

# NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

Date In: 05/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002224/13	SAS e-filing		
Veh No: 9P975C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/01/18 2345	i-Motor Claim Form	MT/0981075	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD3863H	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N/A 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 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	05/02/2018 14:42
Date Of Accident	30/01/2018 23:45
Exact Location Of Accident	SERANGOON RD B4 TURNING LEFT TO JLN TAMAN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP975G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW WONG HENG FOOD CATERING
Co Reg No	52904115D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93406161

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087329810-01
Cover Note Number	

#### Driver

Name of Driver	KOH KOK YONG(GAO GUOXIONG)
NRIC No	S7442134B
Date Of Birth	25/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83218171
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 406B FERNVALE ROAD #12-45
Postcode	792406
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180131/2004

#### 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	SHD3883H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHO TUCK THONG
NRIC/Passport Number	S0128242E
Contact Number	98603169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

**DETAILS OF INJURED PERSON 1**

Name	CHO TUCK THONG
Approximate Age	
Injuries Sustain	BACK & HEADACHE
Injured person in which vehicle?	SHD3883H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

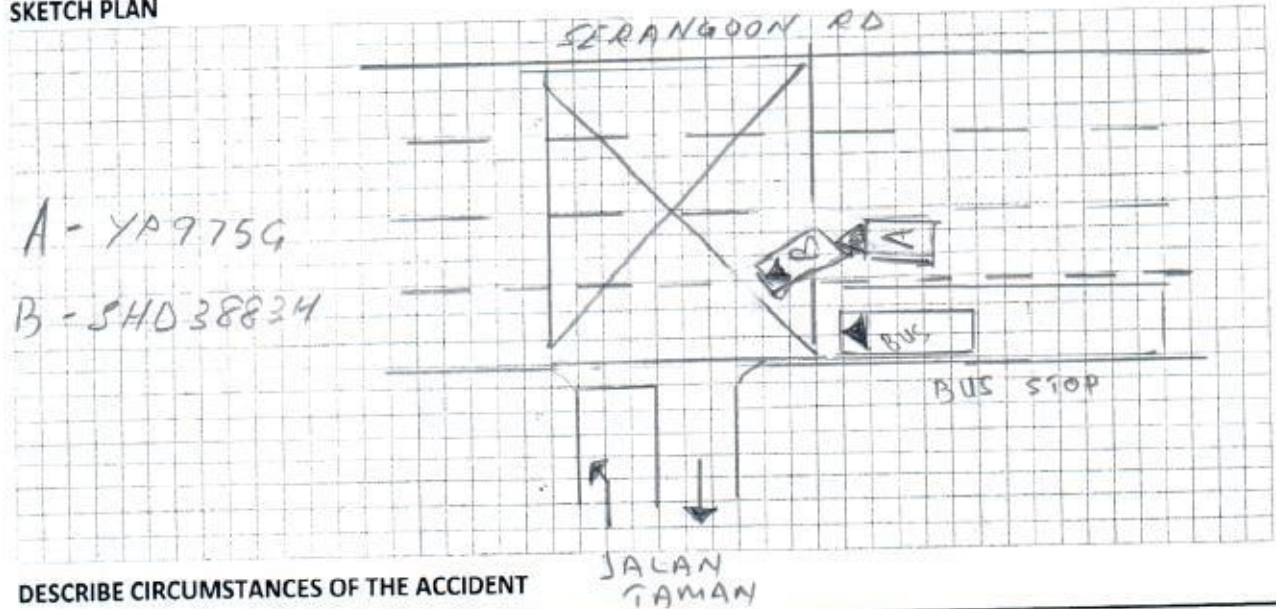
Low Wong Heng Food Catering  
No.15 Lorong 17 Geylang Rd

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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*Pls refer to the police report.*

*7/20180131/2004*

**DECLARATION**

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

Low Wong Heng Food Catering

No. 15 Lorong 17 Geylang Rd

Policyholder's Signature

Date & Time:

Singapore 388536

GRAND SKETCH PLAN Form V3

*A*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*sfw 05/02/18*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180131/2004

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2018 01:51	Vide Report No.: A/20180131/0001	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: KOH KOK YONG		Address: APT BLK 406B FERNVALE ROAD #12-45 SINGAPORE 792406	
ID Type / ID No.: NRIC NO / S7442134B		Contact No.: Home/Office:	Mobile: 83218171
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 25/12/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CATERING DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 23:45	Type of Location: T-Junction
Location: Along Road 1 SERANGOON ROAD				
before turning left to Jalan Taman				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3883H	TAXI	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Slightly Damaged	1
YP975G	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0





# SINGAPORE POLICE FORCE



T/20180131/2004

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHO TUCK THONG	ID No.	S0128242E
Related Vehicle	SHD3883H (TAXI)	Contact No.	98603169
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KOH KOK YONG	ID No.	S7442134B
Related Vehicle	YP975G (Lorry)	Contact No.	83218171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 30/01/2018 at about 2345hrs, I was driving my company lorry YP975G along the 2nd lane of Serangoon Road heading back home. While driving, I noticed there was a Comfort taxi SHD3883H which was travelling directly in front of my vehicle. The said taxi suddenly applied brakes and wanted to turn left into the Jalan Taman. As I was travelling closely behind, I was unable to stop in time and my lorry collided into the taxi rear bumper. During the period of the accident, there was a stationary bus occupying the left most lane at the bus stop and the taxi driver also informed me that it was my fault to cause the accident but I did informed him further that it was actually not right for him to turn left from the 2nd lane. I then immediately called for the police assistance. The traffic police and ambulance came to the accident scene. The taxi driver was conveyed to hospital as he informed he suffered a back pain and headache. The accident has caused damages to the front bumper of my lorry and also the rear bumper of the said taxi.





**SINGAPORE  
POLICE FORCE**



T/20180131/2004

3 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 2 MUHAMMAD FAIRUZ ZAMEEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/01/2018 01:51

Classification Of Case:

SN035

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118017637 Vehicle Registration No: YP975G  
Name(as shown in NRIC) : KOH KOH YONG (GAO GUOXIANG) NRIC/FIN/Passport No : 57442134B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 406B FERNVALE RD #12-45 Singapore( 792406 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 83218171  
Email Address : \_\_\_\_\_  
Date of Accident : 30/01/18 Time of Accident : 23:45  
Place of Accident : SERANGGON RD BY TURNING LEFT TO JEN TAMAN  
Insurance Company: NFUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO THIRD PARTY CLAIM.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Low Wong Heng Food Catering  
Policyholder / Driver's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reporting Centre Personnel's Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7442134B**

Name  
**KOH KOK YONG**  
(GAO GUOXIONG)

Birth Date **25 Dec 1974**

Issue Date **02 Oct 2014**

002351295G




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7442134B**

Name  
**KOH KOK YONG**  
(GAO GUOXIONG)  
高 国 雄

Race  
**CHINESE**

Date of birth  
**25-12-1974**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**






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

**Class 3** Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE  
**05 Nov 2002**

Licence No: **S7442134B**

NP 428A



**5358805**

NRIC No. **S7442134B**

Date of issue  
**01-10-2014**

Address  
**APT BLK 406B FERNVALE ROAD**  
# 12-45  
**SINGAPORE 792406**




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="checkbox"/>	5087329810-01	LOW WONG HENG FOOD CATERING	52904115D	GCV	Comprehensive	YP975G	YP975G	14/01/2018	13/01/2019



## Claim Handling

Accident MT/0981075

Policy No.	5087329810-01	Vehicle No.	YP975G	GST Registration No.	
Policyholder Name	LOW WONG HENG FOOD CATERING			Policyholder NRIC	5291
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93406161	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	05/02/2018 19:44	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	30/01/2018	Time of Accident hh:mm	23:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON RD B4 TURNING LEFT TO JLN TAMAN				

## ▼ Benefits

## ▼ Excess

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

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	25A LORONG 17 GEYLANG	Address 2	SINGAPORE 388552	Address 3	
Address 4		Address Type	Singapore address	Post Code	3881
Unit No.		Related Policy Number	5087329810-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH KOK YONG(GAO GUOXIONG)	Driver NRIC	57442134B	Driver DOB	25/1
Register Date of Driver License	06/11/2002	Driver Age	43	Driving Experience	15
Contact No.(Mobile)	83218171	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 406B	Address 2	FERNVALE ROAD	Address 3	FERNVALE
Address 4	SINGAPORE 792406	Address Type	Singapore address	Post Code	7921
Unit No.	#12-45				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOW WONG HENG FOOD CATERING	Insured NRIC	5291
Contact No.(Mobile)	96811599	Contact No.(Home)	67946039	Contact No.(Office)	6331
Email Address		OI Vehicle Number	YP975G	TP Vehicle Number	SHD
Claim Description	YP975G / SHD3883H ON 30 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	05/02/2018 19:50	Claim Close Date		Date Received	05/02
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

2/5/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0981075

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

05/02/2018 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:50	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:50	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 19:49	Photos	Normal	Photos 20

## Video List

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

Scan and uploading