

# NATIONAL Assessment Centre Services

Date In: 16/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18006950/13	SAS e-filing		
Veh No: 86N3053X	E-mail (within 8hrs, A/C 2hrs)		
D O A 14/04/18 0730	i-Motor Claim Form	MT/0990509 -001	
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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: PCJ5186	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

NA1800362	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) iT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2/3:</b>	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 30		
	Invoice date/	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 willful 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	16/04/2018 14:03
Date Of Accident	14/04/2018 07:30
Exact Location Of Accident	CAIRNHILL RD TWDS GRANGE RD B4 CAIRNHILL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3053X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	933 MOTORING
Co Reg No	53295935C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94504933

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5080283964-01
Cover Note Number	

### Driver

Name of Driver	NG WEE KIAT, JASON (HUANG WEIJE, JASON)
NRIC No	S8424718I
Date Of Birth	16/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91814518
Fax Number	
Contact Number	
Email Address	NGJAS84@HOTMAIL.COM



Address	BLK 862 YISHUN AVE 4 #07-45
Postcode	760862
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	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)	2
Passenger 1	NAME: : UNKNOWN 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2518E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	IBRAHIM BIN ABDUL RAHMAN
NRIC/Passport Number	
Contact Number	87821044
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:

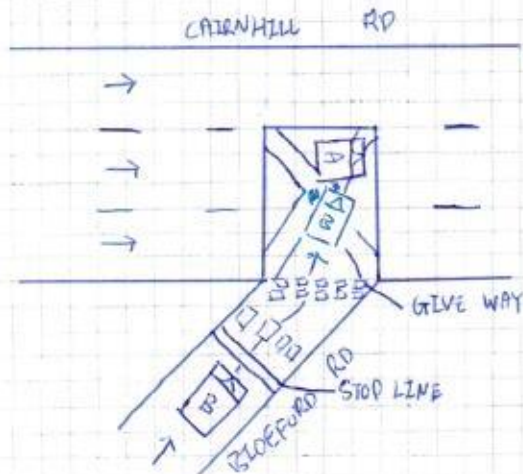
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 16/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN CAIRNHILL RD TOWARDS GRANGE RD BEFORE CAIRNHILL RD - ORCHARD RD X-JUNCTION.

A - SGN 3053 X  
B - PL 2518 E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CAIRNHILL RD TOWARDS GRANGE RD ON THE CENTER LANE of 3-LANES carriageway. SOMEWHERE BEFORE CAIRNHILL RD - ORCHARD RD X-JUNCTION, WITH THE FREE FLOW OF TRAFFIC, WHILE I was bypassing the yellow box, Suddenly VEH(B) FRONT LEFT PORTION COLLIDED ONTO MY RIGHT REAR PORTION. VEH(B) FROM BLOEFORD RD DID NOT STOP AND GIVE WAY TO ONCOMING VEHICLES AND COLLIDED ONTO MY VEHICLE WITH THE FREE FLOW OF TRAFFIC. AFTER THE ACCIDENT, WE ALIGNED AND EXCHANGED PARTICULARS AND VEH(B) DRIVER APOLOGISED FOR HIS CARELESSNESS. (A) - SGN 3053 X, (B) - PL 2518 E

## 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)

Reporting Centre Personnel's Signature  
Name: 16/04/18



<b>Vehicle No.</b>	SGN 3053 X	<b>Model / Make</b>	TOYOTA ALTIS
<b>Date of Accident</b>	14/04/18		
<b>Time of Accident</b>	07:30 AM	<b>HRS</b>	
<b>Location of Accident</b>	CAIRNHILL RD TOWARDS GRANGE ROAD BEFORE CAIRNHILL RD - ORCHARD RD X - JUNCTION		
<b>Exact purpose use during accident</b>	Personal Use.		
<b>Name of Owner</b>	933 MOTORING		
<b>Telephone No.</b>	H/P: 9450 4933	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>			
<b>Address</b>			
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NINC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>			
<b>Name of Driver</b>	As Above If No, NG WEE KIAN, JASON		
<b>NRIC</b>	S84247181	<b>Any Passengers :</b>	1 (FEMALE)
<b>Date of birth</b>	16/08/1984		
<b>Occupation</b>	<b>Outdoor</b> / Indoor		
<b>Driving License Pass Date</b>	01/03/2013		
<b>Gender</b>	<b>Male</b> / Female		
<b>Contact No.</b>	H/P: 9181 4518	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	APT BLK 862 YISHUN AVENUE 4 #07-45 S(760862)		
<b>Driver have any own vehicle</b>	<b>No,</b>	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	HIREE
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	<b>No,</b>	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<b>No,</b>	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	PL 2518 E	<b>Any Passengers :</b>	NZL
<b>Name of Driver</b>	IBRAHIM BIN ABDUL RAHMAN	<b>Contact No. :</b>	8782 1044
<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>	RIGHT REAR PORTION		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	NGJAS84 @ HOTMAIL.COM		
<b>PARTICULAR WORKSHOP</b>	NSI AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MZNG.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales @ nsi.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S84247181**

Name: **NG WEE KIAT, JASON**  
(HUANG WEIJIE, JASON)

Birth Date: **16 Aug 1984**

Issue Date: **01 Mar 2013**

002156224J




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S84247181**

Name: **NG WEE KIAT, JASON**  
(HUANG WEIJIE, JASON)  
**黄伟杰**

Race: **CHINESE**

Date of birth: **16-08-1984**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5449527






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

**Class 3A** Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

EFFECTIVE DATE: **01 Mar 2013**

NP 428A

Licence No: **S84247181**



5449527

**S84247181**

NPIC No: **S84247181**

Date of issue: **07-04-2015**

Address: **APT BLK 862 YISHUN AVENUE 4**  
**#07-45**  
**SINGAPORE 760862**






Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080283964-01	933 MOTORING	53295935C	GFT	drivo CLASSIC	SGN3053X	SGN3053X	12/05/2017	



## ▼ Policy Information

Policy No.	5080283964-01	Policyholder Name	933 MOTORING	Policyholder NRIC	53295935C
Address	BLK 4 #15-272 GHIM MOH ROAD SINGAPORE 270004				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/05/2017	Effective Date	12/05/2017 00:00	Expiry Date	11/05/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 4 #15-272	Address 2	GHIM MOH ROAD	Address 3	SINGAPORE 270004
Address 4		Address Type	Singapore address	Post Code	270004
Unit No.	15-272	Related Policy Number	5097298555		

## ► Insured Object: SGN3053X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/05/2017 00:00	Basic Information Endorsement	000001286563883	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: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKN9973D 24-05-2017 \$1,987.89 In view of this amendment, an additional premium of \$1,987.89 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	22/05/2017 00:00	Basic Information Endorsement	000001286563889	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKB1327K 22-05-2017 \$1,999.16 In view of this amendment, a refund of \$1,999.16 (inclusive of GST) will

## Claim Handling

## Accident MT/0990509

Policy No.	5080283964-01	Vehicle No.	SGN3053X	GST Registration No.	
Policyholder Name	933 MOTORING	Cover Type	drive CLASSIC	Policyholder NRIC	53295935C
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94504933	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## Accident Details

Report Date	16/04/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/04/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAIRNHILL RD TWOS GRANGE RD B4 CAIRNHILL RD				

## Benefits

## Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 4 #15-272	Address 2	GHEM MOH ROAD	Address 3	SINGAPORE 270004
Address 4		Address Type	Singapore address	Post Code	270004
Unit No.	15-272	Related Policy Number	5097298555		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/08/1984
Unnamed driver Name	NG WEE KIAT,JASON(HUANG WEI)	Driver NRIC	S8424718I	Driving Experience	5
Register Date of Driver License	01/03/2013	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	91814518	Contact No.(Office)	0	Address 3	KHATIB EVERGREEN II
Address 1	BLK 862	Address 2	YISHUN AVENUE 4	Post Code	760862
Address 4	SINGAPORE 760862	Address Type	Singapore address		
Unit No.	#07-45			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

## Claim 001 OD-MX

## New

Claim Type *	OD-MX	Insured Name	933 MOTORING	Insured NRIC	53295935C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SGN3053X	TP Vehicle Number	PC2518E
Claim Description	SGN3053X / PC2518E ON 14 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	16/04/2018 00:00
Date Registered	16/04/2018 14:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/0990509	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	16/04/2018 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	



4/16/2018

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

 No file chosen No file chosen No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:59	SAS	Normal	SAS 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 14:58	Photos	Normal	Photos 2018-4-16

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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