

# NATIONAL Assessment Centre Services

Date In: 05/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006270/13	SAS e-filing		
Veh No: SJF8596A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/04/18 2020	i-Motor Claim Form	MS/0989166	
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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SJF8596A	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

NA/802102	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) iT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*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-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			



## 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	05/04/2018 14:05
Date Of Accident	04/04/2018 20:00
Exact Location Of Accident	SERANGOON RD B4 SYED ALWI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8596A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE. LTD
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81380635

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5091577771
Cover Note Number	

### Driver

Name of Driver	MALIK SHAMAS ASLAM
NRIC No	S7631078E
Date Of Birth	10/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81380635
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 191 BOON LAY DRIVE #10-186
Postcode	640191
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	1

#### 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

I WAS DRIVING ALONG SERANGOON RD TWDS CITY ON THE CENTER LANE OF A3-LANES RD.SOMEWHERE B4 SYED ALWI RD,VEHS AHEAD OF ME SLOWED DOWN AND STOPPED DUE TO HEAVY TRAFFIC FLOW.AS SUCH I APPLIED BRAKE,SLOWED DOWN AND STOPPED ACCORDINGLY.OUT OF THE SUDDEN,VEH B CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEH.

#### 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	SLU2021Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MALIK SHAMAS ASLAM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE8596A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN


### IMPORTANT NOTICE

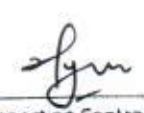
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

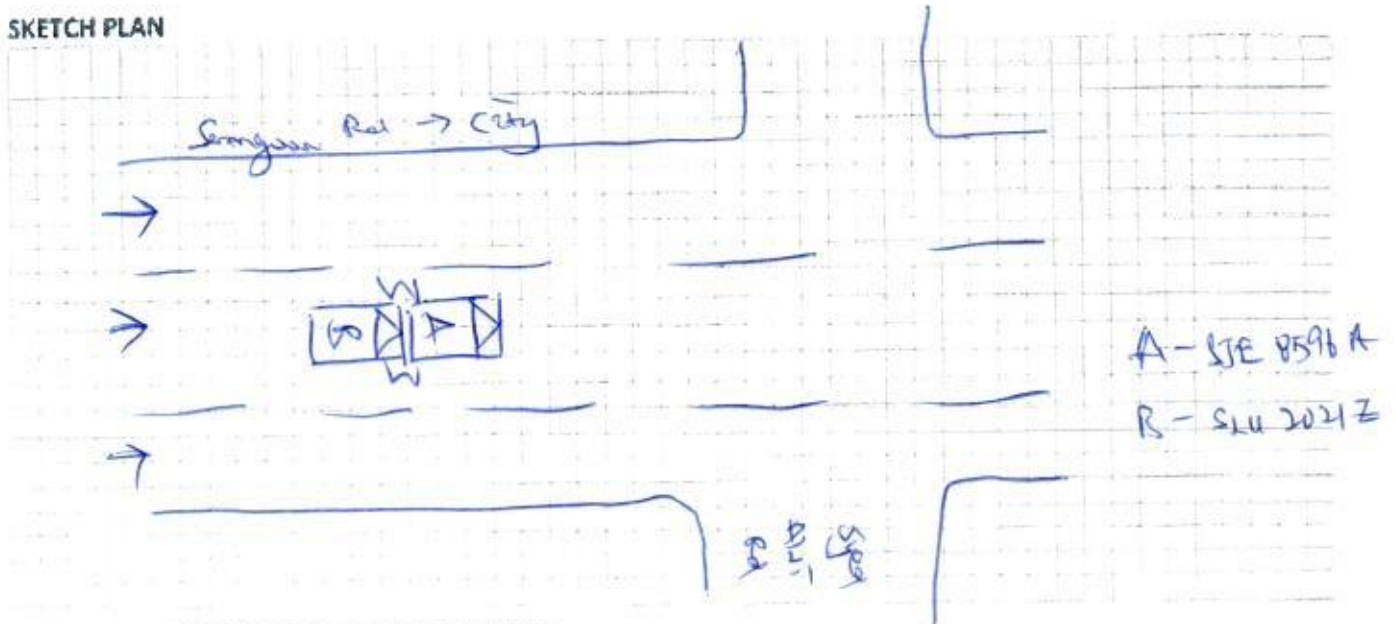
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
Policyholder's Signature  
Date & Time:

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

 05/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Seremban Rd towards city on the center lane of a 3-lane road. Somewhere before Ayer Alwi Rd, vehicles ahead of me slowed down and stopped due to heavy traffic flow. As such, I applied brake, slowed down and stopped accordingly. Out of the sudden, veh (B) came from the rear and collided directly onto the rear portion of my vehicle.

A - SJE 8596 A

B - SLH 2021 Z

*[Signature]*

## 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.:



<b>Vehicle No.</b>	STE 8596A		<b>Model / Make</b>	Honda Fit
<b>Date of Accident</b>	4/4/18			
<b>Time of Accident</b>	8.40 pm		<b>HRS</b>	
<b>Location of Accident</b>	Serangoon Rd before Syed Alwi Rd			
<b>Exact purpose use during accident</b>	Commercial use			
<b>Name of Owner</b>	Enterprise Car Rental Pte Ltd			
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	20170215C			
<b>Address</b>	103, Defu Lane 10, #0-05, FMA Group Building, S(539228)			
<b>Claim type</b>	<b>OD</b>	<b>(THIRD PARTY)</b>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NAC			
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>(Third Party)</b>	<b>Third Party / Fire / Theft</b>	
<b>Policy No.</b>	509157771			
<b>Name of Driver</b>	As Above If No, Matik Shamas Aslam			
<b>NRIC</b>	S76301078E		<b>Any Passengers :</b> 01 (Female)	
<b>Date of birth</b>	10/			
<b>Occupation</b>	(Outdoor) / Indoor			
<b>Driving License Pass Date</b>	2/3/2013			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BK 191, Seletar Drive, #10-186, S(640191)			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state hire			
<b>Weather condition</b>	Clear Raining Other			
<b>Road Surface</b>	Dry Wet Other			
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>	Matik Shamas Aslam (Male)			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	SLU 2021Z		<b>Any Passengers :</b> 01 (Female)	
<b>Name of Driver</b>	—		<b>Contact No. :</b> —	
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	NSI Automotive Pte			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Jusuf			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsi.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

NRIC No: S7631078E

**MALIK SHAMAS ASLAM**


Date of birth: 10 Sep 1976

Valid till: 22 Mar 2013

002163396K

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7631078E**



Name: **MALIK SHAMAS ASLAM**

Race: **PAKISTANI**

Date of birth: **10-09-1976**

Sex: **M**

Country of birth: **SINGAPORE**

S7631078E

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**EFFECTIVE DATE**

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **22 Mar 2013**

NP 428A

Licence No: S7631078E

3979711



NRIC No: **S7631078E**



Date of issue: **26-12-2006**

**APT BLK 191 BOON LAY DRIVE #10-168**

**SINGAPORE 640191**

NRIC No: **S7R11078F**

Date: **12/11/2012**

No: **7266630**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5091577771

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJE8596A**  
Chassis Number : GE61007303
2. Name of Policyholder : ENTERPRISE CAR RENTAL PTE LTD
3. Effective Date of Insurance : 01 Aug 2017
4. Expiry Date of Insurance : 31 Jul 2018
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Certificate of Insurance

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MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
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ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0989166

Policy No.	5091577771	Vehicle No.	SJE8596A	GST Registration No.	
Policyholder Name	ENTERPRISE CAR RENTAL PTE. LTD.			Policyholder NRIC	201701215C
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

<b>Accident Details</b>		Accident Report Within 24 hrs		Yes	Accident Type	Collision - Head to Rear
Report Date	05/04/2018 14:48	Time of Accident hh:mm	20:00		Country of Accident	Singapore
Date of Accident	04/04/2018	Orange Force			ICM No.	
Reporting Centre						
Accident Location	SERANGOON RD B4 SYED ALWI RD					

<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	103 DEFU LANE 10	Address 2	#01-05 FNA GROUP BUILDING	Address 3	SINGAPORE 539223
Address 4		Address Type	Singapore address	Post Code	539223
Unit No.	02-12	Related Policy Number	5091577771		

<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/09/1976
Unnamed driver Name	MALIK SHAMAS ASLAM	Driver NRIC	S7631078E	Driving Experience	5
Register Date of Driver License	22/03/2013	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	81380635	Contact No.(Office)	0	Address 3	SINGAPORE 640191
Address 1	BLK 191	Address 2	BOON LAY DRIVE	Post Code	640191
Address 4		Address Type	Singapore address		
Unit No.	#10-186			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ENTERPRISE CAR RENTAL PTE. LTD.	Insured NRIC	201701215C
Contact No.(Mobile)	93639889	Contact No.(Home)		Contact No.(Office)	
Email Address	carrenting101@gmail.com	01 Vehicle Number	SJE8596A	TP Vehicle Number	SLU2021Z
Claim Description	SJE8596A / SLU2021Z ON 4 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	N51
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	05/04/2018 14:52	Claim Close Date		Date Received	05/04/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0989166	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	05/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

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 05 Apr 2018 14:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	SAS	Normal	SAS 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 14:52	Photos	Normal	Photos 2018-4-5

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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