

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 16/12/17         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC/7023886/13 | SAS e-filing                             |                       |         |
| Veh No: 5LJ5391T          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 16/12/17 1155      | i-Motor Claim Form                       | MT/0974013            |         |
| 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: 98973894   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA 1707763                      | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| 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 2005) |             |          |
|                                 | 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         |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
|                                 | 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             | 16/12/2017 16:55                        |
| Date Of Accident           | 16/12/2017 11:55                        |
| Exact Location Of Accident | BOUNDARY RD TWDS AMK B4 OVERHEAD BRIDGE |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLJ5391T                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | FOO CHEOW SUN (FU ZHAORI) |
| NRIC No                     | S7249054A                 |
| Email Address               | CHEOWSUN@SINGNET.COM.SG   |
| Mobile Phone No             | (LOCAL) +65-98797450      |
| Alternative Phone No        | OTHERS-98797450           |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | SIENTA      |
| 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 |

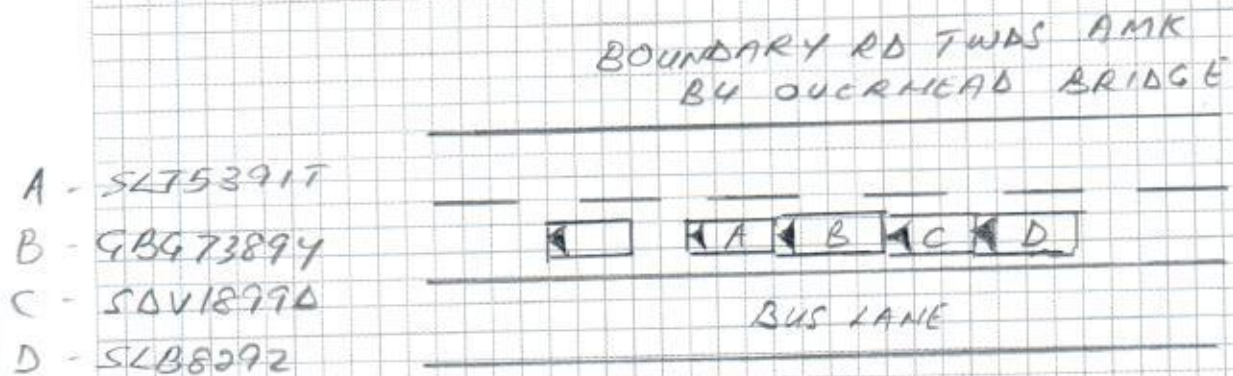
### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095804457                             |
| Cover Note Number         |  |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | FOO CHEOW SUN (FU ZHAORI) |
| NRIC No              | S7249054A                 |
| Date Of Birth        | 28/09/1972                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 14/01/1992                |
| Driving Experience   | 25 YEARS AND 11 MONTHS    |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-98797450      |
| Fax Number           |                           |
| Contact Number       | OTHERS-98797450           |
| Email Address        | CHEOWSUN@SINGNET.COM.SG   |

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s ref to the statement.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 16/12/17 (17/6)

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

 16/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

|   |                           |
|---|---------------------------|
| Address   | 214 JALAN EUNOS<br>#03-83 |
| Postcode  | 419551                    |
| 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 | 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)   | 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

MY VEH WAS STATIONARY DUE TO THE RED TRAFFIC LIGHT AHEAD ON THE 2ND LANE OF A3-LANES RD AT BOUNDARY RD TWDS AMK B4 OVERHEAD BRIDGE. AFTER THE FRT MY VEH MOVED OFF I RELEASED MY BRAKE TO FOLLOW SUIT, SUDDENLY I FELT THE IMPACT FROM MY REAR. I CAME OUT FROM MY VEH AND I INVOLVED IN A CHAIN COLLISION OF 4 VEHS.

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |               |
|-------------------------------------|---------------|
| Vehicle Registration Number         | GBG7389Y      |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Name of Driver                      | OH BENG KHOON |
| NRIC/Passport Number                | S0174250G     |
| Contact Number                      | 97609105      |
| 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 SDV1899D  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver WONG SHI RONG  
NRIC/Passport Number S9237762H  
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 3

Vehicle Registration Number SLB829Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver CHAN KWON YOI  
NRIC/Passport Number S8714879C  
Contact Number 98557312  
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

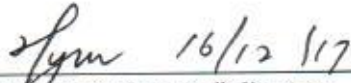
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 (1716)  
Date & Time: 16/12/17

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7249054A



Name  
FOO CHEOW SUN  
(FU ZHAORI)  
符兆日

Race  
CHINESE

Date of Birth 28-09-1972 Sex M

Country of Birth  
SINGAPORE

S7249054A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7249054A

Name  
FOO CHEOW SUN (FU ZHAORI)

Birth Date 28 Sep 1972

Issue Date 19 Dec 2002



0597131




NRIC No. S7249054A

Blood Group O+ Date of issue 03-11-1992


214 JALAN EUNOS #03-83  
SINGAPORE 419551  
NRIC No: S7249054A Date: 25/06/2017

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

Class 3 Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilograms

PASS DATE 14 Jan 1992

Licence No: S7249054A



NP 428A

eBaoTech

General Claim

Hello, NAC\_PAVA\_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"/> | 5095804457 | FOO CHEOW SUN (FU ZHAORI) | S7249054A         | GPC     | drivo CLASSIC | SLJ5391T    | SLJ5391T       | 15/12/2017    | 14/12/2018  |

## Claim Handling

## Accident MT/0974013

|   |   |                               |   |                        |                 |
|---|---|-------------------------------|---|------------------------|-----------------|
| Policy No.                              | 5095804457  | Vehicle No.                   | SLJ5391T  | GST Registration No.   |                 |
| Policyholder Name                       | FOO CHEOW SUN (FU ZHAORI)                                     | Cover Type                    | drive CLASSIC   | Policyholder NRIC      |                 |
| Product Code                            | PRIVATE CAR INSURANCE   | Contact No.(Office)           | 0   | Loading                |                 |
| Contact No.(Mobile)                     | 98797450  | Special Remark                |   | Contact No.(Home)      |                 |
| Email Address                           |   | TCA                           | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode                  |                 |
| KPK                                     | <input type="radio"/> No <input checked="" type="radio"/> Yes | NCD Entitlement(%)            | 50  | eCode Reason           |                 |
| NCD Protection                          | Yes   | Private Hire                  | No  |                        |                 |
| <b>▼ Accident Details</b>               |   |                               |   |                        |                 |
| Report Date                             | 16/12/2017 17:37  | Accident Report Within 24 hrs | Yes   | Accident Type          | Chain Collision |
| Date of Accident                        | 16/12/2017  | Time of Accident hh:mm        | 11:55   | Country of Accident    | Singapore       |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                 |
| Accident Location                       | BOUNDARY RD TWDS AMK B4 OVERHEAD BRIDGE                       |                               |   |                        |                 |
| <b>▼ Benefits</b>                       |   |                               |   |                        |                 |
| Coverage                                | Sum Insured   |                               |   |                        |                 |
| Excess Waiver                           | 99999999.99   |                               |   |                        |                 |
| <b>▼ Excess</b>                         |   |                               |   |                        |                 |
| Own damage Excess                       | 0.00  | Additional Excess             | 0.00  | Windscreen Excess      |                 |
| Unnamed Driver Excess                   | 0.00  | Outside Singapore OD Excess   | 0.00  |                        |                 |
| Third Party Excess                      | 0.00  | Outside Singapore TP Excess   | 0.00  |                        |                 |
| <b>▼ GST Registered Information</b>     |   |                               |   |                        |                 |
| GST Registered                          | No  | GST Registration Date         |   |                        |                 |
| GST Registration No.                    |   | GST Status Verified           | Yes   |                        |                 |
| Modification History                    |   |                               |   |                        |                 |
| <b>▼ Policyholder Mailing Address</b>   |   |                               |   |                        |                 |
| Address 1                               | 214 JALAN EUNOS   | Address 2                     | #03-83 EUHABITAT  | Address 3              |                 |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              |                 |
| Unit No.                                |   | Related Policy Number         | 5095804457  |                        |                 |
| <b>▼ OI Driver Info</b>                 |   |                               |   |                        |                 |
| Driver Name                             | FOO CHEOW SUN   | Driver Type                   | Main Driver   | Driver DOB             |                 |
| Unnamed driver Name                     |   | Driver NRIC                   | S7249054A   | Driving Experience     |                 |
| Register Date of Driver License         | 01/01/2000  | Driver Age                    | 45  | Contact No.(Home)      |                 |
| Contact No.(Mobile)                     | 98797450  | Contact No.(Office)           | 0   | Address 3              |                 |
| Address 1                               | 214 JALAN EUNOS   | Address 2                     | EUHABITAT   | Post Code              |                 |
| Address 4                               |   | Address Type                  | Singapore address   |                        |                 |
| Unit No.                                | #03-83  | Driver Vehicle No.            |   | Driver Insurer Company |                 |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No |                               |   |                        |                 |
| <b>Declaration</b>                      |   |                               |   |                        |                 |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                 |

Modification History

Claim 001 OD-MX **New**

|   |                                    |                         |                                  |                         |                            |  |
|---|------------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|--|
| Claim Type *  | OD-MX                              | Insured Name            | FOO CHEOW SUN (FU ZHAORI)        | Insured NRIC            |                            |  |
| Contact No.(Mobile)   | 98797450                           | Contact No.(Home)       | 64537793                         | Contact No.(Office)     |                            |  |
| Email Address   | cheowsun@singnet.com.sg            | OI Vehicle Number       | SLJ5391T                         | TP Vehicle Number       |                            |  |
| Claim Description   | SLJ5391T / G8G7389Y ON 16 Dec 2017 |                         |                                  |                         | Name of Preferred Workshop |  |
| Preferred Workshop Contact No.  |                                    | Insured Liability *     | Not at Fault                     | GIA report              |                            |  |
| Require Finalisation  | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received           |                            |  |
| Date Registered   | 16/12/2017 17:43                   | Claim Close Date        |                                  | Total Loss but Repaired |                            |  |
| Report Taken By   | ROSLINDA                           | Workshop Repairer       |                                  |                         |                            |  |
| <input checked="" type="checkbox"/> Print AK letter                       |                                    |                         |                                  |                         |                            |  |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> |                                    |                         |                                  |                         |                            |  |

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0974013  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 16/12/2017 00:00 |

| Path *   | Category *    | Confidential | Urgency |
|--|---------------|--------------|---------|
| <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  |
| <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 16 Dec 2017 17:43 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:43 | SAS                   | Normal  | SAS           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:43 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:43 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |
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|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:42 | Photos                | Normal  | Photos        |

## Video List

| Uploaded By/Date | Folder Date | File Name | Sour |
|------------------|-------------|-----------|------|
|------------------|-------------|-----------|------|