

# NATIONAL Assessment Centre Services (wef 1 Jan/05)

Date In: 14/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023791/13	SAS e-filing		
Veh No: SKK8143E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 13/12/17 1900	i-Motor Claim Form	MT/0975739	
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: ( N-51 Tel: Fax: )

TP Particulars: Veh No: SON100PB 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

NA1707727

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

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 + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*N5: Courtesy Car / Tpl 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 30

Invoice dated Fee Charged

Invoice dated Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:



## 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	14/12/2017 17:53
Date Of Accident	13/12/2017 19:00
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8143E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO HIM YAW
NRIC No	S7182560D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97234570
Alternative Phone No	OTHERS-97234570

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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	5080428703-01
Cover Note Number	

### Driver

Name of Driver	HO HIM YAW
NRIC No	S7182560D
Date Of Birth	29/10/1971
Occupation	INDOOR
Date Of Driving Pass	10/03/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97234570
Fax Number	
Contact Number	OTHERS-97234570
Email Address	NOEMAIL

Address	BLK 351 TAMPINES ST 33 #05-466
Postcode	520351
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	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	SDN1008B
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	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH7628J
-----------------------------	----------

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

#### DETAILS OF INJURED PERSON 1

Name HO HIM YAW

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKK8143E

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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:

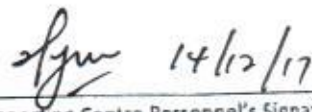
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 14/12/17

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

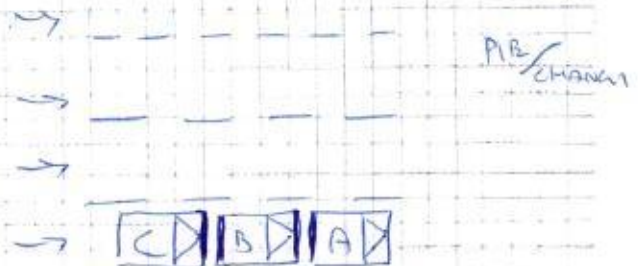
# SKETCH PLAN

PIR TOWARDS CHANGI BEFORE JLN EUNOS EXIT

VEHICLE A - SKK 8143E

VEHICLE B - SDN 1008B

VEHICLE C - SLH 7628J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE FIRST LANE EXTREME RIGHT LANE OF PIR TOWARDS CHANGI

WHILE TRAVELLING FORWARD APPROACHING TO JLN EUNOS EXIT, DUE TO HEAVY TRAFFIC, THE VEHICLE INFRONT BRACE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDANLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEHIND (SDN 1008B) HAD COLLIDED TO THE REAR OF MY VEHICLE AND IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLE.

VEHICLE A - SKK 8143E


VEHICLE B - SDN 1008B

VEHICLE C - SLH 7628J

## 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:

 14/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:




<b>Vehicle No.</b>	SKK 8143E	<b>Model / Make</b>	MAZDA 5
<b>Date of Accident</b>	13/12/17		
<b>Time of Accident</b>	1900	<b>HRS</b>	
<b>Location of Accident</b>	PIE TOWARDS CHIAJIN BEFORE SUNOS EXIT		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	HO NIM HAN		
<b>Telephone No.</b>	H/P : 9723 4570	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7192560D		
<b>Address</b>	BLK 351 TAMPAKES ST 33 HO5 -466 S (520351)		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5080428703-01		
<b>Name of Driver</b>	As <u>Above</u> If No,		
<b>NRIC</b>	Any Passengers : 4		
<b>Date of birth</b>	29 OCT 1971		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	10 MAR 2005		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P :	Home :	Office :
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear <u>Raining</u> Other DRIZZLING		
<b>Road Surface</b>	Dry <u>Wet</u> Other		
<b>Any Injuries</b>	No, If <u>Yes</u> , Who? PENDING		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	SDN 1008B	Any Passengers :	
<b>Name of Driver</b>		Contact No. :	
<b>Vehicle C No.</b>	SLH 7628J	Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 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		

8378084



NPIC No: S7182560D



Nationality  
**MALAYSIAN**

Blood Group: A+ Date of issue: 15-11-2000

APT BLK 351 TAMPINES STREET 33 #05-466  
SINGAPORE 520351

NRIC No: S7182560D Date: 17-08-2004 No: 4967955

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E



Class	Vehicle Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	10 Mar 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	10 Mar 2005

NP 428A

Licence No: S7182560D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7182560D

Name  
**HO HIM YAW**

何 金 耀

Race  
**CHINESE**

Date of Birth  
**29-10-1971**

Country of Birth  
**MALAYSIA**

Sex  
**M**

S7182560D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7182560D

Name:  
**HO HIM YAW**

Birth Date: 29 Oct 1971

Issue Date: 10 Mar 2005



001327082K





## 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:** 5080428703-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKK8143E  
Chassis Number : JM6CW10F1E0116402
2. Name of Policyholder : HO HIM YAW
3. Effective Date of Insurance : 02 Sep 2017
4. Expiry Date of Insurance : 01 Sep 2018
5. 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HO HIM YAW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 26 Aug 2017 11:13 hrs  
Reprint : 26 Aug 2017 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/0973739

Policy No.	5080428703-01	Vehicle No.	SKK8143E	GST Registration No.	
Policyholder Name	HO HIM YAW			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97234570	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(%)	40		

Report Date

14/12/2017 18:11

Accident Report Within 24 hrs

Yes

Accident Type

Chain Collision

Date of Accident

13/12/2017

Time of Accident hh:mm

19:00

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

PJE TWDS CHANGI B4 EUNOS EXIT

Own damage Excess

600.00

Additional Excess

0.00

Windscreen Excess

Unnamed Driver Excess

0.00

Outside Singapore OD Excess

600.00

Third Party Excess

0.00

Outside Singapore TP Excess

0.00

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Address 1

BLK 351 #05-466

Address 2

TAMPINES STREET 33

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

05-466

Related Policy Number

5080428703-01

Driver Name

HO HIM YAW

Driver Type

Main Driver

Driver DOB

Unnamed driver Name

Driver NRIC

S7182560D

Driving Experience

Register Date of Driver License

10/03/2005

Driver Age

46

Contact No.(Home)

Contact No.(Mobile)

97234570

Contact No.(Office)

0

Contact No.(Home)

Address 1

BLK 351

Address 2

TAMPINES STREET 33

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

#05-466

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	HO HIM YAW	Insured NRIC	
Contact No.(Mobile)	97234570	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKK8143E	TP Vehicle Number	
Claim Description	SKK8143E / SDN1008B ON 13 Dec 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	14/12/2017 18:14	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/0973739	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2017 00:00
Path *	<div> <div>Browse...</div> <div>Clear</div> </div>		
Category *	<div> <div>Please Select</div> <div>NO</div> </div>		
Confidential	<div> <div>Normal</div> </div>		
Urgency	<div> <div>Normal</div> </div>		



<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 14 Dec 2017 18:14	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:14	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:13	Photos	Normal	Photos

## Video List

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