

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 118101137

| | | | |
|---------------------------|--|-----------------------|--------------|
| Date In: 6/5/18 - 11:48 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AR 80 14304/24 | SAS e-filing | | |
| Veh No: 28923P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 5/8/18 - 17:00 | i-Motor Claim Form | M7/100 6180-001 | 6/5/18 16:07 |
| 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: SLV284E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA180497 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | 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:- | | |
| | QD* | | |
| | *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 | | |
| | 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 | 06/08/2018 11:48 |
| Date Of Accident | 05/08/2018 17:00 |
| Exact Location Of Accident | JUNC PUNGGOL WAY & PUNGGOL CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | PA8923P |
| Insured/Policyholder | |
| Name Of Registered Owner | CITI COMFORT TRANSPORT SERVICES |
| Co Reg No | 52885085K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63344316 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | TOYOTA |
| Model | COASTER SUPER LWB |
| 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 | REPORTING ONLY |
| Vehicle Category | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5069087800-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIANG LAM CHAI |
| NRIC No | S1175311F |
| Date Of Birth | 22/11/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/07/1995 |
| Driving Experience | 23 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96906768 |
| Fax Number | |
| Contact Number | OFFICE-96906768 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | 195A LOYANG BESAR #02-05 |
| Postcode | 506962 |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 3 |
| 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) | 6 |

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

ON STATED DATE AND TIME, THE TRAFFIC JUNC WAS GREEN ARROW IN FAVOR, I MAKE A RIGHT TURN FROM JUNC PUNGGOL WAY TWDS PUNGGOL CENTRAL. SUDDENLY VEHICLE B TRAVELLING ALONG OPP DIRECTION OF PUNGGOL WAY AND HIT ONTO MY VEHICLE FRONT LEFT PORTION. VEHICLE C HIT ONTO VEHICLE B LEFT PORTION.

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 | SLV2684E |
| 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) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SKA1748J |
| 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.

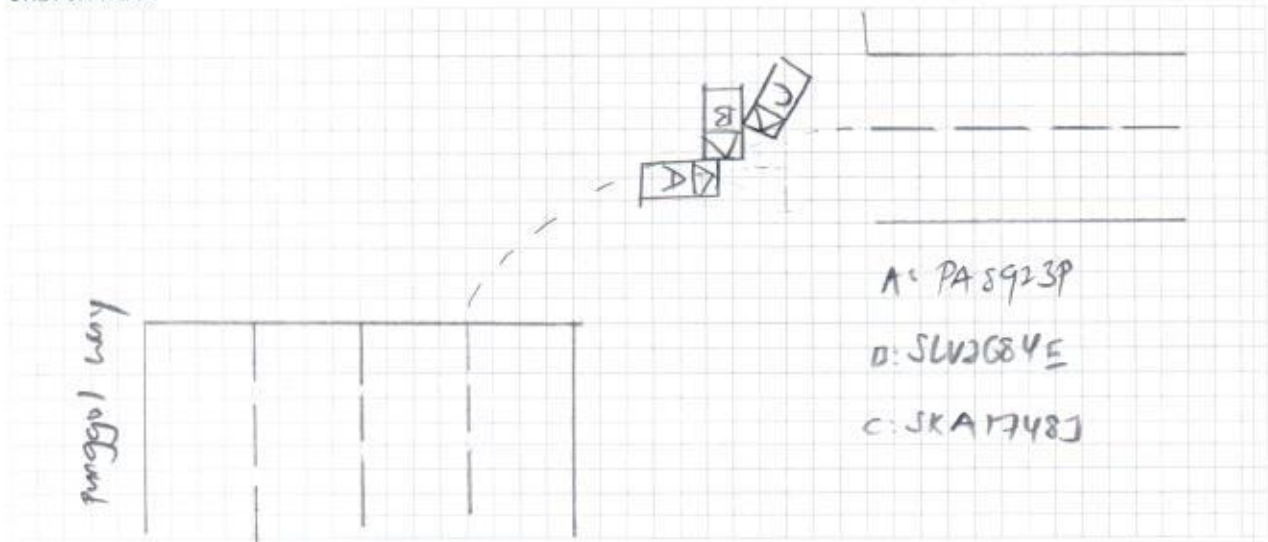


Policyholder's Signature
Date & Time:

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

Refer to 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:

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

[Handwritten signature]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1175311F



Name

LIANG LAM CHAI

連南財

Race

CHINESE

Date of birth

22-11-1956

Country of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1175311F

Name

LIANG LAM CHAI

Birth Date: 22 Nov 1956

Issue Date: 14 May 2003



Land Transport Authority



VOCATIONAL LICENCE

Licence No: S1175311F

Name: LIANG LAM CHAI

Issue Date: 2/6/2011

Please visit www.lta.gov.sg to check the status of this vocational licence



NRIC No: S1175311F



Date of issue

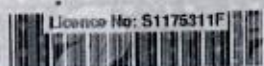
14-03-2011

Address

195A JALAN LOYANG BESAR
#02-05
SINGAPORE 506962

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 | 21 Jun 1979 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 09 Mar 1996 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7200 kilograms | 01 Aug 1997 |



NP 428A

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 | 21/07/1995 |



eBaoTech

GeneralClaim

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) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|---------------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5069087800-03 | | CITI COMFORT TRANSPORT SERVICES | 52885085K | GRS | Third Party, Fire & Theft | PA8923P | PA8923P | 20/11/2017 | 19/11/2018 |

| Policy Information | | | | | | | |
|---------------------------------------|--|-----------------------------|----------------------------------|----------------------------|-------------------|-------------------|---|
| Policy No. | 5069087800-03 | | Policyholder Name | CITI COMFORT TRANSPORT SER | Policyholder NRIC | 52885085K | |
| Certificate No. | | | | | | | |
| Address | 10 JALAN BESAR #12-04 SIM LIM TOWER SINGAPORE 208787 | | | | | | |
| Product Name | BUS INSURANCE | Plan | | | | Group Policy Flag | N |
| Policy issue Date | 03/11/2017 | Effective Date | 20/11/2017 00:00 | Expiry Date | 19/11/2018 23:59 | | |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 0.0 | Windscreen Excess | 0.0 | | |
| Additional Excess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | Young/Inexperience Driver Excess | | | | |
| Agent | S'PORE SCH&PTE HIRE BUS OW | Agent Tel. | 67410788 | GST Flag | Y | | |
| Co-insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policyholder Mailing Address | | | | | | | |
| Address 1 | 10 JALAN BESAR | Address 2 | #12-04 SIM LIM TOWER | Address 3 | SINGAPORE 208787 | | |
| Address 4 | | Address Type | Singapore address | Post Code | 208787 | | |
| Unit No. | 10-06 | Related Policy Number | 5054003552-06 | | | | |
| Insured Object: PA8923P | | | | | | | |
| Endorsements | | | | | | | |
| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content | | | |
| <div>Continue</div> <div>Cancel</div> | | | | | | | |

Claim Handling

Exit

Accident MT/1006180

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | 5069087800-03 | Vehicle No. | PA8923P | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | CITI COMFORT TRANSPORT SERVICES | | | Policyholder NRIC | 52885085K |
| Product Code | BUS INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 63944316 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| 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 | No |

Accident Details

| | | | | | |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 06/08/2018 18:05 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| Date of Accident | 05/08/2018 | Time of Accident hh:mm | 17:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNG PUNGOL WAY & PUNGOL CENTRAL | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,500.00 | 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 | 10 JALAN BESAR | Address 2 | #12-04 SIM LIM TOWER | Address 3 | SINGAPORE 208787 |
| Address 4 | | Address Type | Singapore address | Post Code | 208787 |
| Unit No. | 10-06 | Related Policy Number | S054003552-06 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 22/11/1996 |
| Unnamed driver Name | LIANG LAM CHAI | Driver NRIC | S1175311F | Driving Experience | 23 |
| Register Date of Driver License | 21/07/1995 | Driver Age | 61 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96906768 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 506962 |
| Address 1 | 195A JALAN LOYANG BESAR | Address 2 | BLUWATERS | Post Code | 506962 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 02-05 | | | | |
| 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 Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | CITI COMFORT TRANSPORT SER | Insured NRIC | 52885085K |
| Contact No.(Mobile) | 96819622 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | 01 Vehicle Number | PA8923P | TP Vehicle Number | SLV2684E |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claim Description | PA8923P / SLV2684E ON 5 Aug 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 06/08/2018 18:07 | Claim Close Date | | Date Received | 06/08/2018 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1006180 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/08/2018 18:08 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |

☐ Send Message

☒ Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Mtg Sent? (CO) | Action |
|---|--|-----------------------|---------|--------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | SAS | Normal | SAS 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | Photos | Normal | Photos 2018-8-6 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:08 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 06 Aug 2018 18:07 | Photos | Normal | Photos 2018-8-6 | | Edit |

☒ Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |