

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA18047872**

Date In: 10/4/18-16:54	Job description	Date & Time Completed	Done by
Ref No: NA/MCR006631/24	SAS e-filing		
Veh No: 55707B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/4/18-02:40	i-Motor Claim Form	MT/0989842	10/4/18 18:23
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: Property 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	OD*			
Contact No:	*N5: Courtesy Car / Tpt Allowance \$5			
Damaged Portion:	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
Auditors' Comments:-	9) N12: Idac Mobile \$0			
Pat. 1:	Invoice dated	Fee Charged		
Pat. 2 / 3:	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	10/04/2018 16:54
Date Of Accident	09/04/2018 02:40
Exact Location Of Accident	SLIP RD BKE TWDS KJE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS707B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HALLMARK AUTOHUB PTE LTD
Co Reg No	201523050K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62199330

### Vehicle Particulars

Manufacturer	LEXUS
Model	-
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5072991822-02
Cover Note Number	

### Driver

Name of Driver	DARREN GAN KAH HOE
NRIC No	S9718029F
Date Of Birth	28/05/1997
Occupation	INDOOR
Date Of Driving Pass	18/06/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518119
Fax Number	
Contact Number	OFFICE-91518119
Email Address	NOEMAIL

Address	BLK 510 CHOA CHU KANG STREET 51 #11-239
Postcode	680510
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 17A BEACH ROAD , <b>POSTCODE:</b> 199596 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2989999 - <b>FAX NO:</b> 62936498
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180410/2112.

#### 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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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

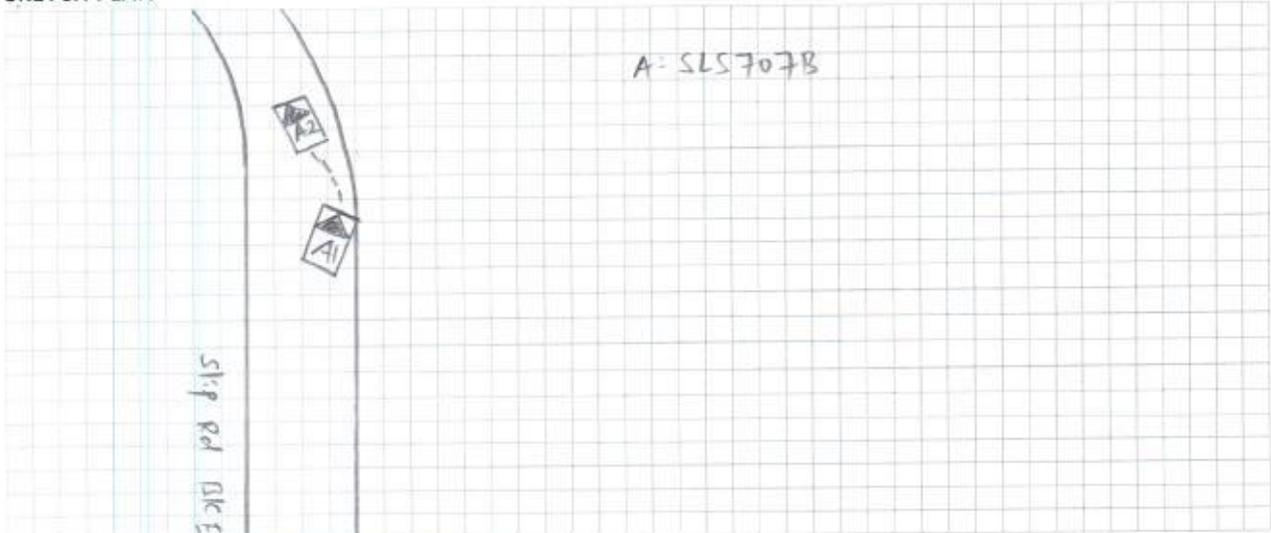


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180410/2112.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 04 / 18 (DD/MM/YYYY), TIME: 02 : 40 (HH:MM)

LOCATION: Stp Rd BKE twds KPEC PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 707B
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5072991822-02
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Hallmark Autohmb Pte Ltd (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: 201523050K CONTACT: 62199330
- C) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: Darren Gan Kah Hze (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 59718029 F CONTACT: 915181619
- c) ADDRESS: Blok 510 Chay Chu Kang Street 51. #11-239  
(680510)

\*d) DATE OF BIRTH: 28 / 5 / 1997 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 18 / 6 / 2016

## 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: Property CLW11 MODEL: Government
- 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 passenger (including d) (1)

\* No of passo (including d) (-)

\* No of pass (including d) (-)

Email = Darrongan4567@gmail.com

fax =





**SINGAPORE  
POLICE FORCE**



T/20180410/2112

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

2 of 3

Report No. T/20180410/2112

**CONTINUATION OF REPORT**

**Brief Details.**

I am working at a car dealer namely HAMILTON AUTOHUB PTE LTD for the past 3weeks.

On 9/4/2018 at about 0200hrs I was driving one of the company car(SJS707B) home from a company event held at EXPO Hall 3. I was given permission to drive the vehicle back home from my supervisor( ANDY ANG). However, when I was travelling at BKE going up to KJE, I got drowsy and I fell asleep while travelling on KJE on the extreme left lane.

As such, I collided the vehicle onto the expressway road shoulder wall. My vehicle sustained damaged front left headlights and bumper and had to be towed away. The road shoulder wall also sustained black patches however no visible cracks or damage.

I called for police however I was not given any case or report number. I do not remember the police officer's names as well. I did not suffer any injury from the collision. The police called for a towing truck and the tow truck came about 20minutes later and I followed the tow truck.

I am lodging this report for my company insurance purpose as I was informed that I needed to make a police report as I had hit unto government property. That is all.



**SINGAPORE  
POLICE FORCE**



T/20180410/2112

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

3 of 3

Report No. T/20180410/2112

**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:

A /  
Sgt 2 BENEDICT KOH HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/04/2018 16:03

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



ST 17

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9718029F



Name  
DARREN GAN KAH HOE

顏嘉豪

Race  
CHINESE  
Date of birth  
28-05-1997  
Sex  
M  
Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9718029F

DARREN GAN KAH HOE

Birth Date: 28 May 1997  
Issue Date: 18 Jun 2016

002579734E

4865465



NRIC No. S9718029F



Date of issue  
19-07-2012

Address  
APT BLK 510 CHOA CHU KANG STREET 51  
#11-239  
SINGAPORE 680510

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 18 Jun 2016

NP 428A



eBaoTech

GeneralClaim

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072991822-02	HALLMARK AUTOHUB PTE LTD	201523050K	GMT	Third Party		ISKANDAR DZULKARNAIN@PEREIRA ASHLEY RYAN /S8938096J_NEO WEI SHAN, VIVIAN/S9445812I_CHOE JING YEE JUN/S9621500B_SAE TAN PHOOMIN/S9270366E_GAN KAH HOE DARREN/S9718029F_NEO TENG KIN/F8025569K	03/08/2017	02/08/2018

Continue

Policy Information

Policy No.	5072991822-02	Policyholder Name	HALLMARK AUTOHUB PTE LTD	Policyholder
Address	210 TURF CLUB ROAD #LOT-B37 THE GRANDSTAND SINGAPORE 287995			Group Policy
Product Name	MOTOR TRADE INSURANCE	Plan		Expiry Date
Policy Issue Date	28/07/2017	Effective Date	03/08/2017 00:00	Windscreen
Third Party Excess	0	Own damage Excess	0	
Additional Excess		OS Premium	430.49	
Outside Singapore OD Excess		Outside Singapore TP Excess		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag
Co-insurance Flag	No			
Open Policy Info				
Certificate Info				

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B37 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOT-B37	Related Policy Number	5072991822-02	

Insured Object: ISKANDAR DZULKARNAIN@PEREIRA ASHLEY RYAN /589380963\_NEO WEI SHAN, VIVIAN/594458121\_CHOE JING YEE JUN/596215008\_SAE TAN PHOONMIN/592

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status
1	28/08/2017 00:00	Basic Information Endorsement	Entry Rejected
2	11/09/2017 00:00	Basic Information Endorsement	Endorsement Take Effective
3	27/09/2017 00:00	Basic Information Endorsement	Endorsement Take Effective
4	03/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective
5	06/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective
6	03/04/2018 00:00	Basic Information Endorsement	Endorsement Take Effective

Continue Cancel

Exit

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/0989842**

Policy No.	5072991822-02	Vehicle No.		GST Registration No.	
Policyholder Name	HALLMARK AUTOHUB PTE LTD	Cover Type	Third Party	Policyholder NRIC	201523050K
Product Code	MOTOR TRADE INSURANCE	Motor Trade Driver Name	DARREN GAN KAH HOE	Loading	0
Motor Trade Plate No.	SJ57078	Contact No. (Office)	62199330	Motor Trade Driver NRIC	S9718029F
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	10/04/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	09/04/2018	Time of Accident hh:mm	02:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD BKE TWDS HOE (PIE)				

**Benefits**

Own damage Excess	0.00	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	250 TURF CLUB ROAD	Address 2	#LOT-837 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOT-837	Related Policy Number	5072991822-02		

**DI Driver Info**

Driver Name	GAN KAH HOE DARREN	Driver Type	Named Driver	Driver DOB	28/05/1997
Unnamed driver Name		Driver NRIC	S9718029F	Driving Experience	1
Register Date of Driver License	18/06/2016	Driver Age	20	Contact No. (Home)	
Contact No. (Mobile)	91518119	Contact No. (Office)	0	Address 3	SINGAPORE 680510
Address 1	BLK 510	Address 2	CHOA CHU KANG STREET 51	Post Code	680510
Address 4		Address Type	Singapore address		
Unit No.	11-239				
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
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**Modification History**

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	HALLMARK AUTOHUB PTE LTD	Insured NRIC	201523050K
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	N/A
Email Address		DI Vehicle Number		TP Vehicle Number	PROPERTY
Claim Description	/ PROPERTY ON 9 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/04/2018 00:00
Date Registered	10/04/2018 18:23	Claim Close Date			
Report Taken By	Jackson				

Save Submit

**Attachment**

Accident No.	MT/0989842	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 18:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:24	SAS	Normal	SAS 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 18:23	Photos	Normal	Photos 2018-4-10		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
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