

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 18/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC/7023987/13	SAS e-filing		
Veh No: 5CU2847H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 16/12/17 1430	i-Motor Claim Form	MT/0974219	
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: (	SUCCESS UNITED	Tel:	Fax:
TP Particulars:	Veh No: 922355T	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/707792	<b>Invoice Preparation Checklist</b>	Amt (\$) Est Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 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	18/12/2017 18:22
Date Of Accident	16/12/2017 14:30
Exact Location Of Accident	QUEEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2847H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	UBER
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	YES
Policy Number	5079137979-01
Cover Note Number	

### Driver

Name of Driver	AW PENG HENG
NRIC No	S8041106E
Date Of Birth	02/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93638025
Fax Number	
Contact Number	
Email Address	AWPENGHENG@HOTMAIL.COM

Address	BLK 281 CHOA CHU KANG AVE 3 #06-346
Postcode	680281
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GZ2355T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YEO HEE CHUN
NRIC/Passport Number	S1211012Z
Contact Number	97332655
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	AW PENG HENG
------	--------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU2847H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



SKETCH PLAN

Diagram illustrating a sketch plan of a road layout. The plan shows a main road with a central intersection marked 'A'. A side road branches off to the right, marked 'B'. The intersection is labeled 'A' and the side road is labeled 'B'. The text 'Over street.' is written near the side road. The plan also shows a 'Main road' and a 'Side road'.

A - 5242847H  
B - G22355T

A - 5242847H  
B - 622355T

I was driving straight along Queen Street, when a VAN (R)  
Suddenly drove out from the side and hit into my car.

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

1

2/Jan 18/12/17

## 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:

*Sym* 18/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



VEH NO: SLU2847H	VEH B: GZ2355T
DATE OF ACCIDENT: 16/12/17	NAME: YEO HEE CHUN
TIME OF ACCIDENT: 2:30pm	I/C NO: S12110122
LOCATION: Queen Street	H/P NO: 9733 2655
O.D / <input checked="" type="checkbox"/> T.P. / REPORTING	VEH C:
OWNER NAME: TE Motor	NAME:
Email:	I/C NO:
COMPANY REG NO: te motor CAR Rental P/L	H/P NO:
ADDRESS:	VEH D:
I/C NO: 201401553D	NAME:
TEL:	I/C NO:
DATE OF BIRTH:	H/P NO:
VEH MAKE & MODEL: HONDA VEZEL HYBRID	VEH E:
INSURANCE: NTUC	NAME:
COMPREHENSIVE / THIRD PARTY ONLY /	I/C NO:
THIRD PARTY FIRE & THEFT	H/P NO:
POLICY NO: 5079137979-01	VEH F:
DAMAGE: Right side	NAME:
DRIVER NAME: AW Peng Heng	I/C NO:
Email: awpengheng@hotmail.com	H/P NO:
DATE OF BIRTH: 27/12/1980	VEH G:
ADDRESS: CHOA CHU KANG AVE 3	NAME:
BIK221 #06-346	I/C NO:
I/C NO: S804110615	H/P NO:
TEL: 93638025	VEH H:
LICENSE PASS DATE: 13/09/2007	NAME:
OCCUPATION: DRIVER Indoor / Outdoor	I/C NO:
RELATIONSHIP OF DRIVER WITH OWNER:	H/P NO:
WEATHER: <input checked="" type="checkbox"/> CLEAR / RAINING	REMARK:
SURFACE: <input checked="" type="checkbox"/> DRY / WET	
POLICE REPORT: YES / <input checked="" type="checkbox"/> NO	
IF YES, WHERE?	
INJURED: <input checked="" type="checkbox"/> YES / NO	
1) NAME: AW Peng Heng	
AGE: 37	
2) NAME:	
AGE:	
3) NAME:	
AGE:	
4) NAME:	
AGE:	
5) NAME:	
AGE:	
Video Footage: Yes	
Passenger	

UBER HIRER

wait for video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8041106E



Name

AW PENG HENG  
(HU BINGXING)

胡炳兴

Race

CHINESE

Date of birth

28-12-1980

Sex

M

S8041106E

Country of birth

SINGAPORE

4803121



NRIC No. S8041106E

Date of issue

19-12-2011

Address

APT BLK 281 CHOA CHU KANG AVENUE 3  
#06-346  
SINGAPORE 680281



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S8041106E**

Name:

**AW PENG HENG  
(HU BINGXING)**

Birth Date: **28 Dec 1980**

Issue Date: **13 Sep 2007**



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

PASS DATE

**Class 3** Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **13 Sep 2007**

NP 428A



## 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:** 5079137979-01

**Cover :** drive CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLU2847H                    |
| Chassis Number  | : RU31259953                  |
| 2. Name of Policyholder   | : LE MOTOR CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance  | : 28 Nov 2017                 |
| 4. Expiry Date of Insurance   | : 27 Nov 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 or Hirer's business.  |                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
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 : DICKSON AUTO AGENCY (00000614645)  
Date of Issue : 07 Mar 2017 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**Register New Vehicle (Acknowledgement)**  
**Vehicle Particulars**

Vehicle No.:	SLU2847H	Vehicle Scheme:	Normal
Vehicle Type:	211 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Vehicle Make:	HONDA	Engine No.:	LEB5959970
Chassis No.:	RU31259953	Engine No.:	LEB5959970
Motor No.:	H12372097	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	112.0 kW (150 bhp)	Maximum Laden Weight:	1555 kg
Unladen Weight:	1280 kg	Secondary Colour:	-
Primary Colour:	Red	Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017	Open Market Value:	\$25,705.00
Manufacturing Year:	2017	Minimum PARF Benefit:	\$2,500.00
PARF Eligibility:	Yes	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,705.00 (140%)
No. of Transfers:	0		
Actual ARF Paid:	\$5,000.00		

**Owner Particulars**

Owner Name:	IE MOTOR CAR RENTAL PTE LTD
Owner ID Type:	Company
Owner ID:	201401553D
Registered Address Type:	Private Residential (Condo Apt. or House) / Shopping / Office Complexes
Registered Block / House No.:	5D
Registered Street Name:	EAST COAST ROAD
Registered Unit No.:	# 01 - 89

Registered Building Name: ROXY SQUARE  
Registered Postal Code: 428769  
COE No. / Expiry Date: 2017120107000248E / 27 Nov 2027  
COE Bid Category: E - Open - all except motorcycle  
QP Paid: \$57,000.00

**Transaction Details**

Business Transaction Ref. No.:	20171128113510837939
Business Transaction Date:	28 Nov 2017
Business Transaction Time:	11:35:10

**Message**

The above vehicle has been successfully registered.  
Please note that \$52,481.00 will be deducted from your GIRO account.

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0974219

Policy No.	5079137979-01	Vehicle No.	SLU2847H	GST Registration No.	
Policyholder Name	LE MOTOR CAR RENTAL PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	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	Private Hire	Yes
<b>Accident Details</b>					
Report Date	18/12/2017 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/12/2017	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEEN ST				
<b>Benefits</b>					
<b>Excess</b>					
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		
<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	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-89	Related Policy Number	5079137979-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	AW PENG HENG	Driver NRIC	S8041106E	Driving Experience	
Register Date of Driver License	13/09/2007	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	93638025	Contact No.(Office)	0	Address 3	
Address 1	BLK 281	Address 2	CHOA CHU KANG AVENUE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-346				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LE MOTOR CAR RENTAL PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLU2847H	TP Vehicle Number	
Claim Description	SLU2847H / GZ2355T ON 16 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	18/12/2017 19:32	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/0974219	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 00:00
Path *		Category *	Confidential Urgency



		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:31	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 19:30	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Sour
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Display in New Window

Scan and uploading