

# NATIONAL Assessment Centre Services

(Ref: 3000)

Date In: 06/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003000/13	SAS e-filing		
Veh No: SJK2940Y	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A: 06/03/21 1020	i-Motor Claim Form 06/03 17/1123417-001		
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: 4L6045Y	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

NA2101996

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
Cat. 1:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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	06/03/2021 14:42 (SGT)
Date of Accident	06/03/2021 10:20 (SGT)
Exact Location of Accident	Jurong West Ave 2, Singapore
Additional Location Information	INTO PIE TWDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2940Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BONG HUI
NRIC No	SXXXX524G
Email Address	875875.TH@GMAIL.COM
Mobile Phone No	(Phone) +65-97126151
Alternative Phone No	+65-97126151

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104632658-02
Cover Note Number	-

#### DRIVER

Name of Driver	TAN BONG HUI
NRIC No	SXXXX524G
Date Of Birth	30/07/1952
Occupation	Outdoor

Date Of Driving Pass .....	28/02/1977
Driving experience .....	44 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97126151
Alt. Phone Number .....	+65-97126151
Email Address .....	875875.TH@GMAIL.COM
Address .....	BLK 845 WOODLANDS STREET 82
Address complement .....	#07-135
Postcode .....	730845
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	YL6045Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SH8921Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	TAN BONG HUI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SJK2940Y
Were seat belts worn? .....	Yes
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 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

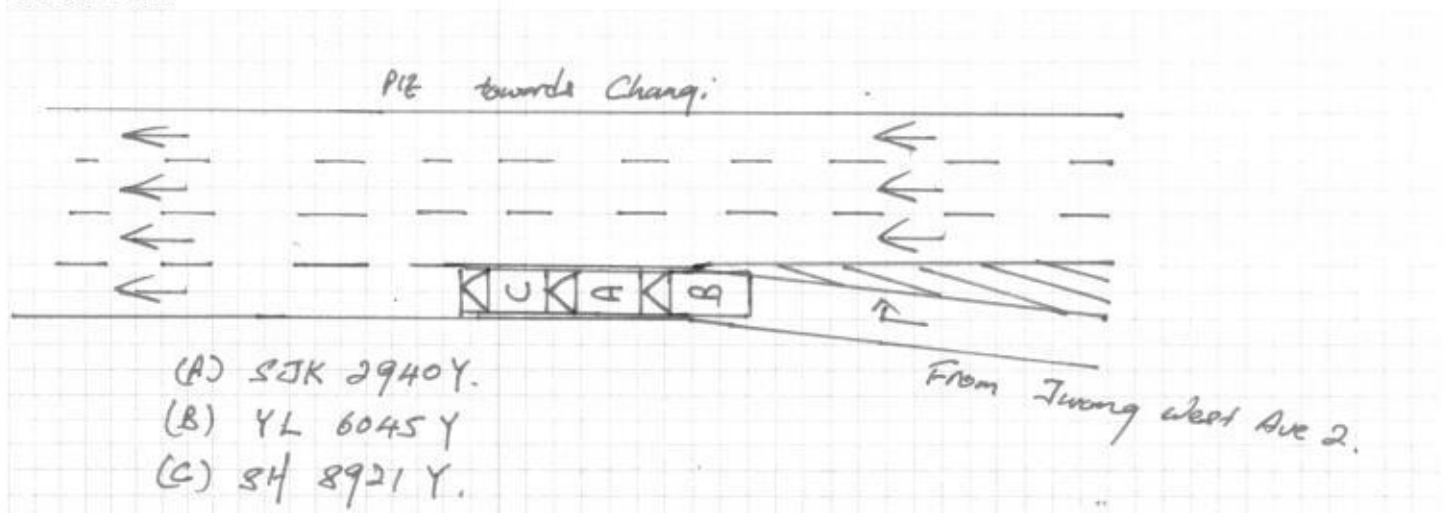
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On 06/03/2021 at @ 1020 hrs, I was travelling in my vehicle (SJK 2940 Y) along Juring West Ave 2, entrance to P/E towards Changi. A taxi (SH 8921 Y) in front of me slow down and stopped due to vehicles ahead stopped. I slow down and stopped too. Suddenly, a lorry (YL 6045 Y) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the taxi ahead of me.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

VEHICLE NO:	SJK 2940 Y		MAKE & MODEL:	Hyundai Avante (AUTO) / MANUAL	
DATE OF ACCIDENT:	06/03/2021		CC:	1.6.	
TIME OF ACCIDENT:	1020 HRS				
LOCATION OF ACCIDENT:	Jurong West Ave 2 into PIE towards Changi				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE (PRIVATE HIRE)				
NAME OF OWNER:	TAN BONG HUI				
TEL NO:	H/P: 97126151		OFFICE:	HOME:	
NRIC:	S 0174524 G.				
ADDRESS:	BLK 845 Woodlands St 82 #07-135 (S) 730845				
EMAIL:	875875.th@gmail.com.				
CLAIM TYPE:	OD / (THIRD PARTY) REPORTING ONLY				
FLEET POLICY:	YES (NO?)				
INSURANCE COMPANY:	NTUC.				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	5104632658-02.				
NAME OF DRIVER:	(AS ABOVE) / IF NO:				
NRIC:	ANY PASSENGER: 01 (M).				
DATE OF BIRTH:	30/07/1952.		LICENCE PASSED DATE:	28/02/1977.	
OCCUPATION:	(OUTDOOR) / INDOOR				
GENDER:	(MALE) / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		(INSURER):		
RELATIONSHIP:	Owner.				
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	(DRY) / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	TAN BONG HUI (H/P: 97126151).				
NAME & CONTACT:					
POLICE REPORT:	(NO) / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?				
VEHICLE B REG NO:	YL 6045 Y.		ANY PASSENGERS: 01 (M).		
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:	SH 8921 Y.		ANY PASSENGERS: 01 (F)		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / (NO) Card Corrupted.				
WAS THERE ANY AUDIO RECORDED?	YES / (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO				
ACCIDENT PORTION:	Front and Rear Portion.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / (NO)					
WORKSHOP PARTICULAR:	Twincar.				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5104632658-02

**Cover :** drivo CLASSIC

- |   |                      |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJK2940Y           |
| Chassis Number  | : KMH DU418R9U588537 |
| 2. Name of Policyholder   | : TAN BONG HUI       |
| 3. Effective Date of Insurance  | : 19 Oct 2020        |
| 4. Expiry Date of Insurance   | : 18 Oct 2021        |
| 5. Persons or Classes of Persons entitled to drive#   |                      |
| (a) The Policyholder.   |                      |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                      |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                      |
| 6. Limitations as to Use#   |                      |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                      |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN BONG HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 07 Oct 2020 10:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

## Accident MT/1123417

Policy No.	5104632658-02	Vehicle No.	SJK2940Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAN BONG HUI			Policyholder NRIC	S0174524G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97126151	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	Yes
<b>Accident Details</b>					
Report Date	06/03/2021 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collis
Date of Accident	06/03/2021	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	JURONG WEST AVE 2 INTO PIE TWDS CHANGI				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
<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 845 #07-135	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730845
Unit No.		Related Policy Number	5104632658-02		
<b>OI Driver Info</b>					
Driver Name	TAN BONG HUI	Driver Type	Main Driver	Driver DOB	30/07/195
Unnamed driver Name		Driver NRIC	S0174524G	Driving Experience	13
Register Date of Driver License	01/01/2008	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	97126151	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 845	Address 2	WOODLANDS STREET 82	Post Code	730845
Address 4		Address Type	Singapore address		
Unit No.	#07-135				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	TAN BONG HUI	Inp
Contact No.(Mobile)	97126151	Contact No. (Home)	63651446	Co
Email Address	875875_TH@GMAIL.COM	Vehicle Number	SJK2940Y	TP
Claim Description	SJK2940Y / YL6045Y ON 6 Mar 2021			Ve
Preferred Workshop		Insured Liability	Not at Fault	Nu
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Na
Date Registered	06/03/2021 14:53	Claim Close Date		Pr
Report Taken By	ROSLINDA	Workshop Repairer		Wi
<input type="checkbox"/> Print AK letter				
<div>Save</div> <div>Submit</div>				

## Attachment

Accident No.	MT/1123417	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2021 00:00
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message: None

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 06 Mar 2021 14:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:52	SAS	Normal	SAS 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:52	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:52	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:52	Photos	Normal	Photos 2021-3-6
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:51	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:51	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:51	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:51	Photos	Normal	Photos 2021-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2021 14:51	Photos	Normal	Photos 2021-3-6

## Video List

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