

# NATIONAL Assessment Centre Services

Date In: 12/02/2018 15:37	Job description: SAS e-filing	Date & Time Completed: 13/2/18 18:05	Done by:
Ref No: NA/INC18002781/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GBF 5744Z	i-Motor Claim Form: MT/098227		
DOA: 20/12/2017 16:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD TP: Reporting Only	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: YL 4503E	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:-	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

Claimant's Particulars:-	NA1806075	<b>Invoice Preparation Checklist</b>		Amf (\$)	Amf (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		1st 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) RT: 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) N1: 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 \$0			
		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	12/02/2018 15:37
Date Of Accident	20/12/2017 16:00
Exact Location Of Accident	AIRFREIGHT LINK TWDS ALPS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5744Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	39853800W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91417069
Alternative Phone No	OFFICE-91417069

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5069180637-02
Cover Note Number	

### Driver

Name of Driver	V DARMADHAS
NRIC No	S0013425B
Date Of Birth	13/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91417069
Fax Number	
Contact Number	OTHERS-91417069
Email Address	NOEMAIL

Address	BLK 948 JURONG WEST STREET 91 #12-687
Postcode	640948
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL 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

PLS REFER TO THE ATTACHED 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	YL4503E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHENG HAOYU
NRIC/Passport Number	G5209540P
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.
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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.

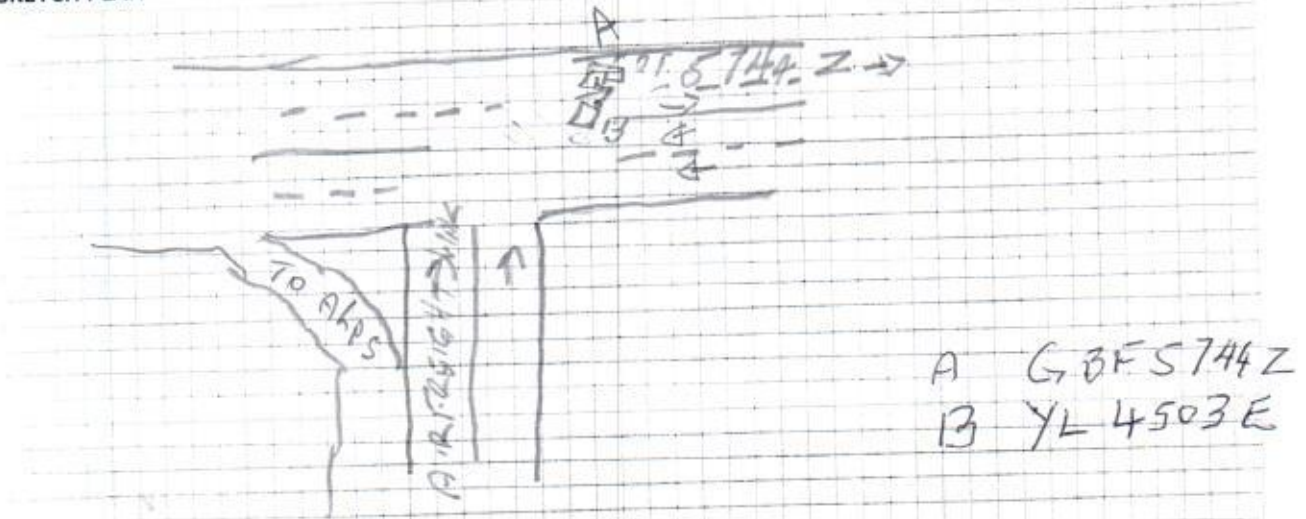
  
Policyholder's Signature  
Date & Time:



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

 12/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A S I WAS TURNING Right at the T Junction TOWARDS CARGO C For Breakdown, AS For Vehicle B YL 4503E mirror went to my rear of my lorry GBF 5744Z When I turn right thats where i heard a loud sound, I stopped the vehicle at the Side of the road to see what happened. Thats where i realise his mirror went to my rear end of the lorry. I ASSUME he bang into me

UWS


UWS


## 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:

 12/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Reported on 8/2/2018  
@ 1600HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: 20/12/2017 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: Airfreight link towards ALps

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF5744Z  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91417069  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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: YL 4503E 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 driver)

Passenger (4)  
(3) males

\* No of passenger  
(including driver)


\* No of passenger  
(including driver)

Email =

Fax =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0013425B




Name  
**V DARMADHAS**

Race  
**INDIAN**

Date of Birth  
**13-11-1953**

Sex  
**M**

Country of Birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0013425B**

Name  
**V DARMADHAS**

Birth Date **13 Nov 1953**

Issue Date **28 Apr 2004**




001206686H

0006901



NRIC No. **S0013425B**



Blood Group **O+** Date of issue **08-06-1991**

APT BLK 948 JURONG WEST STREET 91 #12-687  
SINGAPORE 640948  
**S0013425B** 23/12/2013

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

PASS DATE  
**16 Jul 1987**

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

Licence No: **S0013425B**



NP 428A



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

20/12/2017 16:00

GBF5744Z

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069180637-02	WELLCOME MOTOR AGENCIES	39853800W	GFT	Comprehensive	GBF5744Z	GBF5744Z	01/01/2017	31/12/2017

## ▼ Policy Information

Policy No.	5069180637-02	Policyholder Name	WELLCOME MOTOR AGENCIES	Policyholder NRIC	39853800W
Address	68 KAKI BUKIT AVENUE 6 #02-02 ARK@KB SINGAPORE 417896				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/12/2016	Effective Date	01/01/2017 00:00	Expiry Date	31/12/2017 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5069188937-03		

## ► Insured Object: GBF5744Z

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/01/2017 00:00	Basic Information Endorsement	000001286457231	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 01 Jan 2017 to 31 Dec 2017 this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. GBA2515P 2. GBE3040P 3. GBF340M 4. GBF4739X 5. GBF81K
2	01/01/2017 00:00	Basic Information Endorsement	000001286459483	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 01 Jan 2017 to 31 Dec 2017, this policy is extended to cover the insured vehicles whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. JN1SC2F24Z0859313
3	01/01/2017 00:00	Basic Information Endorsement	000001286459457	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.



## Claim Handling

Accident MT/0982279

Policy No.	5069180637-02	Vehicle No.	GBF5744Z	GST Registration No.	M90
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	398!
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91417069	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 checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	13/02/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	20/12/2017	Time of Accident hh:mm	16:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRFREIGHT LINK TWDS ALPS				
<b>▼ Benefits</b>					
Coverage			Sum Insured		
Airside			99999999.99		
<b>▼ Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	18/08/1997		
GST Registration No.	M90001228R	GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-02 ARK@KB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	417!
Unit No.		Related Policy Number	5069188937-03		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/1
Unnamed driver Name	V DARMADHAS	Driver NRIC	S0013425B	Driving Experience	30
Register Date of Driver License	16/07/1987	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	91417069	Contact No.(Office)	0	Address 3	
Address 1	BLK 94B	Address 2	JURONG WEST STREET 91	Post Code	640!
Address 4		Address Type	Singapore address		
Unit No.	#12-687				
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 type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	398!
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	634!
Email Address		OI Vehicle Number	GBF5744Z	TP Vehicle Number	YL4!
Claim Description	GBF5744Z / YL4503E ON 20 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/0
Date Registered	13/02/2018 18:10	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>

Accident No.	MT/0982279	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2018 18:05
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/> <input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:09	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:08	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:08	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:08	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:08	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:08	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:07	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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