

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA118007639

Date In: 15/1/18-18:43	Job description	Date & Time Completed	Done by
Ref No: NA/AC18000891/24	SAS e-filing		
Veh No: SG1K4182x	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/1/18-16:00	i-Motor Claim Form	MT0977950	15/1/18 18:39
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: SHA37826	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

NA1800357	<b>Invoice Preparation Checklist</b>	Amr (\$) 1st Bill	Amr (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*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 (N:n INC) against INC \$20		
at 1:	9) N12: Idao Mobile 30		
at 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	15/01/2018 18:43
Date Of Accident	14/01/2018 16:00
Exact Location Of Accident	JUNC COMMONWEALTH AVE W & CLEMENTI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK4180X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG HAK PENG
NRIC No	S7302687C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97459245
Alternative Phone No	OFFICE-97459245

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD
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	5070624739-02
Cover Note Number	

### Driver

Name of Driver	CHNG HAK PENG (ZHUANG XUEPENG)
NRIC No	S7302687C
Date Of Birth	21/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97459245
Fax Number	
Contact Number	OFFICE-97459245
Email Address	NOEMAIL

Address	1D PINE GROVE #05-13
Postcode	593001
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	SHA3782G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

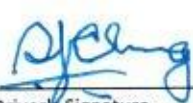
### IMPORTANT NOTICE

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**.
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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:

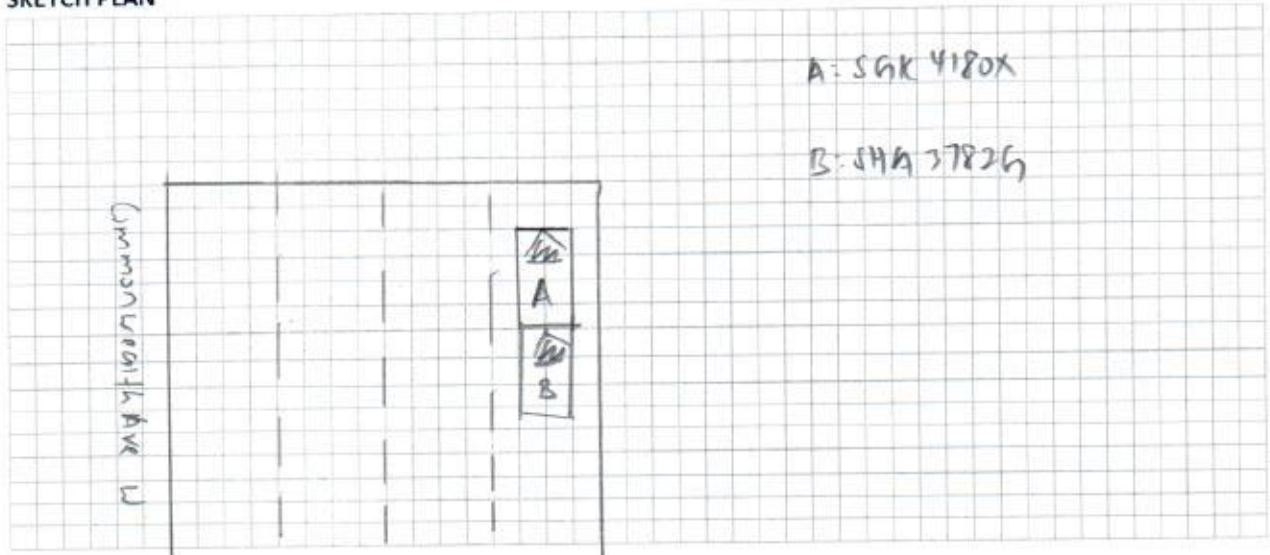
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 on behalf of  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/1/18 16:00 I was stationary stopped along Commonwealth Ave W as the traffic light at the junction was red. Suddenly vehicle B collided onto my vehicle rear portion.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 1 / 18) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: Junc Commonwealth Ave W & Clementi Ave 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SHK 4180X  
 b) INSURANCE COMPANY: NTJC  
 c) POLICY NUMBER: 5070024739-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Chng Hale Peng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S732687C CONTACT: 9748245  
 c) ADDRESS: Blk 10 Pine Grove #05-13 (289)

\* CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: (as above) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 / 1 / 1990 (class 3)

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHA 37826 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers (including d) (2)

\* No of passengers (including d) (—)

\* No of passengers (including d) (—)

Email = chngHP@gmail.com

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0518607B



Name

CHNG SIEW HONG



莊紹芳

Race

CHINESE

Date of Birth

03-11-1940

Sex

M

Country of Birth

SINGAPORE

S0518607B

1247329



NRIC No. S0518607B



Blood Group Date of issue

A+

04-09-1993

Address

APT BLK 1D PINE GROVE  
#05-13  
SINGAPORE 2159

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7302687C



Name  
CHNG HAK PENG  
(ZHUANG XUEPENG)  
庄学鹏

Race  
CHINESE

Date of birth  
21-01-1973

Sex  
M

Country of birth  
SINGAPORE



4120937



NRIC No. S7302687C



Date of issue  
08-10-2007

Address  
1D PINE GROVE  
#05-13  
SINGAPORE 593001



**PUBLIC OF SINGAPORE**

**DRIVING LICENCE**

Licence Number:

**S 7302687C**

Name:

**CHNG HAK PENG  
(ZHUANG XUEPENG)**

Birth Date: **21 Jan 1973**

Issue Date: **04 Dec 2017**



002750052D

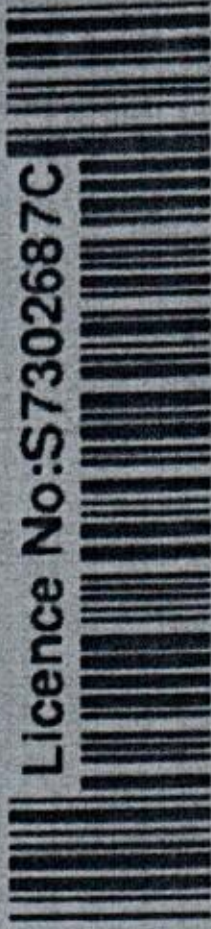




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

ss 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  31 Jul 1996  
passengers, exclusive of driver; and other motor  
vehicles with unladen weight  $\leq 2500\text{kg}$



Licence No: S7302687C

P 428A



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070624739-02	CHNG HAK PENG	S7302687C	GPC	drivo PREMIUM	SGK4180X	SGK4180X	20/03/2017	19/03/2018

## ▼ Policy Information

Policy No.	5070624739-02	Policyholder Name	CHNG HAK PENG	Policyholder NRIC	S7302687C
Address	1D PINE GROVE #05-13 PINE GROVE SINGAPORE 593001				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/03/2017	Effective Date	20/03/2017 00:00	Expiry Date	19/03/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	OON TIK KOY	Agent Tel.	67190673	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	1D PINE GROVE	Address 2	#05-13 PINE GROVE	Address 3	SINGAPORE 593001
Address 4		Address Type	Singapore address	Post Code	593001
Unit No.		Related Policy Number	5070624739-02		

## ► Insured Object: SGK4180X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



[Exit](#)

## Claim Handling

Accident MT/0977950

Policy No.	5070624739-02	Vehicle No.	SGK4180X	GST Registration No.	
Policyholder Name	CHNG HAK PENG			Policyholder NRIC	S7302687C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	97459245	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	16
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

**Accident Details**

Report Date	15/01/2018 18:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/01/2018	Time of Accident h:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC COMMONWEALTH AVE W & CLEMENTI AVE 3				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	1D PINE GROVE	Address 2	#05-13 PINE GROVE	Address 3	SINGAPORE 593001
Address 4		Address Type	Singapore address	Post Code	593001
Unit No.		Related Policy Number	5070624739-02		

**OI Driver Info**

Driver Name	CHNG HAK PENG	Driver Type	Main Driver	Driver DOB	21/01/1973
Unnamed driver Name		Driver NRIC	S7302687C	Driving Experience	21
Register Date of Driver License	31/07/1996	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	97459245	Contact No.(Office)	0	Address 3	SINGAPORE 593001
Address 1	1D PINE GROVE	Address 2	PINE GROVE	Post Code	593001
Address 4		Address Type	Singapore address		
Unit No.	05-13				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHNG HAK PENG	Insured NRIC	S7302687C
Contact No.(Mobile)	97459245	Contact No.(Home)	NTL	Contact No.(Office)	
Email Address	chinghp@gmail.com	OI Vehicle Number	SGK4180X	TP Vehicle Number	SHA3782G
Claim Description	SGK4180X / SHA3782G ON 14 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/01/2018 00:00
Date Registered	15/01/2018 18:59	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

**Save Submit**

**Attachment**

Accident No.	MT/0977950	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2018 19:00

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message **Upload**

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Map Save? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	SAS		Normal	SAS 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:00	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 18:59	Photos		Normal	Photos 2018-1-15	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<span>Display in New Window</span> <span>Scan and uploading</span>					