

NATIONAL Assessment Centre Services [ver 1 Jan 05] **MMA 118083408.**

Date In: 28/16/18 13:36	Job description	Date & Time Completed	Done by
Ref No: WA/INC18011787144.	SAS e-filing		
Veh No: SJA 8942x.	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 27/16/18 09:30.	i-Motor Claim Form	MT/21000822⁻⁰⁰¹	29/16/18 10:08.
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: SKD 3866 Y.	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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$3		
Lat. 1:	TP (N11): TP (Non INC) against INC \$20		
Lat. 2 / 3:	9) N12: Idac Mobile \$10		
	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	28/06/2018 13:36
Date Of Accident	27/06/2018 09:30
Exact Location Of Accident	KPE TWDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ8942X
Insured/Policyholder	
Name Of Registered Owner	JEE CHO FEI (YU ZUHUI)
NRIC No	S7641464E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90919667
Alternative Phone No	OFFICE-90919667
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099808924
Cover Note Number	-
Driver	
Name of Driver	CECILIA CHAN KIM HONG
NRIC No	S7797152A
Date Of Birth	19/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83189292
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 197 RIVERVALE DRIVE #06-707
Postcode	540197
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : WU JUNJIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3866Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HWA KIAT
NRIC/Passport Number	S7937147E
Contact Number	98522493
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CECILIA CHAN KIM HONG

Approximate Age

Injuries Sustain LEFT HAND AND BACK

Injured person in which vehicle? SJQ8942X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WU JUNJIE

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJQ8942X

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:

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

Diagram illustrating a vertical stack of four boxes, each containing a letter. The boxes are labeled X, Y, A, and B from top to bottom. To the right of the stack, the following equations are listed:

- $A = SJQ\ 8942X$
- $B = SKD\ 3866Y$
- $Y = SLX\ 4152A$
- $X = \text{Unknown.}$

Below the stack, the text "KPE twds AYE" is written.

Please Refer to Police Report



SINGAPORE POLICE FORCE



T/20180627/2058

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180627/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 12:35	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CECILIA CHAN KIM HONG	Address: APT BLK 197 RIVERVALE DRIVE #06-707 SINGAPORE 540197
ID Type / ID No.: NRIC NO / S7797152A	Contact No.: Home/Office: Mobile: 83189292
Nationality: SINGAPORE CITIZEN	Email:
Sex: Female Age: 41 Date of Birth: 19/01/1977	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GRABCAR DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Along KPE @0932hrs				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8942X	Car				Slightly Damaged	1
SKD3866Y	Car				Slightly Damaged	0
SLX4152A	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180627/2058

Police Station Of Origin:
Hougang NPP

2 of 3

Report No. T/20180627/2058

357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date at about 0932hrs, I was driving my vehicle with registration plate number SJQ8942X along KPE 1st lane when suddenly the vehicle driving on my front with registration plate number of SLX4152A had hit another vehicle thus making it to halt however I managed to stop my vehicle. Few seconds there was a bang coming from the rear and I discovered that another vehicle with registration plate number of SKD3866Y had hit the rear of my vehicle. The details of the driver is Lee Hwa Kiat S7937147E HP: 98522493.

There were damages such as dent and also scratches on the rear of my vehicle. There were no traffic police or ambulance were at scene.

I have one passenger namely Wu JunJie S9127274A HP: 98157583. I asked my passenger if he was injured and he mentioned that he had sprained his neck due to the impact. I told my passenger to make a check on his injury since he was on his way to Paragon Medical and he acknowledged.

I would like to add that I made a check and took photos of the damages on my car and also the particulars of all the drivers.

I went to the doctor to make a check due to the numbness on my left hand and also the pain on my back due to the impact. I went to Oxford Clinic & surgery and received 3 days of MC with MC serial number of 74056.

I also would like to add that I managed to stop my vehicle on time however the vehicle coming from the back could not stop and had hit my vehicle and there was no contact between my vehicle and the vehicle in front of me.

That's all.



**SINGAPORE
POLICE FORCE**



T/20180627/2058

3 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180627/2058

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:

F /

Sgt 3 MOHAMMAD AZRUL BIN AZMI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

27/06/2018 12:35

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp

NP163

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7797152A



Name

CECILIA CHAN KIM HONG

曾金凤

Race

CHINESE

Date of birth

19-01-1977

Sex

F

Country of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7797152A

Name

CECILIA CHAN KIM HONG

Birth Date 19 Jan 1977

Issue Date 21 Oct 2003



3994637

NRIC No. S7797152A



Date of issue

27-01-2007

APT BLK 197 RIVERVALE DRIVE #06-707
SINGAPORE 540197

NRIC No: S7797152A

Date: 10/04/2010

No: 6516378

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

PASS DATE

Class 3

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

09 Oct 1996

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 : 5099808924

Cover : Comprehensive

- | | |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJQ8942X |
| Chassis Number | : KMHDC51DR9U184247 |
| 2. Name of Policyholder | : JEE CHO FEI (YU ZUHUI) |
| 3. Effective Date of Insurance | : 13 Apr 2018 |
| 4. Expiry Date of Insurance | : 12 Apr 2019 |
| 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : GRABCAR PTE. LTD. (00000601726)
Date of Issue : 11 Apr 2018 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1000822

Policy No.	5099808924	Vehicle No.	SJQ8942X	GST Registration No.	
Policyholder Name	JEE CHO FEI (YU ZUHUI)			Policyholder NRIC	S7641464E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90919667	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
▼ Accident Details					
Report Date	29/06/2018 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS AYE				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	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	BLK 197 #06-707	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540197
Address 4		Address Type	Singapore address	Post Code	540197
Unit No.	06-707	Related Policy Number	5099808924		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/01/1977
Unnamed driver Name	CECILIA CHAN KIM HONG	Driver NRIC	S7797152A	Driving Experience	21
Register Date of Driver License	09/10/1996	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	83189292	Contact No.(Office)		Address 3	SINGAPORE 540197
Address 1	BLK 197 #06-707	Address 2	RIVERVALE DRIVE	Post Code	540197
Address 4		Address Type	Singapore address		
Unit No.	06-707				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JEE CHO FEI (YU ZUHUI)	Insured NRIC	S7641464E
Contact No.(Mobile)	90919667	Contact No.(Home)		Contact No.(Office)	+
Email Address	alexjee03@gmail.com	OI Vehicle Number	SJQ8942X	TP Vehicle Number	SKD3866Y
Claim Description	SJQ8942X / SKD3866Y ON 27 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	29/06/2018 00:00
Date Registered	29/06/2018 10:05	Claim Close Date			
Report Taken By	LEW SHAN HUI				

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1000822	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/06/2018 10:08		
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

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	SAS	Normal	SAS 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:08	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 10:05	Photos	Normal	Photos 2018-6-29

Video List

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