

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 24/03/18         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC18005523/13 | SAS e-filing                             |                       |         |
| Veh No: SLV1540T          | E-mail (within 8hrs, ATC 2hrs)           |                       |         |
| D.O.A: 23/03/18 2245      | i-Motor Claim Form                       | MT/0987517            |         |
| OD: TR (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: SJ68136J   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |             |          |
|--|---|-------------|----------|
| NA1801881                              | <b>Invoice Preparation Checklist</b>            | Ant (\$)    | Ant (\$) |
|  |   | 1st Bill    | Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |             |          |
|  | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |          |
| <b>Driver/Owner:</b>                   | 3) TF : Towing Fee \$40/\$45                    |             |          |
|  | 4) FT : Follow-Through Survey \$120             |             |          |
| <b>Contact No:</b>                     | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |          |
|  | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| <b>Damaged Portion:</b>                | 6) TR : Re-inspection \$75                      |             |          |
|  | 7) N1 : Idac DA + SMRT Survey \$160             |             |          |
|  | 8) NTUC Additional Services:-                   |             |          |
| <b>QC Checked by (Engr-In-Charge):</b> | OD*   |             |          |
|  | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|  | *N6: Repair Co-ordination \$10                  |             |          |
|  | *N7: Post Repair Inspection \$25                |             |          |
| <b>Auditors' Comments :-</b>           | *N8: DV / Collect Excess Coordination \$5       |             |          |
|  | TP (N11) : TP (Non INC) against INC \$20        |             |          |
| <b>Cat. 1:</b>                         | 9) N12: Idac Mobile 30                          |             |          |
| <b>Cat. 2 / 3:</b>                     | 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             | 24/03/2018 14:51  |
| Date Of Accident           | 23/03/2018 22:15  |
| Exact Location Of Accident | JALAN BUKIT MERAH |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLV1540T               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | ZHANG JIAN'AN KEVIN    |
| NRIC No                     | S8500989C              |
| Email Address               | AQUARIN85@YAHOO.COM.SG |
| Mobile Phone No             | (LOCAL) +65-97529342   |
| Alternative Phone No        | OTHERS-97529342        |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | SIENTA HYBRID  |
| 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                                       | REPORTING ONLY |
| 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             | 5096672922                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | ZHANG JIAN'AN KEVIN    |
| NRIC No              | S8500989C              |
| Date Of Birth        | 25/01/1985             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 15/11/2010             |
| Driving Experience   | 7 YEARS AND 4 MONTHS   |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97529342   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | AQUARIN85@YAHOO.COM.SG |

|   |                              |
|---|------------------------------|
| Address   | BLK 650 SENJA LINK<br>#17-02 |
| Postcode  | 670650                       |
| 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 - CHANGE/CROSS LANE |
| 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)   | 6                                   |
| Passenger 1   | NAME: : BRADLEY<br>GENDER: : MALE   |
| Passenger 2   | NAME: : HAN SIANG<br>GENDER: : MALE |
| Passenger 3   | NAME: : WEE KIAT<br>GENDER: : MALE  |
| Passenger 4   | NAME: : KUMAR<br>GENDER: : MALE     |
| Passenger 5   | NAME: : SUE<br>GENDER: : FEMALE     |

#### 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                                |
| Remarks/ Reasons:                             | WITH THE DRIVER(THE FILES TOO BIG) |
| Was there any audio recorded?                 | NO                                 |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJG8136J    |
| Vehicle Make/Model/Colour           | TOYOTA VIOS |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | BERNARD     |
| NRIC/Passport Number                |             |
| Contact Number                      | 91699631    |
| 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**.
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:

24/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 24/03/18  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

JLN BUKIT MERAH

A - 56V1540T  
B - 5J48136J

KUNTING ROAD

TRAVELLING FROM KIM TIAN ROAD, TURNING RIGHT INTO JALAN BUKIT MERAH.

UPON ENTERING JALAN BUKIT MERAH, I CHECKED BLINDSPOT, ENSURE SAFE TO FILTER LEFT INTO LANE 2, THEN SAW CAR B AT LANE 3. I <sup>SLOWED DOWN, SIGNAL LEFT</sup> ~~SIGNALLED LEFT~~, SHOWING MY INTENTION TO CONTINUE TO FILTER LEFT, CAR B ALSO ~~SHOWED~~ SLOWED DOWN, I CHECKED BLINDSPOT, CONTINUE TO FILTER TO LANE 3, THEN WANT TO TURN LEFT INTO CARPARK. SUDDENLY CAR B BANG INTO MY REAR LEFT.

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

GLAMC SketchPlanForm V3

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


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



**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**ZHANG JIAN'AN**  
**KEVIN**

NRIC No  
**S8500989C**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S8500989C**  
Name  
**ZHANG JIAN'AN KEVIN**

Birth Date **25 Jan 1985**  
Issue Date: **17 Sep 2011**




QEMALTOGGPU1004519B0613 00000040234338

NRIC No / Colour  
**S8500989C/ PINK**

Race  
**CHINESE**

Date Of Birth  
**25/01/1985**

Service Status  
**REGULAR**

Address  
**ADDRESS APT BLK 5ND TERRA LINK #17-02**  
**SINGAPORE 410650 1, DATE 08 12 2016 S8500989C**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**WARRANT OFFICER**

Sex  
**M**



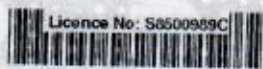
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg** **15 Nov 2010**

**Licence No: S8500989C**

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

23/03/2018 22:15

Vehicle No.(For Motor)

SLV1540T

| Select                   | Policy No. | Policyholder Name      | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------------------------|------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="checkbox"/> | 5096672922 | ZHANG JIAN'AN<br>KEVIN | S8500989C         | GPC     | drivo CLASSIC | SLV1540T    | SLV1540T       | 22/12/2017    | 21/12/2018  |



## Claim Handling

Accident MT/0987517

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 5096672922  | Vehicle No.         | SLV1540T  | GST Registration No. |           |
| Policyholder Name   | ZHANG JIAN'AN KEVIN   | Cover Type          | drive CLASSIC   | Policyholder NRIC    | S8500989C |
| Product Code        | PRIVATE CAR INSURANCE   | Contact No.(Office) | 0   | Loading              | 0         |
| Contact No.(Mobile) | 97529342  | Special Remark      |   | Contact No.(Home)    | 0         |
| Email Address       |   | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | No ▼      |
| KFK                 | <input type="radio"/> No <input checked="" type="radio"/> Yes | NCD Entitlement(%)  | 0   | eCode Reason         |           |
| NCD Protection      | No  |                     |   | Private Hire         | No        |

▼ Accident Details

|                   |                   |                               |       |                     |                            |
|-------------------|-------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 24/03/2018 17:43  | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross |
| Date of Accident  | 23/03/2018        | Time of Accident hh:mm        | 22:15 | Country of Accident | Singapore                  |
| Reporting Centre  |                   | Orange Force                  |       | ICM No.             |                            |
| Accident Location | JALAN BUKIT MERAH |                               |       |                     |                            |

▼ Benefits

▼ Excess

|                       |        |                             |        |                   |   |
|-----------------------|--------|-----------------------------|--------|-------------------|---|
| Own damage Excess     | 600.00 | Additional Excess           | 0.00   | Windscreen Excess | 1 |
| 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 | BLK 650 #17-02 | Address 2             | SENJA LINK        | Address 3 | SINGAPORE 670650 |
| Address 4 |                | Address Type          | Singapore address | Post Code | 670650           |
| Unit No.  | 17-02          | Related Policy Number | 5096672922        |           |                  |

▼ O1 Driver Info

|   |   |                     |                   |                        |                  |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | ZHANG JIAN'AN KEVIN   | Driver Type         | Main Driver       | Driver DOB             | 25/01/1985       |
| Unnamed driver Name                     |   | Driver NRIC         | S8500989C         | Driving Experience     | 7                |
| Register Date of Driver License         | 15/10/2010  | Driver Age          | 33                | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 97529342  | Contact No.(Office) | 0                 | Address 3              | SINGAPORE 670650 |
| Address 1                               | BLK 650   | Address 2           | SENJA LINK        | Post Code              | 670650           |
| Address 4                               |   | Address Type        | Singapore address |                        |                  |
| Unit No.                                | #17-02  |                     |                   |                        |                  |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

|                                |                         |                         |                                    |                            |                  |
|--------------------------------|-------------------------|-------------------------|------------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX ▼                 | Insured Name            | ZHANG JIAN'AN KEVIN                | Insured NRIC               | S8500989C        |
| Contact No.(Mobile)            | 94516925                | Contact No.(Home)       | NIL                                | Contact No.(Office)        |                  |
| Email Address                  | gguarin85@yahoo.com.sg  | O1 Vehicle Number       | SLV1540T                           | TP Vehicle Number          |                  |
| Claim Description              | SLV1540T ON 23 Mar 2018 |                         |                                    | Name of Preferred Workshop | SJG8136J         |
| Preferred Workshop Contact No. |                         | Insured Liability *     | Fully at Fault ▼                   | GIA report                 | Received         |
| Require Finalisation           | Yes ▼                   | Preferred Repair Option | Preferred Workshop, Name unknown ▼ | Date Received              | 24/03/2018 00:00 |
| Date Registered                | 24/03/2018 17:46        | Claim Close Date        |                                    | Total Loss but Repaired    |                  |
| Report Taken By                | ROSLINDA                | Workshop Repairer       |                                    |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0987517  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/03/2018 00:00 |

Path \*

|             |                |                       |              |           |       |
|-------------|----------------|-----------------------|--------------|-----------|-------|
| Choose File | No file chosen | Category *            | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear Please Select ▼ | NQ ▼         | Normal ▼  |       |
| Choose File | No file chosen | Clear Please Select ▼ | NO ▼         | Normal ▼  |       |
| Choose File | No file chosen | Clear Please Select ▼ | NO ▼         | Normal ▼  |       |

3/24/2018

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

|       |               |    |        |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Sen

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     |
|------------|--|-----------------------|---------|---------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-3-24 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | SAS                   | Normal  | SAS 2018-3-24                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Mar 2018 17:46 | Photos                | Normal  | Photos 2018-3-24                |

## Video List

| Uploaded By/Date | Folder Date | File Name             | Source             |
|------------------|-------------|-----------------------|--------------------|
|                  |             | Display in New Window | Scan and uploading |