

|                            |  |                       |                |
|----------------------------|--|-----------------------|----------------|
| Date In: 27/11/17 14:53    | Job description                          | Date & Time Completed | Done by:       |
| Ref No: MA/INC 17022524/h4 | SAS e-filing                             |                       |                |
| Veh No: 6G2 1770 J         | E-mail (within 8hrs/AIC 2hrs)            |                       |                |
| D.O.A: 25/11/17 10:35      | i-Motor Claim Form                       | MT/ 0971346           | 27/11/17 17:46 |
| OD / TP / Repairing 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:

Pedestrian

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 &amp; 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                   |             | Ant (\$) | Ant (\$) |
|                                 |   |             | 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              |             |          |          |
| Auditors' Comments :-           | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) N1: Idac DA + SMRI Survey \$160              |             |          |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |          |
|                                 | OT:   |             |          |          |
|                                 | *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 (N-n INC) against INC \$20         |             |          |          |
|                                 | 9) N12: Idac 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 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             | 27/11/2017 14:53             |
| Date Of Accident           | 25/11/2017 10:35             |
| Exact Location Of Accident | WATERWAY POINT DROPOFF POINT |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SGZ1770J        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | TCH COMPANY     |
| Co Reg No                   | 53349315C       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-98771401 |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | AXIO           |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL     |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO             |
| If No, Please state action to be taken                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE HIRE   |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5086622170-01                          |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN CHIN HENG         |
| NRIC No              | S1359398A             |
| Date Of Birth        | 09/09/1959            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 29/10/1977            |
| Driving Experience   | 40 YEARS AND 0 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98771401  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |



|   |                                 |
|---|---------------------------------|
| Address   | BLK 262B COMPASSVALE ST #13-103 |
| Postcode  | 542262                          |
| 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   | COLLIDED INTO PEDESTRIAN |
| 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?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | SENGKANG NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800 - 3438999 - FAX NO:   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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         | PEDESTRIAN |
| 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.



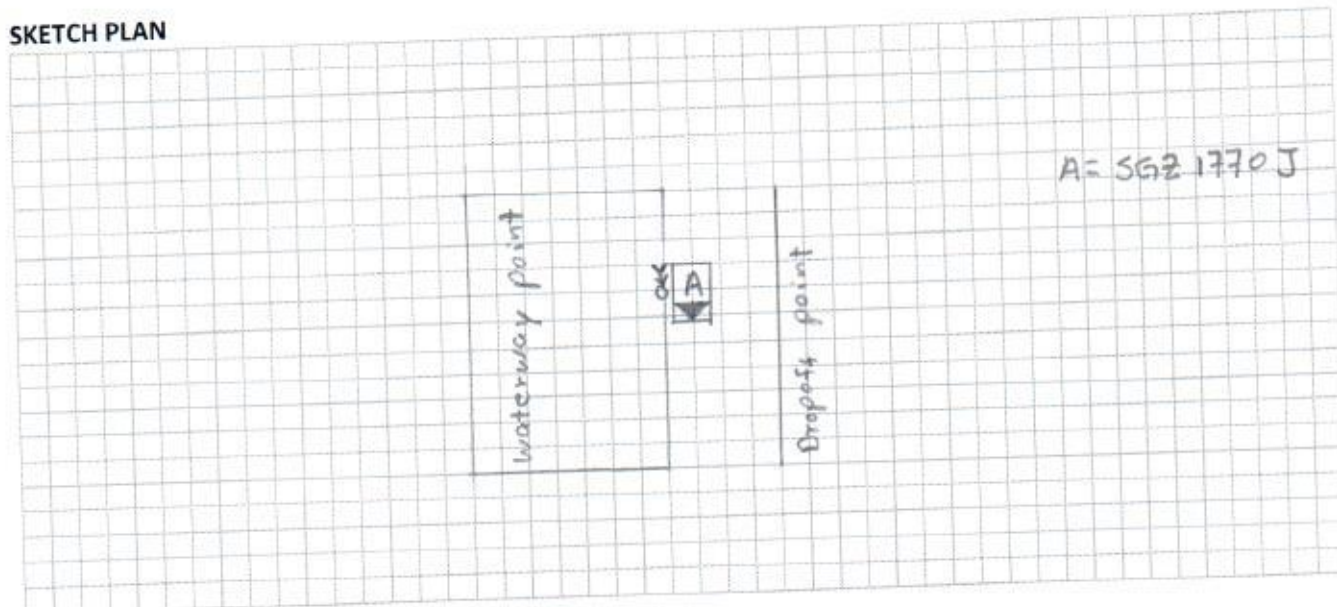
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:

*[Signature]*

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

*[Signature]*



**SINGAPORE  
POLICE FORCE**



F/20171126/2020

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20171126/2020

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

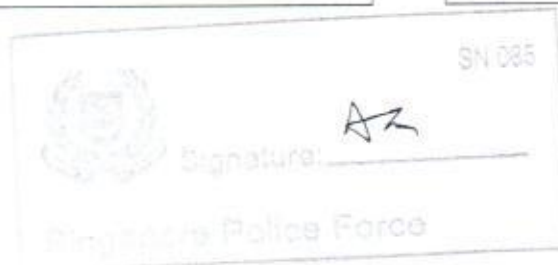
|   |   |                         |
|---|---|-------------------------|
| Date/Time Report Made<br>26/11/2017 06:17 | Vide Report No.   | Station Diary No.<br>15 |
| Name Of Informant<br>TAN CHIN HENG        | Address<br>APT BLK 262B COMPASSVALE STREET #13-103<br>SINGAPORE 542262        |                         |
| ID Type / ID No.<br>NRIC NO / S1359398A   | Contact No.<br>Home/Office<br>Mobile<br>98771401                              |                         |
| Nationality<br>SINGAPORE CITIZEN          | Email Address   |                         |
| Occupation<br>GRAB DRIVER                 | Sex<br>Male   | Age<br>58               |
| Institution/School Name                   | Date of Birth<br>09/09/1959   | Race<br>Chinese         |
| Date/Time Of Incident<br>25/11/2017 10:35 | Location Of Incident<br>83 PUNGGOL CENTRAL WATERWAY POINT<br>SINGAPORE 828761 |                         |

**Brief details.**

On the 25/11/2017 at about 1035hrs, I am driving grab car, SGZ1770J, with 3 passengers onboard towards Waterway Point. After alighting them at Waterway Point, I did not checked on my right side and when one male and female passenger alighted from the left side and close their door, I started to drive off. I did not realized that the other female passenger on my right side was still taking her stuff and she shouted in pain as the tire of my car went across her feet. When I saw blood oozing out from her toe, I immediately send her to Khoo Teck Puat Hospital. I had informed Grab about the incident and they asked

|   |                                       |
|---|---------------------------------------|
| Signature Of Officer Recording The Report:<br>F / Staff Sgt AARON ANG WEI YANG <i>AA</i>                    | Signature Of Informant:<br><i>tan</i> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>26/11/2017 06:17        |
| Officer In-Charge Of Case:<br>F / Sengkang N.P.C /<br>Staff Sgt AARON ANG WEI YANG<br>Contact No.: 63438999 | Classification Of Case:               |

Authentication Stamp





SINGAPORE  
POLICE FORCE



F/20171126/2020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171126/2020

me to lodge a police report first before proceeding to do a report with NTUC income as the passenger will claim insurance against my company. I am lodging this report for insurance reporting purposes.

Signature Of Officer Recording The Report:

F / Staff Sgt AARON ANG WEI YANG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Staff Sgt AARON ANG WEI YANG  
Contact No.: 63438999

Signature Of Informant:

Date/Time:  
26/11/2017 06:17

Classification Of Case:

Authentication Stamp





**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1359398A**  
 Name: **TAN CHIN HENG**

Birth Date: **09 Sep 1959**  
 Issue Date: **16 Sep 2003**

000842574F




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1359398A**

Name: **TAN CHIN HENG**

陈 振 兴  
 Race: **CHINESE**  
 Date of birth: **09-09-1959** Sex: **M**  
 Country of birth: **SINGAPORE**





S1359398A

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 10 May 1978 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 10 May 1978 |
| Class 2 Motorcycles exceeding 400 cc   | 10 May 1978 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms                                     | 29 Oct 1977 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms                                       | 18 Feb 1981 |
| Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 04 Jul 1981 |

Licence No: **S1359398A**



NP 428A

4713467



NRIC No. **S1359398A**



Date of issue: **28-04-2011**

Address: **APT BLK 262B COMPASSVALE STREET  
 #13-103  
 SINGAPORE 542262**

eBaoTech

General Claim

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"/> | 5086622170-01 | TCH COMPANY       | 53349315C         | GCV     | Comprehensive | SGZ1770J    | SGZ1770J       | 30/09/2017    | 29/09/2018  |



## Claim Handling

Accident MT/0971346

|                     |   |                     |   |                      |  |
|---------------------|---|---------------------|---|----------------------|--|
| Policy No.          | 5086622170-01   | Vehicle No.         | SGZ17703  | GST Registration No. |  |
| Policyholder Name   | TCH COMPANY   | Cover Type          | Comprehensive   | Policyholder NRIC    |  |
| Product Code        | COMMERCIAL VEHICLE INSURANCE                                  | Contact No.(Office) |   | Loading              |  |
| Contact No.(Mobile) | 98771401  | 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(%)  | 20  | eCode Reason         |  |
| NCD Protection      | No  |                     |   |                      |  |

Report Date

27/11/2017 17:38

Date of Accident

25/11/2017

Reporting Centre

Accident Location

WATERWAY POINT DROPOFF POINT

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

10:35

Orange Force

Accident Type

Collided into Per

Country of Accident

Singapore

ICM No.

Own damage Excess

2,000.00

Unnamed Driver Excess

Third Party Excess

2,000.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Address 1

BLK 262B #13-103

Address 2

COMPASSVALE STREET

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

13-103

Related Policy Number

5086622170-01

Driver Name

Unnamed Driver

Unnamed driver Name

TAN CHIN HENG

Register Date of Driver License

29/10/1977

Contact No.(Mobile)

98771401

Address 1

BLK 262B #13-103

Address 4

Unit No.

13-103

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Type

Unnamed Driver

Driver NRIC

S1359398A

Driver Age

58

Contact No.(Office)

Address 2

COMPASSVALE STREET

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001

New

|   |                                      |                         |                                  |                     |  |
|---|--------------------------------------|-------------------------|----------------------------------|---------------------|--|
| Claim Type *  | OD-MX                                | Insured Name            | TCH COMPANY                      | Insured NRIC        |  |
| Contact No.(Mobile)                                 | 98771401                             | Contact No.(Home)       |                                  | Contact No.(Office) |  |
| Email Address                                       |                                      | OI Vehicle Number       | SGZ17703                         | TP Vehicle Number   |  |
| Claim Description                                   | SGZ17703 / PEDESTRIAN ON 25 Nov 2017 |                         |                                  |                     |  |
| Preferred Workshop Contact No.                      | 0                                    | Insured Liability *     | Partially at Fault               | GIA report          |  |
| Require Finalisation                                | Yes                                  | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received       |  |
| Date Registered                                     | 27/11/2017 17:45                     | Claim Close Date        |                                  |                     |  |
| Report Taken By                                     | LIEW SHAN HUI                        |                         |                                  |                     |  |
| <input checked="" type="checkbox"/> Print AK letter |                                      |                         |                                  |                     |  |
| <div>Save Submit</div>                              |                                      |                         |                                  |                     |  |

## Attachment

|                    |   |              |                  |
|--------------------|---|--------------|------------------|
| Accident No.       | MT/0971346  | Claim No.    | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No               | Upload Date  | 27/11/2017 17:46 |
| Path *             | <div> <div>Browse...</div> <div>Clear</div> <div>Please Select</div> </div> |              |                  |
|                    | Category *  | Confidential | Urgency          |
|                    |   | 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 27 Nov 2017 17:46 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | SAS                   | Normal  | SAS           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:46 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | Photos                | Normal  | Photos        |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 17:45 | 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"/> |