

NATIONAL Assessment Centre Services

Date In: 14/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000707/13	SAS e-filing		
Veh No: FBE1147D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/01/21 2000	i-Motor Claim Form	14/01 MT/111747-001	
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: SKES912D	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

Clientant's Particulars	NA2101235	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		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:-		
		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: Idao Mobile \$0		
		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	14/01/2021 17:57 (SGT)
Date of Accident	13/01/2021 20:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 5, Singapore
Additional Location Information	TWDS BUKIT BATOK AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE1147D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU HOCK HENG
NRIC No	SXXXX264E
Email Address	hockheng98@gmail.com
Mobile Phone No	(Phone) +65-87996167
Alternative Phone No	+65-87996167

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119975633
Cover Note Number	-

DRIVER

Name of Driver	LIU HOCK HENG
NRIC No	SXXXX264E
Date Of Birth	25/08/1998
Occupation	Outdoor

Date Of Driving Pass	18/08/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87996167
Alt. Phone Number	+65-87996167
Email Address	hockheng98@gmail.com
Address	BLK 118 PENDING ROAD
Address complement	#02-250
Postcode	670118
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210114/2007

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	SKE5912D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOK TUCK LOY
Contact Number	(Phone) +65-97897533

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	LIU HOCK HENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBE1147D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

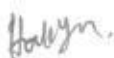
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.



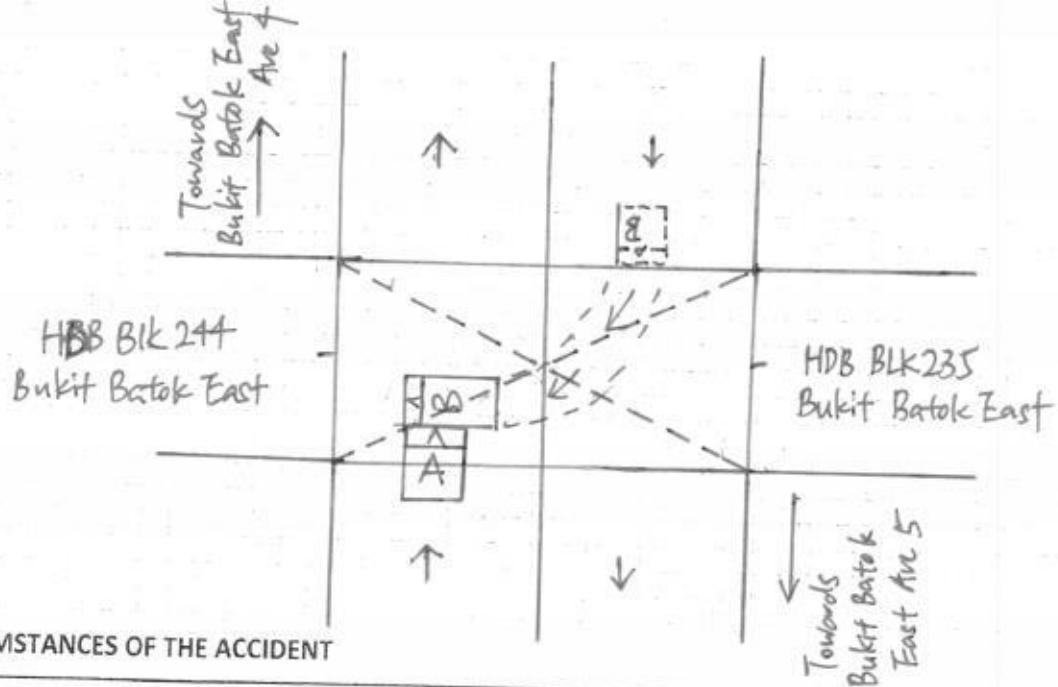
Policyholder's Signature
Date & Time:



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

 14/01/21

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : T/20210114/2007

DECLARATION

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

Hock Yim.
Policyholder's Signature
Date & Time:

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

shym 14/01/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210114/2007

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20210114/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 01:52	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LIU HOCK HENG			Address: APT BLK 118 PENDING ROAD #02-250 SINGAPORE 670118		
ID Type / ID No.: NRIC NO / S9828264E			Contact No.: Home/Office: Mobile: 87996167		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 25/08/1998	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FOOD PANDA			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2021 21:00	Type of Location: HDB entrance
Location: BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1147D	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SKE5912D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1147D	NTUC Income Insurance Co-Operative Limited	5119975633	22/11/2020	02/12/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20210114/2031

Report No. T/20210114/2031

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	LIU HOCK HENG	ID No.	S9828264E
Related Vehicle	FBE1147D (Motorcycle)	Contact No.	87996167
Hospital/Clinic	unihealth 24hrs-clinic	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	13/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver

Name	Kok tuck loy	ID No.	NIL
Related Vehicle	SKE5912D (Car)	Contact No.	97897533
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

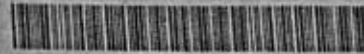
Brief Details.

On 13/01/2021 at about 2100hrs, I was riding my motorcycle (FBE1147D) along Bukit Batok East Avenue 5 heading towards East avenue 4. A Car (SKE5912D) was driver towards me on the opposite lane. Suddenly the car turned right wanting to enter the carpark. Unable to brake in time I collided onto the left side of his car. I immediately fell onto my right side. His vehicle suffered scratches on his front passenger side door while my motorcycle suffered dents on the right side together with my steering wheel not aligning correctly. There was no CCTV on both our vehicles. No police or ambulance was called to the scene. We both then exchanged particulars.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20210114/2007

3 of 3

Report No. T/20210114/2007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:

J /

Sgt 1 JERAL THIO YU XIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No: 65476185

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:
14/01/2021 01:52

Classification Of Case:

SIGNATURE

Date of Accident : 13/01/21 Accident Time: 20:50hr (24-HR-Format)
 Accident Place : Bukit Batok Ave 5 towards Bukit Batok Ave 4
 Vehicle No. (Car Plate No.) : FBE1147D Make/Model: Yamaha Spark
 Insurance Company : NTUC Policy No: 5119975633
 Owner or Company Name / IC No. : _____
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Liu Hock Heng 59828264E
 DRIVER'S Date Of Birth : 25/08/1998 DRIVER'S License Pass Date 18/08/20
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 118 Pending Road #02-250 S' 670118
 DRIVER'S Contact No./ Alt No. : (1) 87996167 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : hockheng98@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): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SKF5912D</u>	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:

913

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"/>	5119975633		LIU HOCK HENG	S9828264E	GMC	Third Party	FBE1147D	FBE1147D	22/11/2020	02/12/2021

Claim Handling

Accident MT/1117427

Policy No.	5119975633	Vehicle No.	FBE1147D	GST Registration No.	
Certificate No.					
Policyholder Name	LIU HOCK HENG			Policyholder NRIC	S9828264E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87996167	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	No

▼ Accident Details

Report Date	14/01/2021 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/01/2021	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK EAST AVE 5 TWOS BUKIT BATOK AVE 4				

▼ 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	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ 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 118 #02-250	Address 2	PENDING ROAD	Address 3	SINGAPORE 6701
Address 4		Address Type	Singapore address	Post Code	670118
Unit No.	#02-250	Related Policy Number	5119975633		

▼ O1 Driver Info

Driver Name	LIU HOCK HENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9828264E	Driver DOB	25/08/1998
Register Date of Driver License	01/01/2020	Driver Age	22	Driving Experience	1
Contact No.(Mobile)	87996167	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 118	Address 2	PENDING ROAD	Address 3	SINGAPORE 6701
Address 4		Address Type	Singapore address	Post Code	670118
Unit No.	#02-250				
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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIU HOCK HENG	Insured NRIC	
Contact No.(Mobile)	87996167	Contact No. (Home)		Contact No. (Office)	
Email Address	hockheng98@gmail.com	Vehicle Number	FBE1147D	TP Vehicle Number	
Claim Description	FBE1147D / SKES912D ON 13 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop No.	Yes	Preferred Workshop, Name unknown			
Date Registered		Claim Close Date	14/01/2021 18:09	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Lost but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/1117427	Claim No.	001
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1/14/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

☒ Yes ☐ No

Upload Date

14/01/2021 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

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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 14 Jan 2021 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	SAS		Normal	SAS 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 18:08	Photos		Normal	Photos 2021-1-14

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window

Scan and uploading