

# NATIONAL Assessment Centre Services

Date In: 16/04/2018 14:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006952/k4	SAS e-filing		
Veh No: SJF 3718T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/04/2018 12:45	i-Motor Claim Form	MT/0990639	17/4/18 10:00
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: (	Tel:	Fax:
TP Particulars:	Veh No: SJR6107Z	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

Claimant's Particulars :-	NA 1802376	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments :-		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		
		8) NTUC Additional Services:-		
		OD*		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (N'n INC) against INC \$20		
		9) N12: Idac Mobile 30		
		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	16/04/2018 14:26
Date Of Accident	15/04/2018 12:45
Exact Location Of Accident	PIONEER RD NORTH TWD SPIE (CHANGI) BELOW NANYANG FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3718T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE. LTD.
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90923611
Alternative Phone No	OFFICE-90923611

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092027190
Cover Note Number	

### Driver

Name of Driver	CHIA CHONG CHING
NRIC No	S8003307I
Date Of Birth	31/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90923611
Fax Number	
Contact Number	OTHERS-90923611
Email Address	NOEMAIL

Address	BLK 708 JURONG WEST STREET 71 #15-42
Postcode	640708
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)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6107Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KIAN PHIN
NRIC/Passport Number	
Contact Number	94799882



## 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:

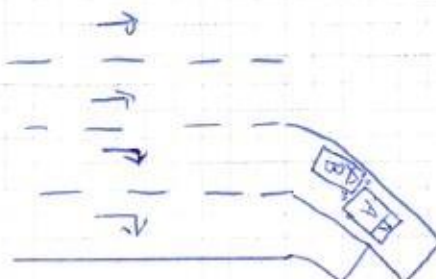
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

16/4/2018

# SKETCH PLAN

PIONEER RD NORTH TOWARDS PLE (CHANGI) BELOW NAN FLYOVER

A-SJF3718T  
B-SJR6107Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIONEER RD NORTH TOWARDS PLE (CHANGI) on lane 2 of A lane carriage way. Just before Nanang flyover while my vehicle is completely stopped and stationary due to oncoming vehicles, Suddenly, I felt an impact from the rear. I alighted and realised veh(B) Front RIGHT Portion collided onto my rear left portion. Therefore, we exchanged particulars after the accident.

## 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:

16/4/2018



<b>Vehicle No.</b>	SJF 378 T	<b>Model / Make</b>	HONDA STREAM
<b>Date of Accident</b>	15/04/18		
<b>Time of Accident</b>	12:45 PM	<b>HRS</b>	
<b>Location of Accident</b>	PIONEER RD NORTH TOWARDS PIE(CHANGI) BELOW NANYANG FLYOVER.		
<b>Exact purpose use during accident</b>	Personal use		
<b>Name of Owner</b>	ENTERPRISE CAR RENTAL PTE LTD		
<b>Telephone No.</b>	H/P : heavy no. 8307608	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201701215C		
<b>Address</b>	103 DEFM LANE 10 #01-05 FNA GROUP BUILDING S(539223)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5092027190		
<b>Name of Driver</b>	As Above If No, CHIA CHONG CHING		
<b>NRIC</b>	S80033071	Any Passengers : 2 (FEMALE) 1 (CHILD MALE)	
<b>Date of birth</b>	31/01/1980		
<b>Occupation</b>	<b>Outdoor</b>	/	Indoor
<b>Driving License Pass Date</b>	12/04/2005		
<b>Gender</b>	<b>Male</b>	/	Female
<b>Contact No.</b>	H/P : 9092 3611	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	APT BLK 708 JURONG WEST STREET 71 #15-42 S(640708)		
<b>Driver have any own vehicle</b>	<b>No</b>	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <b>HIRER</b>	
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	CHIA CHONG CHING		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<b>No</b>	If Yes, Where?	
<b>Vehicle B No.</b>	SJR 6107Z	Any Passengers : 1 (FEMALE)	
<b>Name of Driver</b>	ONG KIAN PHIN	Contact No. : 9479 9882	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR LEFT PORTION		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	y2-a1@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	TWIN CAR AUTOMOTIVES PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MENO.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	SALES@NSI.com.sg		

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 201701215C  
 Owner ID Type: Company  
 Owner Name: ENTERPRISE CAR RENTAL PTE LTD  
 Registered Address: 103 DEFU LANE 10 #01-05 FNA GROUP BUILDING SINGAPORE 539223  
 Mailing Address: -  
 Birth Date: -

### Vehicle Particulars

Vehicle No.: SJF3718T  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 07 Aug 2017  
 Original Regn Date: 28 May 2008  
 Registration Date: 28 May 2008  
 Year of Manufacture: 2008  
 Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover  
 Vehicle Scheme: -  
 Vehicle Attachment 1: No Attachment  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: HONDA  
 Vehicle Model: STREAM 1.8X A  
 Primary Colour: Black  
 Secondary Colour: -  
 Passenger Capacity: 6  
 Chassis No.: RN61064371  
 Engine No.: R18A1771566  
 Engine Capacity/Power Rating: 1799 cc / -  
 Maximum Power Output: 103.0 kW (138 bhp)  
 Propellant: Petrol  
 Max Unladen Weight: 1350 kg  
 Maximum Laden Weight: 1735 kg  
 Open Market Value: \$17,043.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 27 May 2018  
 Minimum PARF Benefit: \$8,521.00  
 No. of Transfers: 1  
 IU Label No.: 1122137119  
 COE No.: 2008060103002119H  
 COE Expiry Date: 27 May 2018  
 COE Category: B - Car (1601cc & above)  
 COE Registration Category: B - Car (1601cc & above)  
 Quota Premium (QP) / Prevailing Quota Premium: \$17,113.00 / -  
 Actual QP Paid: \$17,113.00  
 QP (Regn Cat): \$17,113.00



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S80033071



Name

CHIA CHONG CHING

谢崇庆

Race

CHINESE

Date of birth

31-01-1980

Sex

M

Country of birth

SINGAPORE

S80033071

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

Name

CHIA CHONG CHING  
(XIE ZHONGQING)

Birth Date: 31 Jan 1980

Issue Date: 12 Apr 2005



001335042G



4521111

NRIC No. S80033071



Date of issue

02-02-2010

APT BLK 708 JURONG WEST STREET 71 #15-42  
SINGAPORE 640708

NRIC No: S80033071

Date: 29/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver, and motor tractors  
/vehicles  $\leq$  2500 kg

12 Apr 2005



Licence No: S80033071

NP 428A



## 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:** 5092027190

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJF3718T**  
 Chassis Number : RN61064371
2. Name of Policyholder : ENTERPRISE CAR RENTAL PTE LTD
3. Effective Date of Insurance : 07 Aug 2017
4. Expiry Date of Insurance : 06 Aug 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**

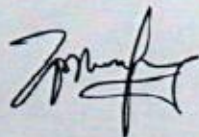
- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

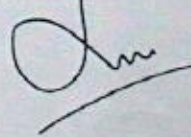
Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
 Date of Issue : 17 Jun 2017 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5092027190	ENTERPRISE CAR RENTAL PTE. LTD.	201701215C	GFT	drive CLASSIC	SJF3718T	SJF3718T	07/08/2017	



## ▼ Policy Information

Policy No.	5092027190	Policyholder Name	ENTERPRISE CAR RENTAL PTE. L	Policyholder NRIC	201701215C
Address	103 DEFU LANE 10 #01-05 FNA GROUP BUILDING SINGAPORE 539223				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/06/2017	Effective Date	19/06/2017 00:00	Expiry Date	31/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

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		

## ► Insured Object: SJF3718T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	20/06/2017 00:00	Basic Information Endorsement	000001286582725	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. SJJ3942R 20-06-2017 \$1,399.74 In view of this amendment, an additional premium of \$1,399.74 (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	13/07/2017 00:00	Basic Information Endorsement	000001286598788	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Accident MT/0990639

Claim 001 OD-MX NewAttachment



4/17/2018

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

Accident No.	MT/0990639	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/04/2018 10:00

Path *	Category *	Confidential	Urgency *
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	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
Message Read	Clear Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 10:01	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:59	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:58	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			