

# NATIONAL Assessment Centre Services

(Ref: J2-123)

2/2

Date In: 18/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000840/13	SAS e-filing		
Veh No: FBH9662P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/01/21 1220	i-Motor Claim Form	18/11	MT/1117863-001
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: SJX1811A	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

NA2101232	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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		
	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 / 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: Idno 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	18/01/2021 17:42 (SGT)
Date of Accident	16/01/2021 12:20 (SGT)
Exact Location of Accident	Jurong West Street 93, Singapore
Additional Location Information	SLIP RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9662P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
NRIC No	SXXXX362C
Email Address	khairulfahmi101@gmail.com
Mobile Phone No	(Phone) +65-81334537
Alternative Phone No	+65-81334537

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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	5112930172-01
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
NRIC No	SXXXX362C
Date Of Birth	20/09/1994
Occupation	Outdoor

Date Of Driving Pass .....	14/08/2019
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81334537
Alt. Phone Number .....	+65-81334537
Email Address .....	khairulfahmi101@gmail.com
Address .....	BLK 657B JURONG WEST ST 65
Address complement .....	#05-662
Postcode .....	642657
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 .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210116/7064

#### 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 .....	SJX1811A
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 .....	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBH9662P
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 **completely 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 fact 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 as 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 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:

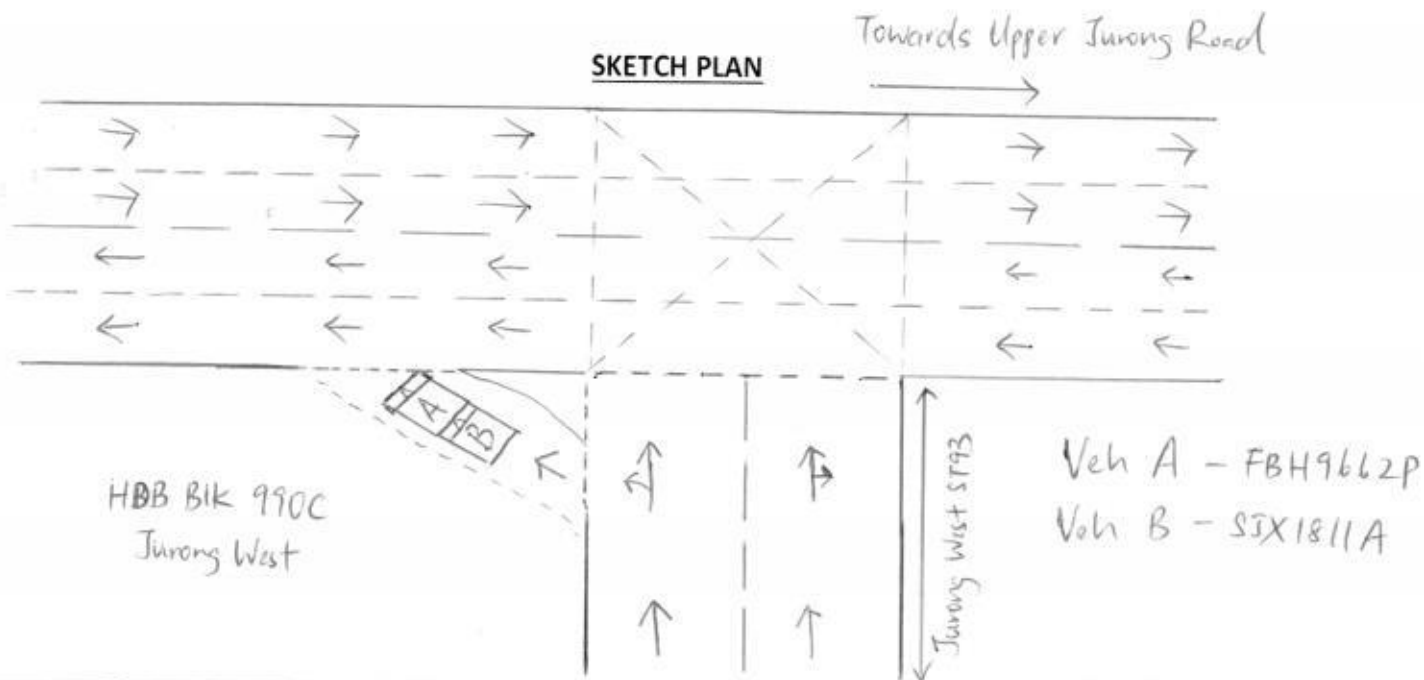
- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

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

18/01/21

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



Refer to Police Report - T/20210116/7064

**DECLARATION**

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

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 18/01/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No:





# SINGAPORE POLICE FORCE



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210116/7064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2021 17:39	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMAD KHAIRULFAHMI BIN RASHIDEE			Address: 657B JURONG WEST STREET 65 #05-662 SINGAPORE 642657		
ID Type / ID No.: NRIC NO / S9434362C			Contact No.: Home/Office: Mobile: 81334537		
Nationality: SINGAPORE CITIZEN			Email: KHAIRULFAHMI101@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 20/09/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Food Panda Rider			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 12:20	Type of Location: T-Junction
Location:  JURONG WEST STREET 93				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH9662P	Motorcycle	YAMAHA	FZ 16	Black		0
SJX1811A	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210116/7064

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9662P	NTUC Income Insurance Co-Operative Limited	5112930172-01	20/11/2020	19/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD KHAIRULFAHMI BIN RASHIDEE	ID No.	S9434362C
Related Vehicle	FBH9662P (Motorcycle)	Contact No.	81334537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	16/01/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time , I was travelling along Jurong West Street 93 . I was stationary inside a left filtering lane in a T junction waiting for oncoming vehicles to pass before exiting . Suddenly I felt an impact from the rear . I fall off my motorcycle and landed on my right . I then realised a vehicle bearing carplate number SJX1811A collided onto my Motorcycle from the rear . The driver then alight his vehicle and conveyed me to the hospital as i suffered injuries . I went to the hospital and was issued 5 days of MC .





**SINGAPORE  
POLICE FORCE**



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210116/7064

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476256

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/01/2021 17:39

Classification Of Case:

Date of Accident : 16/01/21 Accident Time: 12-20 hr (24-HR-Format)  
Accident Place : Jurong West ST93  
Vehicle No. (Car Plate No.) : FBH9662P Make/Model: Yamaha FZ16  
Insurance Company : NTUC Policy No: 5112930172  
Owner or Company Name /IC No. : Mohamad Khairulfahmi Bin Rashidee S9434362C  
Owner or Company Contact No. : 81334537 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Mohamad Khairulfahmi Bin Rashidee S9434362C  
DRIVER'S Date Of Birth : 20/09/1994 DRIVER'S License Pass Date 14 Aug 2019  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: Owner  
DRIVER'S Address : Blk 657B Jurong West ST65 #05-662 S 642657  
DRIVER'S Contact No./ Alt No. : 1) 81334537 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : khairulfahmi101@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 time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

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

Vehicle. No: SJX1811A	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:

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="16/01/2021 12:20"/>
Vehicle No.(For Motor)	<input type="text" value="FBH9662P"/>	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"/>	5112930172-01		MOHAMAD KHAIRULFAHMI BIN RASHIDEE	S9434362C	GMC	Third Party	FBH9662P	FBH9662P	20/11/2020	19/11/2021

## Claim Handling

Accident MT/1117863

Policy No.	5112930172-01	Vehicle No.	FBH9662P	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD KHAIRULFAHMI BIN RASHIDEE			Policyholder NRIC	59434362C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81334537	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(%)	10	Private Hire	No

▼ Accident Details

Report Date	19/01/2021 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	16/01/2021	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST STREET 93 SLIP ROAD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
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

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 657B #05-662	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 6426/
Address 4		Address Type	Singapore address	Post Code	642657
Unit No.	#05-662	Related Policy Number	5112930172-01		

## ▼ OI Driver Info

Driver Name	Mohamad KhairulfaHmi Bin Rashidee	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59434362C	Driver DOB	20/09/1994
Register Date of Driver License	01/01/2019	Driver Age	26	Driving Experience	2
Contact No.(Mobile)	81334537	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 657B	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 6426/
Address 4		Address Type	Singapore address	Post Code	642657
Unit No.	#05-662				
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 OD-MX New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault		
Damage No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				19/01/2021 09:47	Claim Close Date
Report Taken By				ROSINDA	Workshop Repairer

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1117863	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2021 00:00

Path \*

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen



Category \*

Confidential

Urgency \*























Attachment	Uploaded By/Date	Category		Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		SAS		Normal	SAS 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:47		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:46		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:46		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:46		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 09:45		Photos		Normal	Photos 2021-1-19

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