close Date		Date Received	13/01/2021 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1117175	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/01/2021 10:45		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<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="text"/>	<input type="button" value="Browse..."/>	<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="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:45	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:45	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	SAS	Normal	SAS 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 10:44	Photos	Normal	Photos 2021-1-13	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				