

# NATIONAL Assessment Centre Services

Page 1 of 2

MNA 118086587.

Date In	5/7/18 11:59	Job description	Date & Time Completed	Done by
Ref No	NAI INC 18012244/h4	SAS e-filing		
Veh No	G8G. 332 G	E-mail (within 3hrs, A/P, 2hrs)		
D.O.A	5/5/18 06:45.	i-Motor Claim Form	MT/100 8454-002	5/7/18 16:31.
OD - TP (Repairing Only)		i-Motor W/O (within 3hrs, A/P, 2hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: G8B 8269E.	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: 30-100%]	
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

NA 1804258

Invoice Preparation Checklist		Ant (\$)	Ant (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$80)			
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) H1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services -			
Q1*			
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11) TP (Non INC) against INC	\$50		
9) H12: Mac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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	05/07/2018 11:59
Date Of Accident	05/05/2018 06:45
Exact Location Of Accident	3017 BEDOK NORTH ST 5 LEVEL 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG332G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH'S FARM CATERING (F&B) PTE LTD
Co Reg No	201216150E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68423271

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091159808
Cover Note Number	-

### Driver

Name of Driver	LIN MINGCHAO
Passport No/FIN	G2823828U
Date Of Birth	02/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84300146
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	587 AMK AVE 3 #07-3025
Postcode	560587
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	NO COLLISION
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?	
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , <b>POSTCODE:</b> 550108 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2849999 - <b>FAX NO:</b> 63431742
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8269E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

Unable to Provide Sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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



Policyholder's Signature  
Date & Time:

林明志

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

Handwritten signature of Reporting Centre Personnel.

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



**SINGAPORE  
POLICE FORCE**



T/20180528/2122

1 of 3

Report No. T/20180528/2122

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2018 19:04	Vide Report No.:	Station Diary No.: 30
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<b>Informant's Particulars</b>			
Name of Informant: LIN MINGCHAO		Address: C/O AVIER FOOD MANUFACTURING PTE LTD SINGAPORE	
ID Type / ID No.: FIN NO / G2823828U		Contact No.: Home/Office: Mobile: 84300146	
Nationality: CHINESE		Email:	
Sex: Male	Age: 25	Date of Birth: 02/09/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2018 06 45	Type of Location: Car Park
Location: Along Road 1 BEDOK NORTH STREET 5				
CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: I DID NOT NOTICE ANY IMPACT				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG332G	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



T/20180528/2122

Report No. T/20180528/2122

## CONTINUATION OF REPORT

Driver	ID No.		G2823828U
Name	LIN MINGCHAO		Contact No. 84300146
Related Vehicle	GBG332G (Lorry)		Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 28/05/2018, I received a letter from TP stating that there was a alleged Hit-and-Run accident involving GBG323G & GBB8269E along Bedok North Street 5 Carpark on 5 May 2018 at about 0645hrs.

I wish to state that during that point in time, I am the driver of GBG332G. However during my course of driving, I did not involved in any form of accident. There were also no damaged on the said vehicle.

180528/2122  
No. T20180528/2122



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon North NPP  
135 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No. 1800-2849999



T/20180528/2122

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Report No. T/20180528/2122

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

*Karif wirif  
6547 6902*

**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 2 ONG ZHEN ZUO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/05/2018 19:04

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



Signature:

Singapore Police Force

Classification Of Case:

SN 154

Authentication Stamp  
NP168

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **G2823828U**  
 Name: **LIN MINGCHAO**  
 Birth Date: **02 Sep 1992**  
 Issue Date: **21 Jun 2016**  
 Valid Till: **20/06/2021**

002580494A

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


 Name: **LIN MINGCHAO**  
 Work Permit No.: **0 77073493** Sector: **MANUFACTURING**  
 Employee: **AVIER FOOD MANUFACTURING PTE. LTD.**





**K0254821**

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

	EFFECTIVE DATE
<div> <div> <div>2B</div> <div>2</div> </div> <div> <div>2B</div> <div>2</div> </div> </div> MOTORCYCLES NOT EXCEEDING 200 CC MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	21 Jun 2016 22 Aug 2016

S / No. 9000234866

Licence No: G2823828U  


NP 42RA

**VISIT PASS**  
Immigration Regulations


**LIN MINGCHAO**

FID: **G2823828U**  
 Date of Birth: **02-09-1992** Sex: **M**  
 Nationality: **CHINESE**  
**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status  


YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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)

GBG332G

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091159808	OH'S FARM CATERING (F&B) PTE LTD	201216150E	GCV	Comprehensive	GBG332G	GBG332G	24/05/2017	23/05/2018

Our Ref: MT/CA/TP/059/0998454-001/DP/VU

13 Jun 2018

OH'S FARM CATERING (F&B) PTE LTD  
3017 BEDOK NORTH STREET 5  
#02-34 GOURMET EAST KITCHEN  
SINGAPORE 486121

Dear Policyholder

**CLAIM NUMBER: MT/0998454-001**  
**ACCIDENT INVOLVING GBG332G / GBB8269E on 5 May 2018**

We would like to inform you that a claim for S\$3,563.75 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

## Claim Handling

Accident MT/0998454

Policy No.	5091159808	Vehicle No.	GBG332G	GST Registration No.	201216150E
Policyholder Name	OH'S FARM CATERING (F&B) PTE LTD			Policyholder NRIC	201216150E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	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(%)	0	Private Hire	Not available
<b>Accident Details</b>					
Report Date	13/06/2018 08:06	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	05/05/2018	Time of Accident hh:mm	06:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	BEDOK NORTH ST 5 BLK 3017 LEVEL 2				
<b>Benefits</b>					
Coverage	Sum Insured				
Accessory	2000				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/05/2013		
GST Registration No.	201216150E	GST Status Verified	Yes		
Modification History	13/06/2018 16:23:10 Nur Shahira Hassan changed GST Registered from No to Yes 13/06/2018 16:23:10 Nur Shahira Hassan changed GST Registration No. from null to 201216150E 13/06/2018 16:23:10 Nur Shahira Hassan changed GST Registration Date from null to 01/05/2013				
<b>Policyholder Mailing Address</b>					
Address 1	3017 BEDOK NORTH STREET 5	Address 2	#02-34 GOURMET EAST KITCHEN	Address 3	SINGAPORE 486121
Address 4		Address Type	Singapore address	Post Code	486121
Unit No.	05-07	Related Policy Number	5100615482		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	OH'S FARM CATERING (F&B) PT	Insured NRIC	201216150E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBG332G	TP Vehicle Number	GBB8269E
Claim Description	GBG332G / GBB8269E ON 5 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/07/2018 00:00
Date Registered	05/07/2018 16:31	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0998454	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/07/2018 16:31		
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	Clear	Please Select	NO	Normal
		Clear			

[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Send](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	SAS	Normal	SAS 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:31	Photos	Normal	Photos 2018-7-5

## Video List

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