

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118065940

Date In: 21/5/18-14:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18009224/24	SAS e-filing		
Veh No: PC6809P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/5/18-17:00	i-Motor Claim Form	MT/0995280-001	21/5/18 19:33
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:	Veh No: JK8897K	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:- (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

NA1803197	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars:-	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) 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 / 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1:			
Ref 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	21/05/2018 14:44
Date Of Accident	18/05/2018 17:00
Exact Location Of Accident	ALONG BIDEFORD RD BESIDE PARAGON MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6809P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG LIMO PTE LTD
Co Reg No	201101987M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93366853
Alternative Phone No	OFFICE-93366853

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100174753
Cover Note Number	

### Driver

Name of Driver	IZAHAR BIN TAIB
NRIC No	S0858529F
Date Of Birth	29/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93724831
Fax Number	
Contact Number	OFFICE-93724831
Email Address	NOEMAIL

Address	BLK 236A SERANGOON AVENUE 2 #03-155
Postcode	551236
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SKB8897K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEVEN NEO MENG HOE
NRIC/Passport Number	S9025548G
Contact Number	83884021
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:

19/5/18

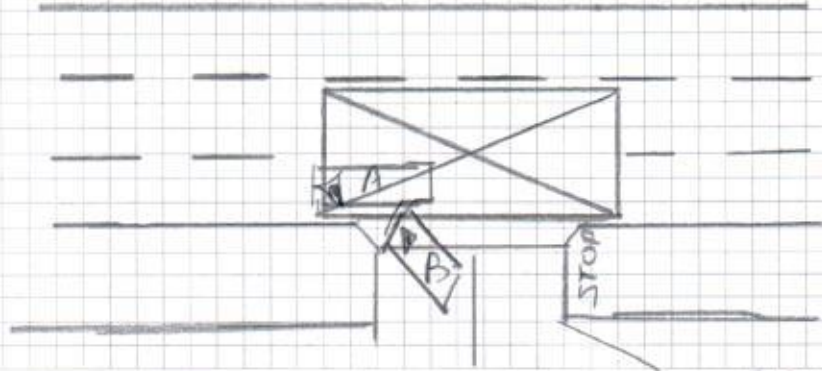
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

RIDEFORD RD

A- AC6809P

B- SKB8897K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PARAGON

P/s refer to the attached statement.

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:

19/5/18

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

I WAS EXITING FROM THE PARAGON MALL INTO BIDEFORD ROAD.IT WAS HEAVY TRAFFIC AND SLOW MOVING TRAFFIC.MY VEH WAS INSIDE THE YELLOW BOX AT BIDEFORD RD,SUDDENLY I FELT THE IMPACT FROM MY REAR LEFT SIDE PORTION OF MY VEH.VEH B CAME OUT AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.



# ACCIDENT STATEMENT

ACCIDENT DATE: (18/05/18) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: BIDEFORD RD BESIDE PARAGON

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6809P  
b) INSURANCE COMPANY: AFUL  
c) POLICY NUMBER: 5100174753  
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: WORKING  
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: WANG LIMO PTE. LTD (MALE / FEMALE) 53  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93366835  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: IZAHAR BIN TAIB (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 50558529F CONTACT: 93724831  
c) ADDRESS: BLK 336A SERANGOON AVE  
#03-155 (561236)

\*d) DATE OF BIRTH: (29/05/1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/10/1998

## 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 DRIZZLING)

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: SKB8897K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: STELEN NEO MENG HUE  
c) NRIC/FIN/PASSPORT: 590255486 CONTACT: 83884021

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_


19/05/18

waiting for  
veh & company  
stamp

email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0858529F



Name: IZAHAR BIN TAIB

Race: MALAY

Date of Birth: 29-05-1949 Sex: M

Country of Birth: SINGAPORE

1077



NRIC No. S0858529F




Blood Group: A+ Date of Issue: 01-07-1993

APT BLK 200A SERANGOON AVENUE 2 #03-155  
SINGAPORE 551735

NRIC No: S0858529F Date: 01-07-1993 No: 2625118

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S0858529F

Name: IZAHAR BIN TAIB

Birth Date: 29 May 1949

Issue Date: 30 Sep 2003




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


19 Oct 1962

Licence No: S0858529F



NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S0858529F

Name: IZAHAR BIN TAIB

Issue Date: 28/9/2011

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	10/10/1998
04	BUS ATTENDANT	10/10/1998





eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/05/2018 17:00"/>						
Vehicle No.(For Motor)	<input type="text" value="PC6809P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S100174753	WANG LIMO PTE. LTD.	201101987M	GBS	Comprehensive	PC6809P	PC6809P	27/04/2018	26/04/2019
<input type="button" value="Continue"/>									

## Policy Information

Policy No.	5100174753	Policyholder Name	WANG LIMO PTE. LTD.	Policyholder NRIC	201101987M
Address	61 KAKI BUKIT AVENUE 1 #06-12 SHUN LI INDUSTRIAL PARK SINGAPORE 417943				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/04/2018	Effective Date	27/04/2018 00:00	Expiry Date	26/04/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	1862.96		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	61 KAKI BUKIT AVENUE 1	Address 2	#06-12 SHUN LI INDUSTRIAL P.	Address 3	SINGAPORE 417943
Address 4		Address Type	Singapore address	Post Code	417943
Unit No.		Related Policy Number	5100174753		

## Insured Object: PC6809P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/04/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Apr 2018, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 27 Apr 2018 TO 26 Apr 2019 2. ORIGINAL REGISTRATION DATE: 27 Apr 2018 3. VEHICLE REGISTRATION NUMBER: PC6809P 4. TONNAGE: 0.84 tons
2	27/04/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Apr 2018 TO 26 Apr 2019

Continue

Cancel



- Exit.

The premium on this policy has not been collected.

Accident.MT/0995280

Policy No.	S100174753	Vehicle No.	PC6809P	GST Registration No.	
Policyholder Name	WANG LIMO PTE. LTD.			Policyholder NRIC	201101987M
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93266853	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
RFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

### Accident Details

Report Date	21/05/2018 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	18/05/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre	Orange Force			ICM No.	
Accident Location	ALONG RIDGEFORD RD. BESIDE PARAGON MALL				

### Benefits

**Excess**

Own damage Excess	2,000.00	Additional Excess	Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	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	61 KAKI BUKIT AVENUE 1	Address 2	#06-12 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 417943
Address 4		Address Type	Singapore address	Post Code	417943
Unit No.		Related Policy Number	5100174753		

 [OI Driver Info](#)

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	IAHAR BIN TAIB	Driver NRIC	S0858529F	Driver DOB	29/05/1949
Register Date of Driver License	10/10/1998	Driver Age	68	Driving Experience	19
Contact No (Mobile)	93724831	Contact No (Office)	0	Contact No (Home)	0
Address 1	BLK 236A	Address 2	SERANGOON AVENUE 2	Address 3	SINGAPORE 551236
Address 4		Address Type	Singapore address	Post Code	551236
Unit No.	03-155				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

#### Declaration

Breathalyzer or Blood Test Readings?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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#### Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	WANG LIMQ PTE. LTD.	Insured NRIC	201101987M
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	67477433
Email Address	cps@wanglimo.com	Ol Vehicle Number	PC6809P	TP Vehicle Number	SK88897K
Claim Description	PC6809P / SK88897K ON 18 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 19:33	Claim Close Date		Date Received	21/05/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995260	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2016 19:34

[illegible]☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:34	SAS	Normal	SAS 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 19:33	Photos	Normal	Photos 2018-5-21	<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in new Window](#)
[Scan and uploading](#)