

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012807/13	SAS e-filing		
Veh No: 5GA6921P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/18 0340	i-Motor Claim Form	MT/1002977-001	
OD <input checked="" type="radio"/> 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: (TRUST AUTOWORKS Tel: Fax:)

TP Particulars:	Veh No: SLP3519A	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

NA/604401	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	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	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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	14/07/2018 11:12
Date Of Accident	14/07/2018 03:40
Exact Location Of Accident	PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA6921P
Insured/Policyholder	
Name Of Registered Owner	ONG SIN ANN
NRIC No	S7533226B
Email Address	PO1975SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97484870
Alternative Phone No	OTHERS-97484870

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100619891
Cover Note Number	

Driver

Name of Driver	ONG SIN ANN
NRIC No	S7533226B
Date Of Birth	01/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97484870
Fax Number	
Contact Number	OTHERS-97484870
EEmail Address	PO1975SG@YAHOO.COM

Address	BLK 759 PASIR RIS ST 71 #16-184
Postcode	510759
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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

PLS REFER TO THE STATEMENT.

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	SLP3519A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO WIN KENG(LIANG YUANQI)
NRIC/Passport Number	S8703056C
Contact Number	91906569
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG SIN ANN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGA6921P
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.
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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:

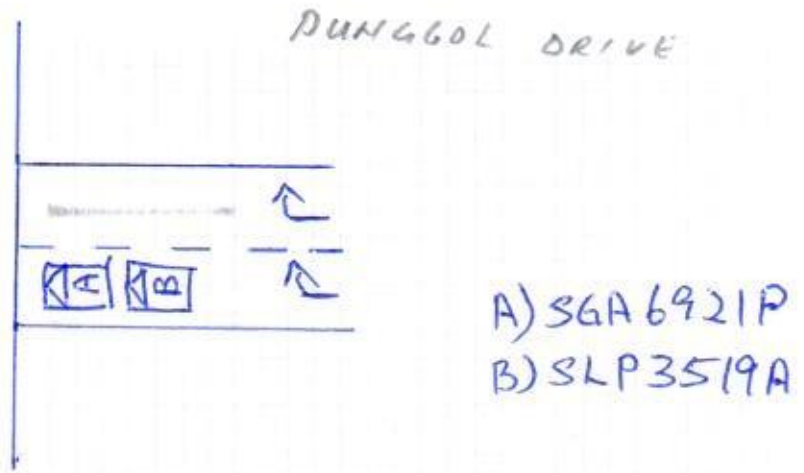
14/07/18
11.08 AM

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

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

14/07/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at traffic junction due to red light, about few second later vehicle (B) suddenly hit onto my rear portion, I feel uncomfortable on my neck. HAVE VIDEO CAMERA inside my car.

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:

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

14/07/18
11.08AM.

14/07/18

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 07 / 2018 (DD/MM/YYYY), TIME: 3.40am (HH:MM)

LOCATION: PUNGOL DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGA 6921P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5100619891
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: NISSAN LATI0
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE JOB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: ONE SIN ANN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7533226B CONTACT: 97484870
 c) ADDRESS: BIK 759 PASIR RIS ST 71 #16-184 SC 510759

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 01 / 11 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25 NOV 1997

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
 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: SLP 3519A MODEL: HONDA
 b) DRIVER'S NAME: NEO WIN KENG (LIANG YU ANGI)
 c) NRIC/FIN/PASSPORT: S8703056C CONTACT: 91 966569

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)


* No of passenger
 (including driver)
()

Email = pol9755g@yahoo.com

fax =

video =

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S7533226B
 Name: ONG SIN ANN

Please visit 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
12	TAXI VL	11/06/2018



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7533226B



ONG SIN ANN
 (WANG SHENG'AN)
 王生安

Race
 CHINESE

Date of Birth 01-11-1975 Sex M

Country of Birth
 SINGAPORE

3022293



NRIC No: S7533226B

Blood Group B+ Date of issue 28-04-1998

APT BLK 759 PASIR RIS STREET 71 #16-184
 SINGAPORE 510759

S7533226B 09/07/2013

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7533226B
 Name
 ONG SIN ANN
 (WANG SHENG'AN)

Birth Date 01 Nov 1975
 Issue Date 15 Oct 2003

000925441D

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Nov 1997

NF 42BA

Licence No: S7533226B

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: S100619891 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle	: SGA6921P
Chassis Number	: SC11024495
2. Name of Policyholder	: ONG SIN ANN
3. Effective Date of Insurance	: 09 May 2018
4. Expiry Date of Insurance	: 24 May 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.

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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG SIN ANN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MOTORLUCK ENTERPRISE PTE 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 : THIS MARKETING INSURANCE AGENCY (00000572208)
 Date of Issue : 09 May 2018 14:06 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"/>	5100619891	ONG SIN ANN	S7533226B	GPC	drive CLASSIC	SGA6921P	SGA6921P	09/05/2018	24/05/2019

Claim Handling

Accident MT/1002977

Policy No.	5100619891	Vehicle No.	SGA6921P	GST Registration No.	
Policyholder Name	ONG SIN ANN			Policyholder NRIC	S75332268
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97484870	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
▼ Accident Details					
Report Date	14/07/2018 13:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/07/2018	Time of Accident hh:mm	03:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL DRIVE				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 759 #16-184	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510759
Address 4		Address Type	Singapore address	Post Code	510759
Unit No.	16-184	Related Policy Number	5100619891		
▼ O1 Driver Info					
Driver Name	ONG SIN ANN	Driver Type	Main Driver	Driver DOB	01/11/1975
Unnamed driver Name		Driver NRIC	S75332268	Driving Experience	10
Register Date of Driver License	03/03/2008	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	97484870	Contact No.(Office)	0	Address 3	SINGAPORE 510759
Address 1	BLK 759	Address 2	PASIR RIS STREET 71	Post Code	510759
Address 4		Address Type	Singapore address		
Unit No.	#16-184				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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	ONG SIN ANN	Insured NRIC	S75332268
Contact No.(Mobile)		Contact No.(Home)	64567230	Contact No.(Office)	64472555
Email Address		O1 Vehicle Number	SGA6921P	TP Vehicle Number	SLP3519A
Claim Description	SGA6921P / SLP3519A ON 14 Jul 2018			Name of Preferred Workshop	TRUST AUTOWORKS
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/07/2018 00:00
Date Registered	14/07/2018 14:06	Claim Close Date			
Report Taken By	ROSILINDA				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1002977	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/07/2018 14:08		
Path *					
Choose File	No file chosen	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	

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Message Read

Clear

Please Select

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	SAS	Normal	SAS 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:08	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:07	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:07	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:07	Photos	Normal	Photos 2018-7-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:06	Photos	Normal	Photos 2018-7-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:06	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:06	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:06	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 14:06	Photos	Normal	Photos 2018-7-14

Video List

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