

NATIONAL Assessment Centre Services. part 1 Jan 2003

Date In: 10/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21001987/13	SAS e-filing		
Veh No PC75754	E-mail (within 3hrs, AIC 2hrs)		
DOA 07/09/20 1730	I-Motor Claim Form 10/02	MT/1118958	002
OD - TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PEDESTRIAN 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	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

Claimants Particulars	Invoice Item / Description	Amount (\$)	Added Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI: 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 10/02/2021 10:17 (SGT)
Date of Accident 07/09/2020 17:30 (SGT)
Exact Location of Accident Buffalo Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7575G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE WHITE RABBIT PTE. LTD.
Company Reg No 2XXXXX210W
Email Address rena.lim@lobehold.com
Mobile Phone No (Phone) +65-97887331
Alternative Phone No +65-97887331

VEHICLE PARTICULARS

Manufacturer Mercedes
Model VIANO CDI2.2 EL
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 - Reporting only
Vehicle Category Bus

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5071913815-05
Cover Note Number -

DRIVER

Name of Driver MAZLIN BIN YUSOF
NRIC No SXXXX199C
Date Of Birth 14/08/1966
Occupation Outdoor

Date Of Driving Pass	01/10/1987
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83832969
Alt. Phone Number	-
Email Address	rena.lim@lobehold.com
Address	BLK 230 PASIR RIS ST 21
Address complement	#03-52
Postcode	510230
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAZLAN BIN YUSOF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20200907/2139

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	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	MURUGESAN KARUPPIAH
Passport No/FIN	GXXXX425Q
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	MURUGESAN KARUPPIAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN(PEDESTRIAN)
Injured person in which vehicle?	-
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.



[Signature] 09/02/2021

[Signature] 10/02/21

Policyholder's Signature / Date & Time

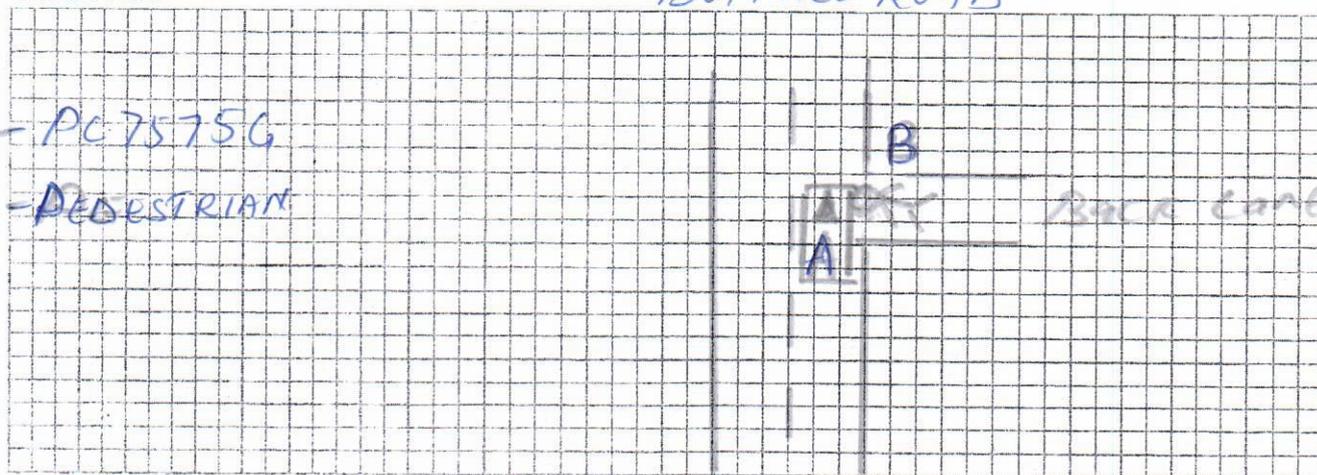
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BUFFALO ROAD

A - PC 7575G
B - PEDESTRIAN



Describe Circumstances of the Accident

Pls refer to the police report: T/20200907/2139

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 09/02/2021

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

[Signature] 10/02/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.



T/20200907/2139

1 of 3

Report No. T/20200907/2139

Suriati Buang
Traffic Police
Date: 27 OCT 2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 23:04	Vide Report No.: A/20200907/0063	Station Diary No.: 76
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Informant's Particulars			
Name of Informant: MAZLIN BIN YUSOF		Address: APT BLK 230 PASIR RIS STREET 21 #03-52 SINGAPORE 510230	
ID Type / ID No.: NRIC NO / S1752199C		Contact No.: Home/Office: Mobile: 83832969	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 14/08/1966	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: TRANSPORTATION		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/09/2020 17:30	Type of Location: Straight Road
Location: BUFFALO ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7575G	Bus/Coach/Mi nibus				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20200907/2139

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3
Report No. T/20200907/2139

CONTINUATION OF REPORT

Driver			
Name	MAZLIN BIN YUSOF		ID No. S1752199C
Related Vehicle	PC7575G (Bus/Coach/Minibus)		Contact No. 83832969
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
Pedestrian			
Name	MURUGESAN KARUPPIAH		ID No. G6421425Q
Related Vehicle	NIL		Contact No. NIL
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 the above date, time and location, I was the driver of vehicle bearing PC7575G.

While I was travelling on the right most lane of 2 lane road along Buffalo Road towards Race Course Road, a pedestrian suddenly came out and dashed from right side hitting onto the front right-side my vehicle. I then alighted from the vehicle and was approached by a Auxiliary Police officer. He informed that they was actually pursuing the pedestrian for a offence prior to him dashing out to the road.

The incident was attended by the Ambulance and the Traffic Police. The Pedestrian was conveyed to the hospital. I wish to state that I do not have any In car CCTV installed.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act / Cap 97.

.....
Suriati Buang
Traffic Police

Date: 27 OCT 2020



**SINGAPORE
POLICE FORCE**



T/20200907/2139

3 of 3

Report No. T/20200907/2139

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 /
Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/09/2020 23:04

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 07/09/2020 (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: BUFFALO ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC7575G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VIENO CD122
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97887331
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MAZZLAN BIN YUSOF (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 81752199C CONTACT: 83832969
c) ADDRESS: BLK 230 PASIR RIS ST 21
#03-52 (510230)

*d) DATE OF BIRTH: (14/08/1966) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 01/10/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) CONVERT

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
()

MAZZLAN
(M)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = renq.lim@lobehold.com

Fax =

VIDEO = NO

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="07/09/2020 17:30"/>
Vehicle No.(For Motor)	<input type="text" value="PC7575G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071913815-05		THE WHITE RABBIT PTE. LTD.	200803210W	GBS	Third Party, Fire & Theft	PC7575G	PC7575G	29/05/2020	28/05/2021

Claim Handling

Accident MT/1118958

Policy No.	5071913815-05	Vehicle No.	PC7575G	GST Registration No.	200803210W
Certificate No.					
Policyholder Name	THE WHITE RABBIT PTE. LTD.			Policyholder NRIC	200803210W
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	27/01/2021 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	07/09/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUFFALO ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/2008
GST Registration No.	200803210W	GST Status Verified	Yes
Modification History	27/01/2021 15:58:20 System changed GST Registration No. from NA to 200803210W 27/01/2021 15:58:20 System changed GST Registration Date from 01/01/2015 to 01/05/2008 27/01/2021 15:58:20 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	267 BEACH ROAD	Address 2	SINGAPORE 199545	Address 3	
Address 4		Address Type	Singapore address	Post Code	199545
Unit No.	10-04/05	Related Policy Number	5071913815-05		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	THE WHITE RABBIT PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC7575G	TP Vehicle Number	
Claim Description	PC7575G / PEDESTRIAN ON 7 Sept 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	10/02/2021 10:25
Date Registered		Report Taken By	ROSLINDA	Workshop Repairer	
				Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1118958	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2021 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

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	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:25	SAS	Normal	SAS 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:25	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:25	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Feb 2021 10:24	Photos	Normal	Photos 2021-2-10

Video List

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