

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA17169216

Date In: 26/10/17-14:49	Job description	Date & Time Completed	Done by
Ref No: NA/NC176244 02/24	SAS e-filing		
Veh No: SK24ASJ	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 26/10/17-21:00	i-Motor Claim Form	M7/0975170	26/10/17 19:28
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:	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

NA1707953	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpl 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	26/12/2017 14:49
Date Of Accident	22/12/2017 21:00
Exact Location Of Accident	SLIP RD CLEMENTI TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4115J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CARZ AUTO
Co Reg No	53310402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85712226
Alternative Phone No	OFFICE-85712226

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5077185584-01
Cover Note Number	

### Driver

Name of Driver	PWA CHYE SOON (PAN CAIJUN)
NRIC No	S7821485F
Date Of Birth	25/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87778818
Fax Number	
Contact Number	OFFICE-87778818
Email Address	NOEMAIL

Address	BLK 5 DOVER CRESCENT #13-18
Postcode	130005
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: - GENDER: MALE

#### 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

REFER TO 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	SKZ4605L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## 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:

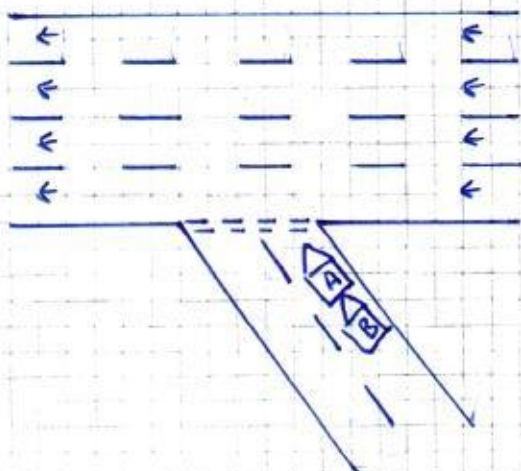
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Clementi Slip Road Into PIE (Tuas).



A-SKZ 4115 J

B-SKZ 4605 L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along Clementi slip road into PIE (Tuas) on the right of a 2 lanes road. Before entering into PIE (Tuas), I stopped my vehicle completely as to give way to oncoming traffic. Out of the sudden vehicle B came from the rear and collided directly onto the rear portion of my vehicle.

A-SKZ 4115 J

B-SKZ 4605 L

## DECLARATION

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



Policyholder's Signature  
Date & Time:

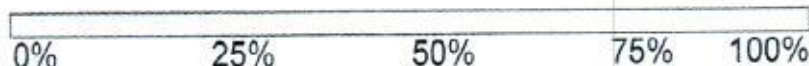
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Vehicle No.	SKZ 4153	Model / Make	Hyundai Elantra
Date of Accident	22/12/17		
Time of Accident	2100	HRS	
Location of Accident	Clementi slip Road Into PIE (Tuas)		
Exact purpose use during accident	Work Use		
Name of Owner	Asia Carz Auto		
Telephone No.	H/P: 8571 2226	Home:	Office:
NRIC	53310402 E		
Address	24 Sin Ming Lane #04-98 Midview City S(573970)		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above (If No) Pwa Chye Soon		
NRIC	57821485 F	Any Passengers: 1	
Date of birth	25/07/1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	28 Jul 1999		
Gender	Male / Female		
Contact No.	H/P: 8777 8818	Home:	Office:
Address	Blk 5 Dover Crescent #13-18 S(130005)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee	If no, state Hired	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SKZ 4605 L	Any Passengers: 1	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	Twin car Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		

Text size + -

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

Vehicle No.:	SKZ4115J	Vehicle Scheme:	Normal
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI	Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Chassis No.:	KMHDH41CMGU642946	Engine No.:	G4FGFU039317
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1591 cc	Power Rating:	-
Maximum Power Output: 97.0 kW ( 130 bhp )			
Unladen Weight:	1292 kg	Maximum Laden Weight:	1800 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	22 Jan 2016	Original Registration Date:	22 Jan 2016
Manufacturing Year:	2015	Open Market Value:	\$12,673.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,336.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$12,673.00 (100%)

**Owner Particulars**

Owner Name: ASIA CARZ AUTO

Owner ID Type: Business

Owner ID: 53310402E

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 24

Registered Street Name: SIN MING LANE

Registered Unit No.: # 04 - 98

Registered Building Name: MIDVIEW CITY

Registered Postal Code: 573970

COE No. / Expiry Date: 2016020101000948E / 21 Jan 2026

COE Bid Category: A - Car (up to 1600cc & 97kW (130bhp))

QP Paid: \$45,002.00

**Transaction Details**

Business Transaction Ref. No.: 20160122084928297742

Business Transaction Date: 22 Jan 2016

Business Transaction Time: 08:49:28

**Message**

The above vehicle has been successfully registered.



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

Class 2B Motorcycles =< 200 cc  
 Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

22 Mar 2000  
 26 Jul 1999



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	23/12/2013



NRIC No. S7821485F



Date of issue  
 05-12-2008

Address

APT BLK 5 DOVER CRESCENT  
 #13-18  
 SINGAPORE 130005

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7821485F  
 Name

PWA CHYE SOON  
 (PAN CAIJUN)

Birth Date: 25 Jul 1978  
 Issue Date: 31 Mar 2010



001842196J

Land Transport Authority

VOCATIONAL LICENCE



Licence No. S7821485F

Name: PWA CHYE SOON

Issue Date: 23/12/2013

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7821485F



Name

PWA CHYE SOON  
 (PAN CAIJUN)

潘 财 钧

Race

CHINESE

Date of birth

25-07-1978

Sex

M

Country of birth

SINGAPORE

S7821485F



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/12/2017 21:00"/>						
Vehicle No. (For Motor)	<input type="text" value="SKZ4115J"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5077185584-01	ASIA CARZ AUTO	53310402E	GFT	drive CLASSIC	SKZ4115J	SKZ4115J	15/01/2017	
<input type="button" value="Continue"/>									



## ▼ Policy Information

Policy No.	5077185584-01	Policyholder Name	ASIA CARZ AUTO	Policyholder NRIC	53310402E
Address	24 SIN MING LANE #04-98 MIDVIEW CITY SINGAPORE 573970				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/12/2016	Effective Date	15/01/2017 00:00	Expiry Date	14/01/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	136.65		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	AURIC INSURANCE AGENCY PTE Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	24 SIN MING LANE	Address 2	#04-98 MIDVIEW CITY	Address 3	SINGAPORE 573970
Address 4		Address Type	Singapore address	Post Code	573970
Unit No.	04-98	Related Policy Number	5096367337		

## ► Insured Object: SKZ4115J

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/01/2017 00:00	Basic Information Endorsement	000001286474220	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2017, the Vehicle Number is amended as follows for Vehicle Number SJJ4475R: VEHICLE REGISTRATION NUMBER: SKH129R</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKN5051R 20-03-2017 \$1,645.27 In view of this amendment, an additional premium of \$1,645.27 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE</p>
2	17/03/2017 00:00	Basic Information Endorsement	000001286521955	Endorsement Take Effective	



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0975170

Policy No.	5077185584-01	Vehicle No.	SKZ4115J	GST Registration No.	
Policyholder Name	ASIA CARZ AUTO			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	89712226	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	26/12/2017 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	22/12/2017	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD CLEMENTI TWDS PIE (TUAS)				
<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	24 SIN MING LANE	Address 2	#04-98 MIDVIEW CITY	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-98	Related Policy Number	5096367337		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PWA CHYE SOON (PAN CAIJUN)	Driver NRIC	S7821485F	Driver Experience	
Register Date of Driver License	28/07/1999	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	87778818	Contact No.(Office)	0	Address 3	
Address 1	BLK 5	Address 2	DOVER CRESCENT	Post Code	
Address 4	SINGAPORE 130005	Address Type	Singapore address		
Unit No.	13-18				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<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

New

Claim Type *	OD-MX	Insured Name	ASIA CARZ AUTO	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ4115J	TP Vehicle Number	
Claim Description	SKZ4115J / SKZ460SL ON 22 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/12/2017 19:28	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0975170	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2017 19:29
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 26 Dec 2017 19:29	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:29	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 19:28	Photos	Normal	Photos

**Video List**

Uploaded By/Date	Folder Date	File Name	Source
<div> </div>			