

NATIONAL Assessment Centre Services [ref: 24-02]

Date In <u>21/08/18</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/INC18015178/13</u>	SAS e-filing		
Veh No <u>SJL8629C</u>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A <u>10/06/18</u> <u>2045</u>	i-Motor Claim Form	<u>MT/0998143-002</u>	
OD: TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: <u>SLX6313H</u>	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

Plumant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100);	INC (\$80)		
Damaged Portion:	3) TF : Towing Fee	\$40/\$45		
Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey)	\$30		
It. 1:	For claiming against INC Only (wef 10 Jan 2005)			
It. 2/3:	6) TR : Re-inspection	\$75		
	7) NI : 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	\$0		
	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	21/08/2018 10:06
Date Of Accident	10/06/2018 20:45
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8629C
Insured/Policyholder	
Name Of Registered Owner	HYCARZ GROUP
Co Reg No	53316295E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	SUBARU
Model	-
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	REPORTING ONLY
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	5080540455-01
Cover Note Number	

Driver

Name of Driver	GOH YIN LEI
NRIC No	S8719219I
Date Of Birth	01/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92717696
Fax Number	
Contact Number	
EMail Address	CHRISTINE.GOHYL@GMAIL.COM

Address	87 TAMPINES AVE 1 #05-30
Postcode	528688
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	SLK6313H
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 willful 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:

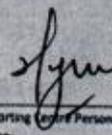
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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 making 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.

X  

Policyholder's Signature
Date & Time:



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

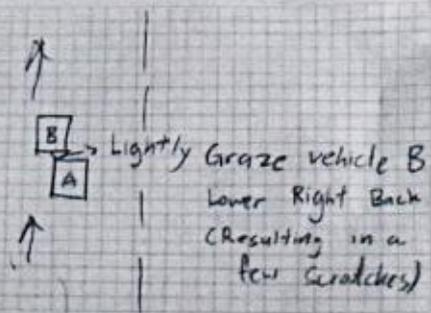
 21/08/18

Reporting Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A-SJLP629C
B-SLK6313H

STILL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along still road towards PIE.
 Vehicle B was in front of vehicle A. It was a heavily congested traffic, all the cars were not moving.
 Vehicle A was trying to shift to the other lane, while accidentally lightly graze the lower right back of vehicle B.
 There were a few scratches, vehicle A asked for outside settlement.
 Vehicle B had vehicle A contact, resulting him to make a report.
 Vehicle A found vehicle B contact and contacted him for outside settlement. Vehicle B agreed. There is a form of outside settlement attached.

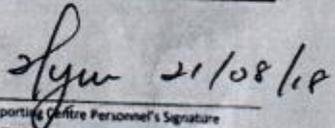
DECLARATION

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 Officer's Signature
 Name:
 NRIC/FIN No.:

Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time: 10/06/2018 Location: ALONG STEEL ROAD TOWARDS PIE

2a. Motor-vehicle registration no. SLK6313H driven by ANWAR BIN HENRY (Name & NRIC no) S156537B

and owned by AC CAR RENTAL PTE LTD (Name & NRIC no)

2b. Motor-vehicle registration no. SJ28629C driven by Goh Yin Lei (Name & NRIC no) S8719219I

and owned by HyCarZ Group -53316295E (Name & NRIC no)

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

~~a.~~ Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 700 (IN FULL) BY 2 PAYMENTS which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by NTUC Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): GOH YIN LEI Tel: 92717696 Fax: -

NRIC / Passport no: S8719219I Signature: [Signature]

Name (owner receiving compensation): AC CAR RENTAL P/L Tel: 97797000 Fax: [Stamp]

NRIC / Passport no: 201613097C Signature: [Signature]



3 JULY 2018 PAY \$200 CASH - his [Signature] RECEIVED [Stamp]
BY 6 JULY 2018 \$500 TO BE FULLY CLEAR THE OUTSTANDING
FROM GOH YIN LEI S8719219I. his [Signature] RECEIVED [Stamp]

TOTAL RECEIVED \$700 CASH [Signature]



21/08/18
the driver called
said that our
haven't received
her report

Reported on 11/8/2018
@ 1340 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (10, 6, 2018) (DD/MM/YYYY), TIME: (20:45) (HH:MM)
LOCATION: STILL ROAD

1. DETAILS OF VEHICLE
 a) VEHICLE NUMBER: SJL 8629 C
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 92717696
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO HIRER
 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) NO
7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: SLK6313H MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE
 d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)

No of passengers
(including driver)

Private Hire
 Call Driver but no response
 on 16/8/2018
 @ 1240 HRS

Email = christine.gohyl@gmail.com
 Fax = christine.gohyl@gmail.com
 Waiting for Company Chop?

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S87192191**



Name
GOH YIN LEI

吴银蕾

Race
CHINESE

Date of birth
01-07-1987

Country/Place of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S87192191**

Name
GOH YIN LEI

Birth Date **01 Jul 1987**

Issue Date **06 Nov 2012**




002120002E

5658095



NRIC No. **S87192191**



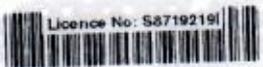
Date of issue
22-09-2016

Address
**87 TAMPINES AVENUE 1
 #05-30
 SINGAPORE 528688**

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	06 Nov 2012

NP 428A



Licence No: S87192191

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:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080540455-01		HYCARZ GROUP	53316295E	GCV	Comprehensive	SJL8629C	SJL8629C	15/06/2017	14/06/2018

Continue

Claim Handling

[Task Transfer](#) [Exit](#)

▼ **Accident MT/0998143**

LOS SAL SUB

Policy No.	5080540455-01	Vehicle No.	SJL8629C	GST Registration No.	
Certificate No.					
Policyholder Name	HYCARZ GROUP	Policyholder NRIC		53316295E	
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	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 (%)	10	Private Hire	No

▼ **Accident Details**

Report Date	11/06/2018 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/06/2018	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	Along Still Road toward PIE				

▼ **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	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	95 TAMPINES AVENUE 1	Address 2	#09-48 WATERVIEW	Address 3	SINGAPORE 528692
Address 4		Address Type	Singapore address	Post Code	528692
Unit No.	09-48	Related Policy Number	5080540455-01		

▼ **OI Driver Info**

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

Claim Handling

Accident MT/0998143

Policy No.	5080540455-01	Vehicle No.	SJLB629C	GST Registrat
Certificate No.				
Policyholder Name	HYCARZ GROUP			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
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(%)	10	Private Hire

Accident Details

Report Date	11/06/2018 14:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/06/2018	Time of Accident hh:mm	20:45	Country of Ac
Reporting Centre	administrator	Orange Force	No	TCM No.
Accident Location	Along Still Road toward PIE			

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen E
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	95 TAMPINES AVENUE 1	Address 2	#09-48 WATERVIEW	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-48	Related Policy Number	5080540455-01	

OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
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 Insure

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	
Claim Description	SJLB629C / SLK6313H ON 10 Jun 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/08/2018 11:05
		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Last Doc. Received

Yes No

Upload Date

21/08/2018 10:54

Path *

Category *

Confid

- No file chosen
-

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 11:05	NRIC/ Driving License		Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:54	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 10:53	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
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