

NATIONAL Assessment Centre Services			
Date In: 03/08/2018 15:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801428/K4	SAS e-filing		
Veh No: SKD2304J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/07/2018 11:35	i-Motor Claim Form	MT/1004910-002	6/8/18 09:50
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: ( ) Tol: ( ) Fax: ( )

TP Particulars: ( ) Veh No: SFX6606R 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

NA1804896

Invoice Preparation Checklist	Amt (\$)	Amt (\$)
In Bill		Add Bill
1) AR: Accident Reporting (\$30);		
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) N1: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON*		
*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: Idno Mobile \$0		
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:

Cal. 1:

Cal. 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	03/08/2018 15:14
Date Of Accident	22/07/2018 11:35
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2304J
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#### Insured/Policyholder

Name Of Registered Owner	CITYPOST ASIA PTE.LTD.
Co Reg No	200923458E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98686880
Alternative Phone No	OFFICE-98686880

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096460860
Cover Note Number	

#### Driver

Name of Driver	HO LIN TONG
NRIC No	S0198065C
Date Of Birth	18/05/1950
Occupation	INDOOR
Date Of Driving Pass	20/04/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98686880
Fax Number	
Contact Number	OTHERS-98686880
Email Address	NOEMAIL

Address	BLK 322 JURONG EAST STREET 31 #02-220
Postcode	600322
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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	RAINING
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?	NO
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 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	SFX6606R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.



*Handwritten signature*

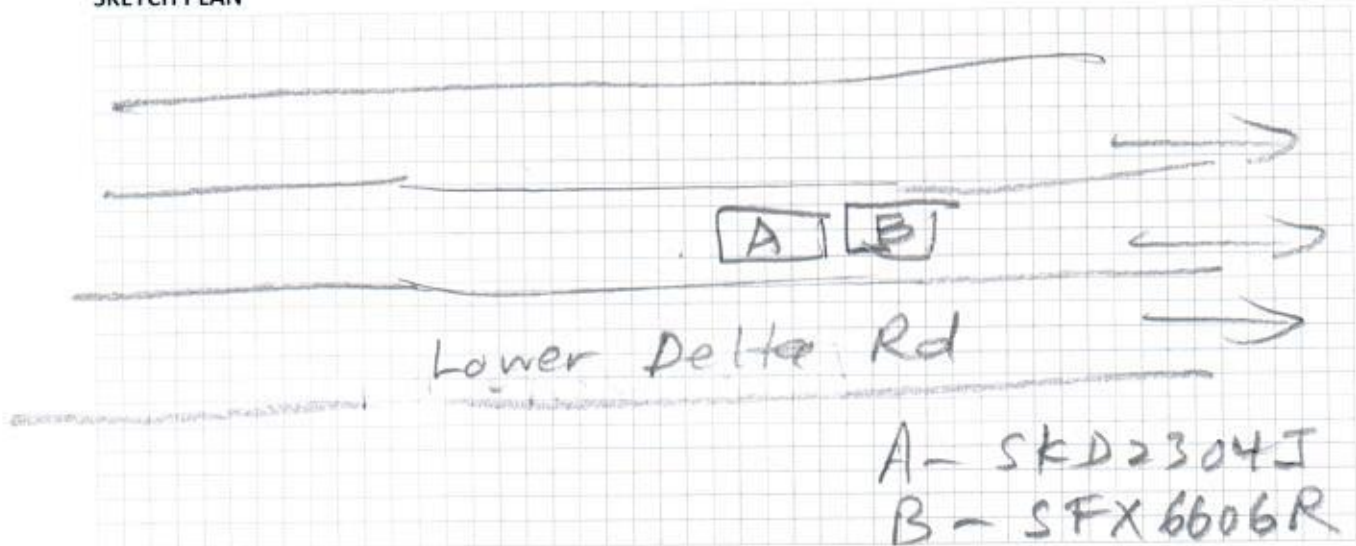
*Handwritten signature and date 3/8/2018*

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lower Delta Rd  
 Suddenly the SFX 6606R stop. I manage to stop,  
 but I think there is a knock, cannot see and  
 damaged. It was raining heavily, a female Driver  
 and I think his son come out of the car, I told  
 her I see no damage ~~to SFX 6606R~~ The son take  
 the photo of my car and I take the photo of  
 SFX 6606R and they move away.  
 Unable to contact them.  
 No injuries both side

## DECLARATION

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



*Neto*

*3/8/2018*

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.:



Our Ref: MT/CA/TP/001/1004910-001/HT/VU

27 Jul 2018

CITYPOST ASIA PTE.LTD.  
192 PANDAN LOOP  
#04-11 PANTECH BUSINESS HUB  
SINGAPORE 128381

Dear Policyholder

**CLAIM NUMBER: MT/1004910-001**  
**ACCIDENT INVOLVING SKD2304J / SFX6606R on 22 Jul 2018**

We would like to inform you that a claim 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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0198065C



HO LIN TONG

何仁東

Race  
CHINESE

Date of Birth  
18-05-1950

Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0198065C

Name  
HO LIN TONG

Birth Date: 18 May 1950

Issue Date: 30 Jun 2004




001248469J

2671477



NRIC No: S0198065C



Blood Group: O+

Date of issue: 27-07-1995

Address  
APT BLK 322 JURONG EAST STREET 31  
#02-220  
SINGAPORE 2260


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

PASS DATE: 20 Apr 2000

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 428A

Licence No: S0198065C



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="22/07/2018 11:35"/>
Vehicle No. (For Motor)	<input type="text" value="SKD2304J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096460860		CITYPOST ASIA PTE.LTD.	200923458E	GPC	drivo CLASSIC	SKD2304J	SKD2304J	07/12/2017	06/12/2018



## Claim Handling

» [Task Transfer](#) » [Exit](#)

## ▼ Accident MT/1004910

LOS SAL SUB

Policy No.	5096460860	Vehicle No.	SKD2304J	GST Registration No.	
Certificate No.					
Policyholder Name	CITYPOST ASIA PTE.LTD.			Policyholder NRIC	200923458E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	0	Private Hire	Not available

## ▼ Accident Details

Report Date	27/07/2018 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	22/07/2018	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOWER DELTA ROAD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			600.00
Third Party Excess	0.00	Outside Singapore TP Excess			0.00

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	192 PANDAN LOOP	Address 2	#04-11 PANTECH BUSINESS HL	Address 3	SINGAPORE 128381
Address 4		Address Type	Singapore address	Post Code	128381
Unit No.	04-11	Related Policy Number	5096460860		

## ▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
	Driver Age		

## Claim Handling

Accident MT/1004910

Policy No.	5096460860	Vehicle No.	SKD2304J	GST Registration No.	
Certificate No.					
Policyholder Name	CITYPOST ASIA PTE.LTD.			Policyholder NRIC	2009
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not a
<b>Accident Details</b>					
Report Date	27/07/2018 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	22/07/2018	Time of Accident hh:mm	11:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOWER DELTA ROAD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	192 PANDAN LOOP	Address 2	#04-11 PANTECH BUSINESS HL	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	1283
Unit No.	04-11	Related Policy Number	5096460860		
<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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CITYPOST ASIA PTE.LTD.	Insured NRIC	2009
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKD2304J	TP Vehicle Number	SFX6
Claim Description	SKD2304J / SFX6606R ON 22 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rece
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/0
Date Registered	06/08/2018 09:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1004910	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2018 09:45
Path *		Category *	Confidential
	Browse...	Clear	Normal



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:48	SAS	Normal	SAS 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:47	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:46	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:46	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:46	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Aug 2018 09:45	Photos	Normal	Photos 2018-8-6

## Video List