

# NATIONAL Assessment Centre Services. [wef 1 Jan'09] MNA17160128

Date In: 5/12/17-11:25	Job description	Date & Time Completed	Done by
Ref No: NA/NC17023031/24	SAS e-filing		
Veh No: 5475997C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/12/17-02:20	i-Motor Claim Form	MT/0972383	5/12/17 12:26
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SL6378M	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% P: 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

NA1707490	<b>Invoice Preparation Checklist</b>	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	05/12/2017 11:05
Date Of Accident	03/12/2017 02:20
Exact Location Of Accident	JUNC CRAWFORD ST & BEACH RD TWDS RITZ CARLTON HTL
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5997C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VERTICAL ALLIANZ SERVICES
Co Reg No	53199889D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA URBAN HYBRID 1.5X A
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	THIRD PARTY
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	5088217088
Cover Note Number	

#### Driver

Name of Driver	FOO YONG HAN ALVIN
NRIC No	S6934278G
Date Of Birth	08/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94891887
Fax Number	
Contact Number	OFFICE-94891887
Email Address	NOEMAIL

Address	BLK 8 BOON KENG ROAD #01-152
Postcode	330008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	5

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20171203/2010.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC3278M
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)	1

#### 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.

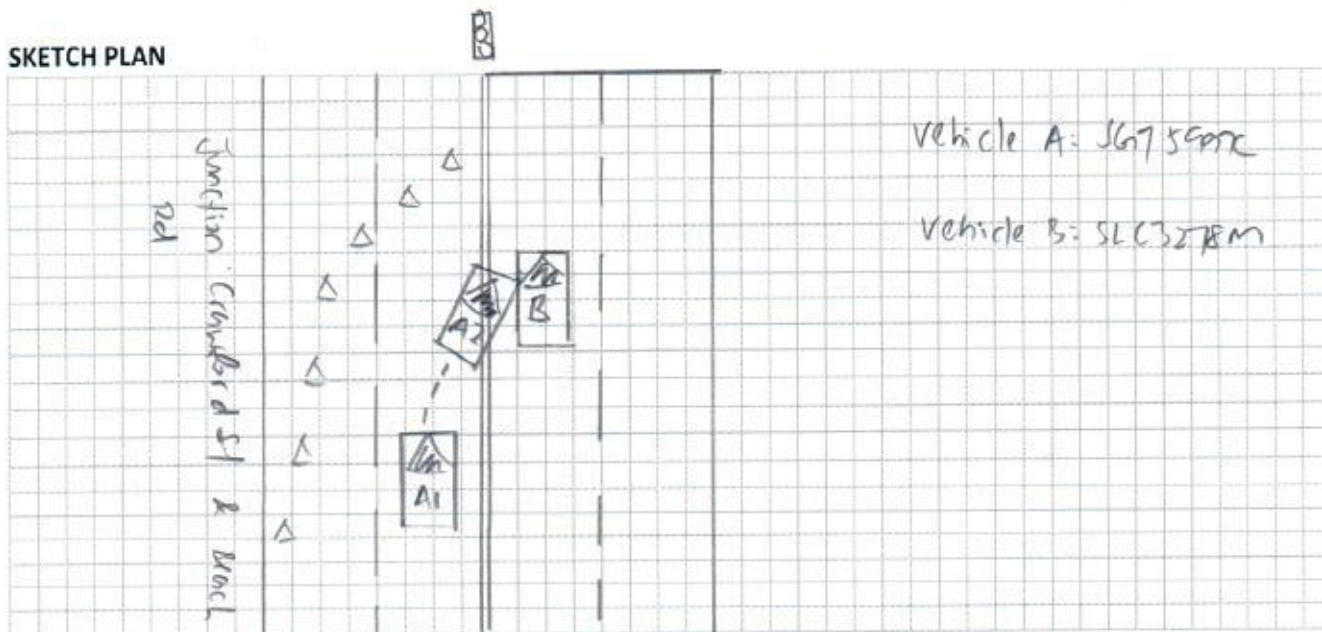


Policyholder's Signature  
Date & Time:

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

Refer to police report - 6/2017/203/2012.

### 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.:





**SINGAPORE  
POLICE FORCE**



G/20171203/2010

1 of 3

**POLICE REPORT (NP299)**

Report No. G/20171203/2010

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 03/12/2017 03:59	Vide Report No. G/20171203/0033	Station Diary No. 5
Name Of Informant FOO YONG HAN ALVIN	Address APT BLK 8 BOON KENG ROAD #01-152 SINGAPORE 330008	
ID Type / ID No. NRIC NO / S6934278G	Contact No. Home/Office Mobile 94891887	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation UBER DRIVER	Sex Male	Age 48
Institution/School Name	Date of Birth 08/10/1969	Race Chinese
Date/Time Of Incident 03/12/2017 02:20	Location Of Incident CRAWFORD STREET SINGAPORE	

**Brief details.**

I am currently working as an Uber Driver for the past 1 year.

On 03/12/2017 at about 0220hrs, I was driving along Crawford Street towards Beach Road heading towards Ritz Carlton Hotel to alight my passenger. There was a road closure on one of the lanes at Crawford Street and I have to change to the right lane to turn right. There were two lanes to turn right towards Beach Road however only one lane is opened.

Signature Of Officer Recording The Report: G / Sgt 2 GNOH JUN XIAN, FREDERICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2017 03:59
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 MUNIRA BEE BINTE YAHAYA Contact No.: 62447200	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20171203/2010

2 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. G/20171203/2010**

I then signaled my intentions and inched forward a little and waited for the traffic to clear before I changed lane. Out of a sudden, one white Honda Vezel going straight passed by my vehicle and I can hear some scratch sound. My vehicle had some scratches due to this incident. The white Honda Vezel then waited for me at the road side of Caltex petrol station. I then parked behind him.

There was one Chinese who is estimated to be in his 50s alighted from the vehicle and walked towards my vehicle. The Chinese then claimed that I collided onto his vehicle. The Chinese guy then asked me which lane I am driving and insisted that I am on the wrong lane. The Chinese guy was unreasonable and I do not want to continue arguing with him and so I drove off. I also had four passengers in my vehicle at that point of time.

I realised that one car have been tailing me until I dropped off my passenger at Ritz Carlton hotel. I do not know if it is the same white Honda Vezel. I then ignored the vehicle and headed to pick the next passenger at Marina Bay Sands.

I was driving along Stamford Road when suddenly one Red Honda Vezel cut into my lane and stopped in front of my car. Two young Chinese male who is estimated to be in their early 20s alighted from the red Honda Vezel and approached my vehicle. Both of them asked me to alight from my vehicle. I then sensed something was wrong and quickly locked my doors. One of the guys then stood in front of my vehicle and hit onto the bonnet once. The same guy then had something in his right hand which looked like a mobile phone to me and hit onto my windscreen once. The guy was wearing a blue shirt.

I faster reversed and drove off. I drove towards Nicoll Highway and called for 999. I was then told by the

Signature Of Officer Recording The Report:

G / Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 2 MUNIRA BEE BINTE YAHAYA  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
03/12/2017 03:59

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20171203/2010

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171203/2010

operator to drive to Geylang police station to seek help. I lost sight of them at Paya Lebar Road opposite of Geylang Police station. I wish to inform that I did not noticed both of their vehicle registration number. I will check it on my vehicle camera and provide the registration number.

Signature Of Officer Recording The Report:

G / Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 2 MUNIRA BEE BINTE YAHAYA  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
03/12/2017 03:59

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S6934278G**

Name **FOO YONG HAN ALVIN**

Birth Date: **08 Oct 1969**

Issue Date: **08 Dec 2003**

001041613A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6934278G**

Name **FOO YONG HAN ALVIN**

待永汉

Race **CHINESE**

Date of birth **08-10-1969**

Sex **M**

Country/Place of birth **SINGAPORE**







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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jan 1990

NP 428A

Licence No: **S6934278G**

5207562

**S6934278G**

NRIC No. **S6934278G**

Date of issue **01-08-2013**

Address **APT BLK 8 BOON KENG ROAD  
#01-152  
SINGAPORE 330008**







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 type="radio"/>	5088217088	VERTICAL ALLIANZ SERVICES	53199889D	GPC	drive PREMIUM	SGT5997C	SGT5997C	02/03/2017	01/03/2018

## ▼ Policy Information

Policy No.	5088217088	Policyholder Name	VERTICAL ALLIANZ SERVICES	Policyholder NRIC	53199889D
Address	BLK 8 ##01-152 BOON KENG ROAD SINGAPORE 330008				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/03/2017	Effective Date	02/03/2017 00:00	Expiry Date	01/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	VENTURE CARS PTE. LTD.	Agent Tel.	62898800	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 8 #01-152	Address 2	BOON KENG ROAD	Address 3	SINGAPORE 330008
Address 4		Address Type	Singapore address	Post Code	330008
Unit No.	01-152	Related Policy Number	5088217088		

## ► Insured Object: SGT5997C

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/03/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Mar 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SGT5997C

Continue

Cancel



## Claim Handling

Accident MT/0972383

Policy No.	5088217088	Vehicle No.	SGT5997C	GST Registration No.	
Policyholder Name	VERTICAL ALLIANZ SERVICES			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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		

**Accident Details**

Report Date	05/12/2017 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Date of Accident	03/12/2017	Time of Accident hh:mm	02:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CRAWFORD ST & BEACH RD TWDS RITZ CARLTON HTL				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 8 #01-152	Address 2	BOON KENG ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-152	Related Policy Number	5088217088		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	FOO YONG HAN ALVIN	Driver NRIC	S6934278G	Driving Experience	
Register Date of Driver License	10/01/1989	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	94891887	Contact No.(Office)	0	Address 3	
Address 1	BLK 8	Address 2	BOON KENG ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	01-152	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	VERTICAL ALLIANZ SERVICES	Insured NRIC	
Contact No.(Mobile)	94891887	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	vert.allianz@gmail.com	Of Vehicle Number	SGT5997C	TP Vehicle Number	
Claim Description	SGT5997C / SLC3278M ON 3 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	05/12/2017 12:26	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0972383	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/12/2017 12:27
Path *	<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/>		
Category *	<input type="text"/> Please Select <input type="button" value="NO"/> <input type="button" value="Normal"/>		
Confidential	<input type="text"/> <input type="button" value="NO"/> <input type="button" value="Normal"/>		

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<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 05 Dec 2017 12:27	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2017 12:27	Photos	Normal	Photo:

## Video List

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