

# NATIONAL Assessment Centre Services.

Part 1 Jan 2003

Date In: 24/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002582/13	SAS e-Mailing		
Veh No FBM 8718T	E-mail (within 3hrs, AIC 2hrs)		
DDA 10/02/21 1530	I-Motor Claim Form	24/02/21 17/1122263-	001
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: *
TP Particulars:	Veh No:	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolrer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( /

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

NA2101702	Invoice Itemization Check	Adm/Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	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) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Inc 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 ..... 24/02/2021 16:57 (SGT)  
Date of Accident ..... 10/02/2021 15:30 (SGT)  
Exact Location of Accident ..... Admiralty Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM8718T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE KANG HOW  
NRIC No ..... SXXXX362F  
Email Address ..... LKHOW1983@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98911838  
Alternative Phone No ..... +65-98911838

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... SNIPER T150  
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 - Reporting only  
Vehicle Category ..... Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5100287353-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEE KANG HOW  
NRIC No ..... SXXXX362F  
Date Of Birth ..... 24/06/1983  
Occupation ..... Indoor

Date Of Driving Pass .....	12/11/2015
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98911838
Alt. Phone Number .....	+65-98911838
Email Address .....	LKHOW1983@GMAIL.COM
Address .....	BLK 679 WOODLANDS AVE 6
Address complement .....	#05-702
Postcode .....	730679
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	SANDY

#### 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? .....	No
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 .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210221/2010

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LEE KANG HOW
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	FBM8718T

Were seat belts worn? .....	No
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

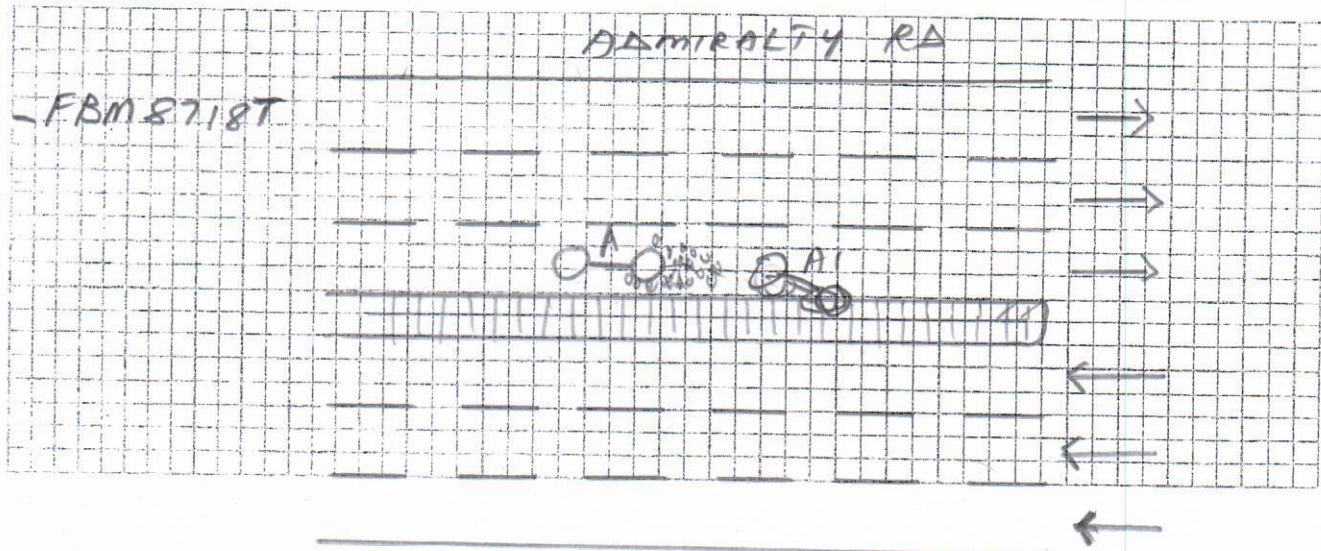
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

*P/s refer to the police report: T/20210224/2010*

**Declaration**

We declare the foregoing particulars are true in every respect.

*24/2/2021*  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

*24/02/21*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20210224/2010

1 of 3

Report No. T/20210224/2010

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2021 09:30	Vide Report No.:	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: LEE KANG HOW			Address: APT BLK 679 WOODLANDS AVENUE 6 #05-702 SINGAPORE 730679	
ID Type / ID No.: NRIC NO / S8366362F			Contact No.: Home/Office: Mobile: 9891 1838	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 37	Date of Birth: 24/06/1983	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CANTEEN ASSISTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2021 15:30	Type of Location: Bend
Location:  ADMIRALTY ROAD				
Weather: Clear		Road Surface: Sandy	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8718T	Motorcycle	YAMAHA	SNIPER T150	Blue	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8718T	NTUC Income Insurance Co-Operative Limited	5100287353-02	27/04/2020	26/04/2021





Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20210224/2010

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEE KANG HOW	ID No.	S8366362F
Related Vehicle	FBM8718T (Motorcycle)	Contact No.	9891 1838
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/02/2021	Date Discharge	23/02/2021
No. of Days granted Medical Leave	35	Degree of Injury	Serious

**Brief Details.**

The accident happened along Admiralty Road opposite the Masjid An-Nur mosque involving my motorbike and the centre road divider.

On 10/02/2021 at around 1530hrs, I was riding my motorbike (FBM8718T) along Admiralty Road towards the Admiralty side at the most right lane. The road surface was sandy and my tire hit some stones on the ground, causing me to lose balance. My motorbike lost balance and both myself and the motorbike was flung towards the divider on my right. I was injured and unable to move. There were passer-by who assisted me and called for ambulance. I was then conveyed to KTPH.

Last week, I received from the police asking me to proceed to TP compound as TP has towed my bike, and retrieve my motorbike after my discharge from the hospital. I was also required to lodge a traffic accident report regarding this. I believed the head of my motorbike is seriously damaged.

I was discharged on 23/02/2021. The primary diagnosis is open wound of axillary region, and I underwent stitches on my right arm and my right forearm.





**SINGAPORE  
POLICE FORCE**



T/20210224/2010

3 of 3

Report No. T/20210224/2010

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**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:

L /

SCCPL ANDY LOW ZHI HAO

Signature Of Interpreter:

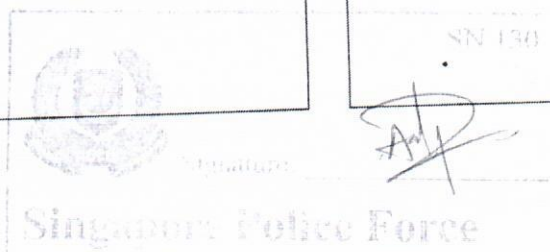
Not applicable

Officer In Charge Of Case:

TP / GIT /

→ Staff Sgt TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:

24/02/2021 09:30

Classification Of Case:

SN 130

## ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 02 / 21) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: ADMIRALTY RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 8718T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE USE  
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: LEE KANLY HOW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8366362F CONTACT: 98911838  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (24 / 06 / 1983) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 12 / 11 / 2015

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

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

6. WAS ANYBODY INJURED (YES / NO) convey

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: KCB 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: \_\_\_\_\_

24/02/21  
waiting for  
veh

Email = dkhow1983@gmail.com

fax =

video =



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

10/02/2021 15:30

Vehicle No.(For Motor)

FBM8718T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100287353-02		LEE KANG HOW	S8366362F	GMC	Comprehensive	FBM8718T	FBM8718T	27/04/2020	26/04/2021

Continue

## Claim Handling

Accident MT/1122263

Policy No.	5100287353-02	Vehicle No.	FBM8718T	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KANG HOW			Policyholder NRIC	S8366362F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98911838	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
<b>Accident Details</b>					
Report Date	24/02/2021 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/02/2021	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ADMIRALTY RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	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	300.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 679 #05-702	Address 2	WOODLANDS AVENUE 6	Address 3	ADMIRALTY PLACE
Address 4	SINGAPORE 730679	Address Type	Singapore address	Post Code	730679
Unit No.	05-702	Related Policy Number	5100287353-02		
<b>OI Driver Info</b>					
Driver Name	LEE KANG HOW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8366362F	Driver DOB	24/06/1983
Register Date of Driver License	12/11/2015	Driver Age	37	Driving Experience	5
Contact No.(Mobile)	98911838	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 679	Address 2	WOODLANDS AVENUE 6	Address 3	ADMIRALTY PLACE
Address 4	SINGAPORE 730679	Address Type	Singapore address	Post Code	730679
Unit No.	#05-702				
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	LEE KANG HOW	Insured NRIC	
Contact No.(Mobile)	98911838	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBM8718T	TP Vehicle Number	
Claim Description	FBM8718T ON 10 Feb 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered		Claim Close Date	24/02/2021 18:10	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1122263	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date24/02/2021 00:00

Path \*

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

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Choose FileNo file chosen

Message Read

Clear

Please Select

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Clear

Please Select

Confidential

Urgency \*

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	SAS		Normal	SAS 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:10	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Feb 2021 18:09	Photos		Normal	Photos 2021-2-24

Video List

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