

# NATIONAL Assessment Centre Services

Date In: 29/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001418/13	SAS e-filing		
Veh No: GBB82R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/01/21 2055	I-Motor Claim Form	29/01 MT/1119273	-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: SLN53935	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
	1) AR: Accident Reporting (\$30);		\$0	
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD:				
*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	29/01/2021 17:09 (SGT)
Date of Accident	28/01/2021 20:55 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	L/P 68
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8282R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYCAPE PTE LTD
Company Reg No	2XXXXX483D
Email Address	yeowkin74@gmail.com
Mobile Phone No	(Phone) +65-98292723
Alternative Phone No	+65-98292723

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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 - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5053455767-08
Cover Note Number	-

#### DRIVER

Name of Driver	KALAM ABUL
Passport No/FIN	GXXXX011U
Date Of Birth	01/09/1983
Occupation	Outdoor

Date Of Driving Pass .....	15/09/2020
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81085806
Alt. Phone Number .....	-
Email Address .....	yeowkin74@gmail.com
Address .....	12 LORONG 14 GEYLANG
Address complement .....	#04-15
Postcode .....	398924
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
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 .....	Bedok Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002419999
Alt. Police Station Phone No .....	(Fax) +65-64431687
Police Station Address .....	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210128/2124

#### 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 .....	SLN5393S
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 .....	KALAM ABUL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD,NECK,BACK AND HAD A CUT ON MY LOWER LIP.
Injured person in which vehicle? .....	GBB8282R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	SLN5393S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



## 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 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.
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.

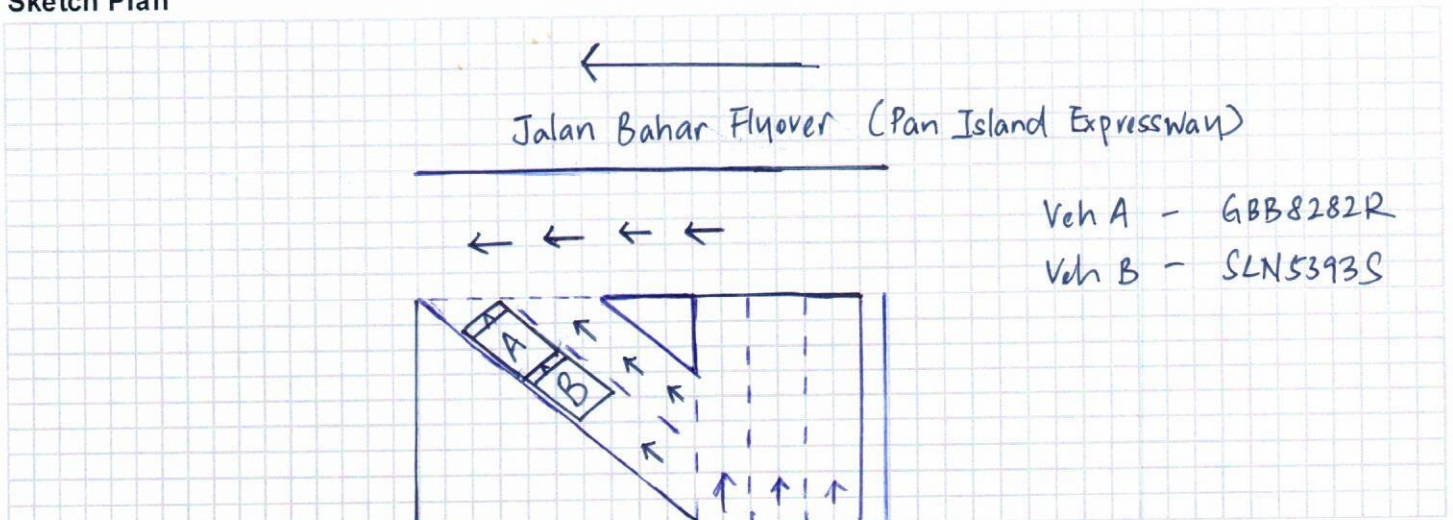
  
Policyholder's Signature / Date & Time



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

 29/01/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

Refer to police report T/20210128/2124

We declare the foregoing particulars are true in every respect.

Policyholder's  
Time



  
Driver's Signature  
& Time

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210128/2124

1 of 3

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

Report No. T/20210128/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2021 20:57		Vide Report No.: L/20210128/0112		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: KALAM ABUL			Address: 12 LOR 14 GEYLANG #04-15 SINGAPORE 398924		
ID Type / ID No.: FIN NO / G8274011U			Contact No.: Home/Office: Mobile: 81085806		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 37	Date of Birth: 01/09/1983	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2021 18:00	Type of Location: FILTER LANE
Location:  JALAN BAHAR				
Lamp Post Number: 68				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8282R	Lorry	NISSAN	CABSTAR	White		0
SLN5393S	Car	TOYOTA	AQUA	White		1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210128/2124

2 of 3

Report No. T/20210128/2124

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

**CONTINUATION OF REPORT**

Driver			
Name	KALAM ABUL	ID No.	G8274011U
Related Vehicle	GBB8282R (Lorry)	Contact No.	81085806
Hospital/Clinic	UNIHEALTH clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/01/2021	Date Discharge	28/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 28/01/2021 at about 1800hrs, while on my vehicle bearing registration plate number GBB8282R , at along Jln Bahar slip road to PIE and while I was moving slowly forward into the slip road, a vehicle bearing registration plate number SLN5393S collided onto the rear of my vehicle while I was stationary which caused my vehicle to jerk forward. As a result the right side of the tail light came off and the rear of the lorry was damaged. Ambulance came and conveyed the passenger from the car SLN5393S. Traffic police also arrived. After the incident I felt pain on the back of my head, neck and back. I also had a cut on my lower lip thus I consulted the doctor and was given 3 days of MC.

I do not have any in car camera in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210128/2124

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

3 of 3

Report No. T/20210128/2124

**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:  
G /  
Staff Sgt MUHAMMAD FITRI BIN ABDUL LATIF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2021 20:57

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

Date of Accident : 28/01/21 Accident Time: 2057 (24-HR-Format)  
 Accident Place : Jalan Bahar LP68  
 Vehicle No. (Car Plate No.) : GBB8282R Make/Model: Nissan Cabstar  
 Insurance Company : NTUC \* Policy No: 5053455767-08x  
 Owner or Company Name /IC No. : Skycap Pte Ltd (57414310/E) \*  
 Owner or Company Contact No. : \_\_\_\_\_ \* Owner's Hp 98292723 \* Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Kalam Abul 062786825  
 DRIVER'S Date Of Birth : 01/09/1983 DRIVER'S License Pass Date 15/09/2020  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 12 Lorong 14 Geylang #04-45 Singapore 398924  
 DRIVER'S Contact No./ Alt No. : 1) 81085806 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : yeowkn74@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): Yes

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

Vehicle. No: <u>SLN5393S</u>	Vehicle. No: _____
Vehicle Make \Model: <u>Toyota Aqua</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW – Passenger's name & gender:**

No cost incurred by Skycap inclusive of free rental for the above mentioned accident on 28/1/21.  
 Extra Services - Warranty 6 months (repaired items)  
 Garage 13 Kaseng FLH  
 S9306011C



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="28/01/2021 20:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBB8282R"/>	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"/>	5053455767-08		SKYCAPE PTE LTD	200900483D	GCV	Comprehensive	GBB8282R	GBB8282R	28/05/2020	27/05/2021

Claim Handling

Accident MT/1119273

Policy No.	5053455767-08	Vehicle No.	GBB8282R	GST Registration No.	200900483D
Certificate No.					
Policyholder Name	SKYCAPE PTE LTD			Policyholder NRIC	200900483D
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98292723	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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	29/01/2021 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	28/01/2021	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BAHAR LP 68				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	19/07/2010		
GST Registration No.	200900483D	GST Status Verified	Yes		
Modification History	29/01/2021 17:21:32 System changed GST Registration Date from 01/01/2015 to 19/07/2010 29/01/2021 17:21:32 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	2 JALAN RAJAH	Address 2	#01-10 GOLDEN WALL FLATTEI	Address 3	SINGAPORE 3291:
Address 4		Address Type	Singapore address	Post Code	329134
Unit No.	01-10	Related Policy Number	5053455767-08		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KALAM ABUL	Driver NRIC	G8274011U	Driver DOB	01/09/1983
Register Date of Driver License	15/09/2020	Driver Age	37	Driving Experience	0
Contact No.(Mobile)	81085806	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	12 LORONG 14 GEYLANG	Address 2		Address 3	SINGAPORE 3989:
Address 4		Address Type	Singapore address	Post Code	398924
Unit No.	#04-15				
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	SKYCAPE PTE LTD	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address	SKYCAPE88@YAHOO.COM	OI Vehicle Number	GBB8282R	TP Vehicle Number		
Claim Description	GBB8282R / SLN5393S ON 28 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	29/01/2021 17:24	
Report Taken By			ROSLINDA	Workshop Repairer	Total Lost but Repaired	
<input checked="" type="checkbox"/> Print AK letter						
<div>Save Submit</div>						

Attachment

Accident No.	MT/1119273	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

29/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

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

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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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 29 Jan 2021 17:23	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	SAS		Normal	SAS 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2021 17:23	Photos		Normal	Photos 2021-1-29

Video List

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