

NATIONAL Assessment Centre Services

(Ref: 1-2-2005)

MMA 117153495

Date In: 29/11/17 13:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022429/h4	SAS e-filing		
Veh No: SJA 1395 E	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 7/11/17 17:05	i-Motor Claim Form	MT/0971151	25/11/17 14:34
OD: <input checked="" type="checkbox"/> 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: SH 8845 J	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
Driver/Owner:	1) AR : Accident Reporting (\$30);	30.00	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) PT : 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:-		
	OP:		
	*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 \$0		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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 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	24/11/2017 13:58
Date Of Accident	07/11/2017 17:05
Exact Location Of Accident	JUNC OF CHARLTON RD & AROOZOO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1395E
Insured/Policyholder	
Name Of Registered Owner	AB ZONE
Co Reg No	53098876C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98500175

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5
Exact Purpose for which vehicle was being used at time of accident	WORKING TIME
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5094227527
Cover Note Number	-

Driver

Name of Driver	TEO KENG SOON (ZHANG QINGSHUN)
NRIC No	S7207931J
Date Of Birth	05/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98500175
Fax Number	
Contact Number	
Email Address	KELVINTEO3000@ICLOUD.COM

Address	BLK 142 LORONG AH SOO #04-237
Postcode	530142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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)	1

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

PLEASE REFER TO ATTACHED STATEMENT. REMARK: VEH HAVE BEEN SOLD

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8845J
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)	2

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.

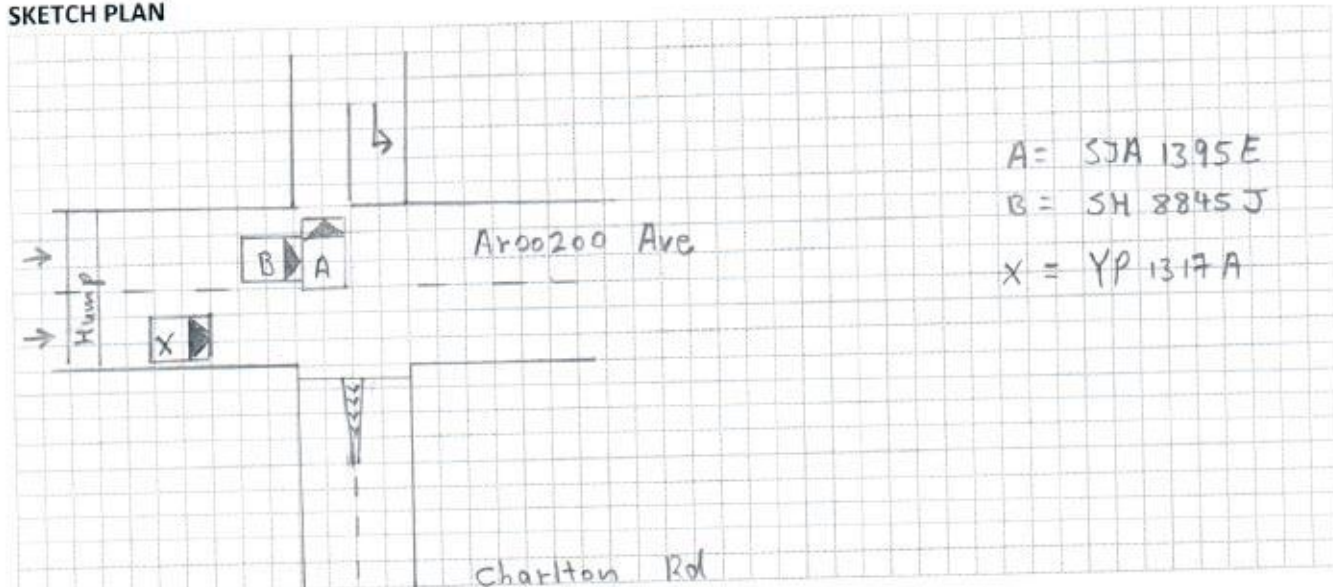


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

I STOP BEFORE THE STOP LINE AT THE CHARLTON RD TO CHECK THE TRAFFIC ON AROOZOO AVE BEFORE I CROSS OVER TO OPPOSITE. THERE WAS A STATIONARY VEH (BEARING NO YP1317A) AT THE AROOZOO AVE AT THE ROAD SIDE, AFTER CHECKING THE TRAFFIC WAS CLEAR, I STARTED TO CROSS THE JUNC, WHILE MY VEH ALREADY HALF BODY TO THE JUNCTION. SUDDENLY A TAXI CAME FROM AROOZOO AVE WITH HIGH SPEED HIT ONTO MY VEH LEFT HAND SIDE DOOR. AFTER THE INCIDENT, THE STATIONARY VEH HAVE SEEN THE WHOLE INCIDENT HAPPENED, THAT GUY (YP1317A DRIVER) SAW THE TAXI CROSS THE HUMP AND HE SAW THE BEHIND PASSENGER BOUNCE UP. BUT THE DRIVER REFUSE TO BECOME MY WITNESS. I LODGE THE ACCIDENT REPORT ON THE NEXT DAY AT THE MOTOR STOP WORKSHOP BUT THEY NEVER HELP ME SUBMIT THE REPORT THAT WHY I DELAY UNTIL I RECEIVED A CALL FROM OTHER CAR DEALER TO INFORM ME THAT I NEVER LODGE THE REPORT. ATTACHED IS A COPY OF A MANUAL REPORT FROM THE SAY WORKSHOP.



AB Zone

No 61 Ubi Ave 2

#02-03 Automobile Megamart Singapore 408898

Tel: (65) 6286 4001 Fax: (65) 6286 0117 Email: abzone@singnet.com.sg

AB ZONE

756 Upper Serangoon Road #03-04 10

Upper Serangoon Shopping Centre

Singapore 534626

Tel: 6286 4001 Fax: 6286 0117

Reg No. 53098876C

No: 0442

SALES AGREEMENT

Date: 1-11-2017

By this agreement, I/WE MOKHTAR BIN AWANG
Address: BLK 208B PUNGGOL PLACE #03-922 S'822202
NRIC/Passport/Bus. Reg No.: S7916824F
Tel No: _____ Office No: _____ Hp No: 98588679

Hereby agree to purchase from AB ZONE

PARTICULARS OF VEHICLE:

Make / Model:	<u>TOYOTA VIOS 1.5J</u>	Registration Number:	<u>SJA 1395 E</u>
Chassis No:	<u>AS PER VC</u>	Engine No.:	<u>AS PER VC</u>
Original Reg. Date:	<u>28 NOV 2007</u>	No. of Transfer:	<u>01</u>
C.O.E.:	<u>5 YEARS NEW COE</u>	Road Tax:	<u>27 NOV 2017</u>
Remarks:			

Price Agreed:		\$ 36500
Deposit:	NETS	\$ 500
Balance Due:		\$ 36000

Balance amount due must be made on or before the vehicle is collected on _____

This vehicle is sold as on a "as is where" basis. No guarantee or warranty of its state & condition or as to its genuineness or authenticity particulars of its registration card or as to the Purchaser's eligibility to obtain a financier is furnished by AB ZONE. The terms & conditions herein comprise the whole agreement and no further terms or conditions shall be deemed to be implied herein inter alia by representations prior to the execution hereto. If the balance due amount is not paid on or before the date the vehicle is to be collected or no valid insurance policy is produced by the Purchaser on the date the vehicle is to be collected or the vehicle is not collected or the vehicle cannot be transferred to the Purchaser due to Purchaser's default or incapacity, AB ZONE may elect either to terminate this agreement and forfeit the deposit with liberty to resell the vehicle without having to account to the Purchaser or confirm the agreement, claim for the selling price amount against the Purchaser with interest at 8% per annum and storage charges of S\$80 per day commencing the day after the vehicle was to be collected. Time shall be the essence. Knowledge or acquiescence of any branch shall not operate as or deemed to be waiver. Inhouse car Financing & motor Insurance.

AB Zone

Authorized Signature

I/We agreed to the terms & conditions stated above

Purchaser Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 07/11/2017 (DD/MM/YYYY), TIME: 17:05 (HH:MM)

LOCATION: JUNC OF CHARLTON ROAD AND AROO200 AVE.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STA 1395 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5094227527
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA VIOS 1.5A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING 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: AB ZONE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98500175
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Keng Soon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98500175
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 9845 J 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: _____

warning letter. Sold vehicle

email = Kelvinteo3000@icloud.com
 fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7207931J



Name
TEO KENG SOON
(ZHANG QINGSHUN)
張 庆 顺

Race
CHINESE

Date of Birth
05-03-1972

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7207931J
Name:

TEO KENG SOON
(ZHANG QINGSHUN)

Birth Date: 05 Mar 1972
Issue Date: 17 May 2003




0411048




NRIC No: S7207931J

Blood Group: AB+ Date of Issue: 30-06-1992

APT BLK 142 LORONG AH SOO #04-237
SINGAPORE 530142


NRIC No: S7207931J Date: 21-04-2002

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Jun 1999

NP 428A

Licence No: S7207931J



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094227527	AB ZONE	53098876C	GMT	Third Party		TED KENG SOON/S72079311_TED BEE GEOK /S0628201F_LOW YONG KING/S7403976F	12/09/2017	11/09/2018

Claim Handling

Accident MT/0971151

Policy No.	5094227527	Vehicle No.		GST Registration No.	
Policyholder Name	AB ZONE	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTOR TRADE INSURANCE	Motor Trade Driver Name	TEO KENG SOON (ZHANG QING)	Loading	
Motor Trade Plate No.	SJA1395E	Contact No.(Office)		Motor Trade Driver NRIC	
Contact No.(Mobile)	98500175	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No				

Accident Details

Report Date	25/11/2017 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross
Date of Accident	07/11/2017	Time of Accident hh:mm	17:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CHARLTON RD & AROOZOO AVE				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAF	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5094227527		

OI Driver Info

Driver Name	TEO KENG SOON	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S7207931J	Driving Experience	
Register Date of Driver License	12/06/1999	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	98500175	Contact No.(Office)		Address 3	
Address 1	BLK 142 #04-237	Address 2	LORONG AH SOO	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	04-237	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AB ZONE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number		TP Vehicle Number	
Claim Description	/ SH8845J ON 7 Nov 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	25/11/2017 14:33	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0971151	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/11/2017 14:34
Path *		Category *	Confidential Urgency

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2017 14:33	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"/>