

NATIONAL Assessment Centre Services (wef 10 Jan 05)

Date In: 20/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/21003635/13	SAS e-filing		
Veh No: 8GG1796K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/03/21 1725	i-Motor Claim Form 20/03 MT/1125077-001		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: FBK549C 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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA 2102267	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: 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 20/03/2021 15:57 (SGT)
Date of Accident 19/03/2021 17:25 (SGT)
Exact Location of Accident Queensway, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG1796K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JAGJIT SINGH S/O MOKAND SINGH
NRIC No SXXXX788D
Email Address jagjit220966@gmail.com
Mobile Phone No (Phone) +65-92781622
Alternative Phone No +65-92781622

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sunny
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
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5107161110-01
Cover Note Number -

DRIVER

Name of Driver JAGJIT SINGH S/O MOKAND SINGH
NRIC No SXXXX788D

Date Of Birth 22/09/1966
 Occupation Outdoor
 Date Of Driving Pass 31/12/2016
 Driving experience 4 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92781622
 Alt. Phone Number +65-92781622
 Email Address jagjit220966@gmail.com
 Address BLK 112 HOUGANG AVE 1
 Address complement #03-1114
 Postcode 530112
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name HAIRI
 Gender Male

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/20210319/7027

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 FBK549C
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	JAGJIT SINGH S/O MOKAND SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGG1796K
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 willful 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)**

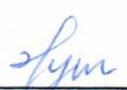
I understand, acknowledge, agree and consent that :

(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 :

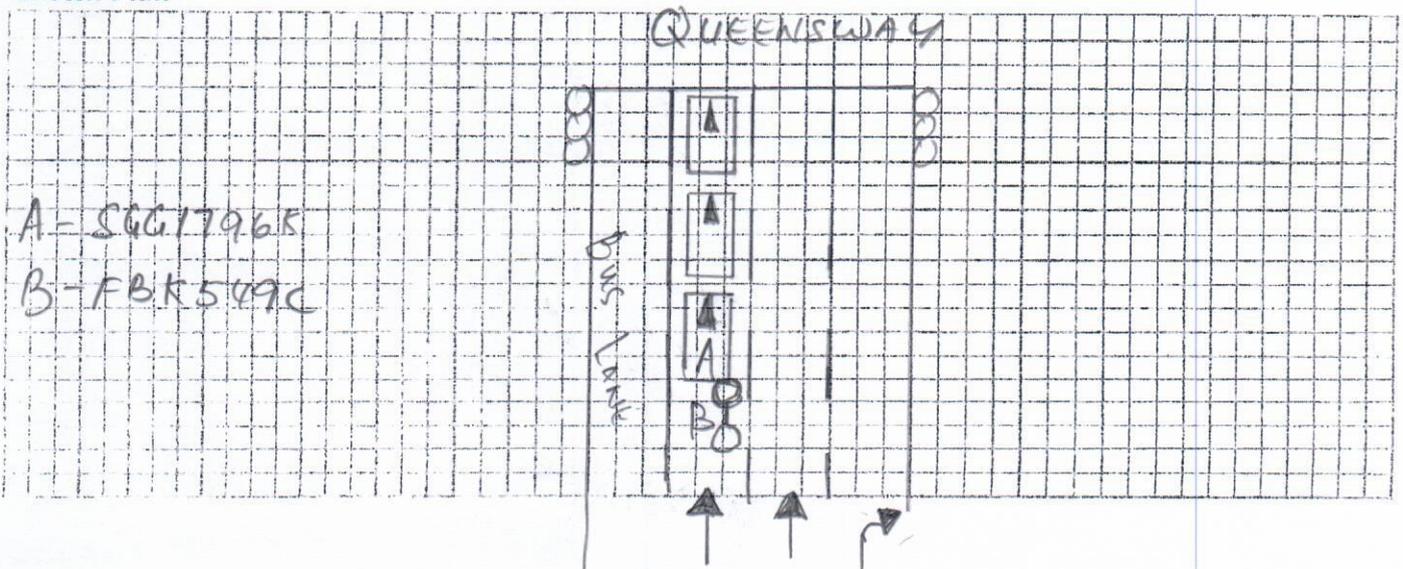
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 20/3/21
Policyholder's Signature / Date & Time

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

 20/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210319/7027

1 of 4

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

Report No. T/20210319/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2021 20:56	Vide Report No.: D/20210319/0096	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: JAGJIT SINGH S/O MOKAND SINGH		Address: 112 HOUGANG AVENUE 1 #03-1114 SINGAPORE 530112	
ID Type / ID No.: NRIC NO / S1737788D		Contact No.: Home/Office:	Mobile: 92781622
Nationality: SINGAPORE CITIZEN		Email: jagjit220966@gmail.com	
Sex: Male	Age: 54	Date of Birth: 22/09/1966	Type of Informant: Driver
Race: Sikh		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2021 17:25	Type of Location: Straight Road
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK549C	Motorcycle				Seriously Damaged	0
SGG1796K	Car	NISSAN	SUNNY 1.6EXA	Beige	Slightly Damaged	1



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

Report No. T/20210319/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG1796K	NTUC Income Insurance Co-Operative Limited	5107161110-01	03/05/2020	02/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	HAIRI	ID No.	NIL	
Related Vehicle	SGG1796K (Car)	Contact No.	81384238	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	JAGJIT SINGH S/O MOKAND SINGH	ID No.	S1737788D	
Related Vehicle	SGG1796K (Car)	Contact No.	92781622	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2A,3 Date of Expiry: NIL	
Date	19/03/2021	Date	19/03/2021	
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SGG1796K WAS STATIONARY BEHIND A FEW VEHICLES AS THE TRAFFIC LIGHT IS RED.

AS THE TRAFFIC LIGHT TURN GREEN, THE VEHICLE IN FRONT START MOVING.

AS I WAS ABOUT TO MOVE, SUDDENLY I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED MY VEHICLE AND REALISED A MOTOR BIKE, BEARING MOTOR PLATE NO: FBK549C HAD BANG ONTO MY VEHICLE AND THE RIDER WAS LYING ONTO THE GROUND.

SHORTLY AFTER, THE AMBULANCE AND TRAFFIC POLICE ARRIVED TO THE ACCIDENT SCENE.

AFTER THE ACCIDENT, I SUFFERED INJURIES ON MY NECK AND BACK. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF



**SINGAPORE
POLICE FORCE**



T/20210319/7027

3 of 4

Report No. T/20210319/7027

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

CONTINUATION OF REPORT

MC.



**SINGAPORE
POLICE FORCE**



T/20210319/7027

4 of 4

Report No. T/20210319/7027

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

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 /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

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:
19/03/2021 20:56

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (19/03/21) (DD/MM/YYYY), TIME: (17:25) (HH:MM)

LOCATION: Queensway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGG1796K
b) INSURANCE COMPANY: NFAIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN SUNNY (A) 1-6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: JAGSIT SINGH S/O MOHAND SINGH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1737788D CONTACT: 92781622
c) ADDRESS: BLOCK 112 HOUGANG AVE 1
#103-1114 (530112)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AK ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

- *d) DATE OF BIRTH: (22/09/1966) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR) 31/12/2016
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBK549C MODEL: _____
b) DRIVER'S NAME: HARI
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(2)

1 male

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =

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

Vehicle No.(For Motor) 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"/>	5107161110-01		JAGJIT SINGH S/O MOKAND SINGH	S1737788D	GPC	drive CLASSIC	SGG1796K	SGG1796K	03/05/2020	02/05/2021

Continue

Claim Handling

Accident MT/1125077

Policy No.	5107161110-01	Vehicle No.	SGG1796K	GST Registration No.	
Certificate No.					
Policyholder Name	JAGJIT SINGH S/O MOKAND SINGH			Policyholder NRIC	S1737788D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92781622	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(%)	0	Private Hire	Yes

Accident Details

Report Date	20/03/2021 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/03/2021	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENSWAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	TP Standard Excess	YIED OD Excess	YIED TP Excess	Driver Is Covered?
		100.00	1,500.00	0.00	0.00	Covered
OD Standard Excess	2,000.00					
Additional Excess	0.00					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			

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 112 #03-1114	Address 2	HOUANG AVENUE 1	Address 3	SINGAPORE 530112
Address 4		Address Type	Singapore address	Post Code	530112
Unit No.		Related Policy Number	5107161110-01		

OI Driver Info

Driver Name	JAGJIT SINGH S/O MOKAND SINGH	Driver Type	Main Driver	Driver DOB	22/09/1966
Unnamed driver Name		Driver NRIC	S1737788D	Driving Experience	4
Register Date of Driver License	31/12/2016	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	92781622	Contact No.(Office)	0	Address 3	SINGAPORE 530112
Address 1	BLK 112	Address 2	HOUANG AVENUE 1	Post Code	530112
Address 4		Address Type	Singapore address		
Unit No.	#03-1114				
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	JAGJIT SINGH S/O MOKAND SI	Insured NRIC	S1737788D
Contact No.(Mobile)	98206809	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGG1796K	TP Vehicle Number	FBK549C
Claim Description	SGG1796K / FBK549C ON 19 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/03/2021 00:00
Date Registered	20/03/2021 16:06	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Attachment

Accident No.	MT/1125077	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2021 00:00

Path *	Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	

Attachment List

Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	SAS		Normal	SAS 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:06	Photos		Normal	Photos 2021-3-20	

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	--	--------