

# NATIONAL Assessment Centre Services

Date In: 20/11/17	Veh description:	Vehicle No: 17022110/13	License No:
Ref No: NA/INC 17022110/13	SAS e-filing:		
Veh No: SJF 17064	E-mail (owner/insurer/assessor):		
DA: 19/11/17 0820	i-Motor Claim Form	MT/0970487	
OD: (P) Reporting Only	i-Motor W/O (claiming OD 2nd 170412)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wash		

Preferred Wksp / INC Assign Wksp / QW: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SBQ 7767L	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

NA1707137	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-Inspection \$75		
	7) NI: (inc DA - SMRI Survey) \$140		
	8) NTUD Additional Services:-		
	OD:		
	*N5: Courtesy Car / Ipt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DV / Collision Excess Coordination	\$5	
QC Checked by (Engr-In-Charge):	TP (N11): TP-Inc INC against INC	\$1	
Auditors' Comments :-	9) N12: Idac Mobile	\$1	
Date 1:	Invoice date	20/11/17	
Date 2/3:	Invoice date	20/11/17	

## 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 ability.
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 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 Report	20/11/2017 17:06
Date Of Accident	19/11/2017 08:20
Exact Location Of Accident	MARINE PARADE ROUNDABOUT(AMBER RD EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1726H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YU LAM
NRIC No	S1368181C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97389202
Alternative Phone No	OTHERS-97389202

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5036999671-08
Cover Note Number	

### Driver

Name of Driver	LIM YI HUI
NRIC No	S8626628H
Date Of Birth	16/09/1986
Occupation	INDOOR
Date Of Driving Pass	19/01/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91821017
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 458 HOUGANG AVE 10 #07-417
Postcode	530458
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SBQ7767L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	


## SKETCH PLAN


### IMPORTANT NOTICE

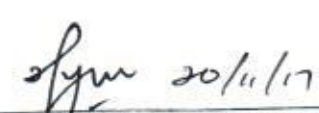
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

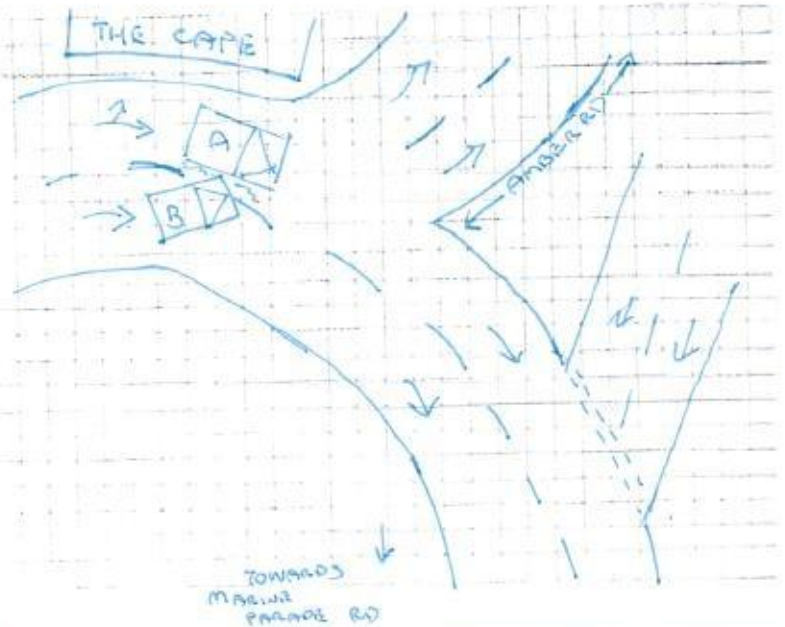
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

VEHICLE A - SSF 1726H  
VEHICLE B - SBQ 7767L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN THE ROUND ABOUT OF MARINE PARADE AT EXIT TO AMBER ROAD. I WAS ON THE LEFT LANE.

WHEN GOING STRAIGHT AHEAD, INTENT TO EXIT AT MARINE PARADE EXIT, SO I WAS STAYING AT THE LEFT OUTER LANE. WHEN COMING TO AMBER ROAD EXIT, SUDDENLY I FELT A GRAB IMPACT FROM THE RIGHT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SBQ 7767L) HAD COLLIDED TO THE RIGHT SIDE OF MY VEHICLE. WHILE I WAS ON THE OUTER LANE TRAVELLING TOWARDS MARINE PARADE EXIT.

VEHICLE A - SSF 1726H  
VEHICLE B - SBQ 7767L

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

<b>Vehicle No.</b>	53F 1726 H	<b>Model / Make</b>	TOYOTA ALTIS
<b>Date of Accident</b>	19/11/17		
<b>Time of Accident</b>	0820	<b>HRS</b>	
<b>Location of Accident</b>	MARINE PARADE ROUND ABOUT (AMBER RD EXIT)		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	LIM GU LAM		
<b>Telephone No.</b>	H/P : 9738 9202	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 1368181 C		
<b>Address</b>	BLK 458 HOUGAAN AVE 10 #07-417 S(530458)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5036999671-08		
<b>Name of Driver</b>	As Above If No, LIM GU HUI		
<b>NRIC</b>	5962662814	<b>Any Passengers :</b>	3
<b>Date of birth</b>	16 SEP 1986		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	19 JAN 2011		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9182 1017	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 458 HOUGAAN AVE 10 #07-417 S(530458)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state SON	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	58Q 9767 L	<b>Any Passengers :</b>	2
<b>Name of Driver</b>			
<b>Vehicle C No.</b>			
<b>Vehicle D No.</b>			
<b>Vehicle E no.</b>			
<b>Vehicle F No.</b>			
<b>Vehicle G No.</b>			
<b>Witness Name</b>			
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TUNCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	SALES@N51.COM.SG		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8626628H



Name

LIM YI HUI

林益輝

Race

CHINESE

Date of birth

16-09-1986

Country/Place of birth

SINGAPORE

Sex

M

S8626628H



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8626628H

Name:

LIM YI HUI

Birth Date: 16 Sep 1986

Issue Date: 19 Jan 2011



0019303088

5733776



NRIC No. S8626628H



Date of issue

24-04-2017

Address

APT BLK 458 HOUGANG AVENUE 10  
#07-417  
SINGAPORE 530458

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 19 Jan 2011



Licence No: S8626628H

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1368181C



LIM YU LAM

林友南

Race  
CHINESE  
Date of Birth  
16-05-1959  
Country of Birth  
SINGAPORE

Sex  
M



0962053



NRIC NO. S1368181C



Blood Group  
B+

Date of issue  
07-07-1994

Address  
APT BLK 458 HOUGANG AVENUE 10  
#07-417  
SINGAPORE 1953



## 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)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5036999671-08	Cover : drive CLASSIC
Index mark and Registration Number of Vehicle	: SJF1726H
Chassis Number	: MR053ZEE106107494
Name of Policyholder	: LIM YU LAM
Effective Date of Insurance	: 22 May 2017
Expiry Date of Insurance	: 21 May 2018
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 business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM YU LAM
NAMED DRIVER (1)	: ANG BOON SUNG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : TAN KOK CHENG ALVIN (00000527703)  
Date of Issue : 04 May 2017 11:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/0970487

Policy No.	5036999671-08	Vehicle No.	SJF1726H	GST Registration No.	
Policyholder Name	LIM YU LAM			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97389202	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		

---

Report Date

20/11/2017 19:33

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Chan

Date of Accident

19/11/2017

Time of Accident hh:mm

08:20

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

MARINE PARADE ROUNDABOUT(AMBER RD EXIT)

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 458 #07-417	Address 2	HOUGANG AVENUE 10	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5036999671-08		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LIM YI HUI	Driver NRIC	S8626628H	Driving Experience	
Register Date of Driver License	19/01/2011	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	91821017	Contact No.(Office)	0	Address 3	
Address 1	BLK 458	Address 2	HOUGANG AVENUE 10	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#07-417				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LIM YU LAM	Insured NRIC	
Contact No.(Mobile)	97389202	Contact No.(Home)	63878343	Contact No.(Office)	
Email Address		OI Vehicle Number	SJF1726H	TP Vehicle Number	
Claim Description	SJF1726H / SBQ7767L ON 19 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	20/11/2017 19:38	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/0970487	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 00:00
Path *	<div> <div></div> <div>Browse...</div> <div>Clear</div> </div> <div> Category * <div> <div>Normal</div> <div>Confidential</div> <div>Urgency</div> </div> </div>		

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:38	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:38	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 19:37	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>