

NATIONAL Assessment Centre Services			
Date In	25/08/2018 14:42	Job description	Date & Time Completed
Ref No	NA/INC18015469/K4	SAS e-filing	
Veh No	SBV3918T	E-mail (within 8hrs, AIC 2hrs)	
D.O.A	24/08/2018 21:45	i-Motor Claim Form	MT/1008803-001 27/8/18 09:55
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:	SHC 4136E 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: 90-100%]	
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

NA1805382	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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: Idao Mobile 30		
	Invoice date:	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	25/08/2018 14:42
Date Of Accident	24/08/2018 21:45
Exact Location Of Accident	SENG KANG E AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV3918T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHONG BENG
NRIC No	S7034334G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94528805
Alternative Phone No	OTHERS-94528805

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.3M
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102590308
Cover Note Number	

### Driver

Name of Driver	WONG CHONG BENG
NRIC No	S7034334G
Date Of Birth	23/09/1970
Occupation	INDOOR
Date Of Driving Pass	22/06/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94528805
Fax Number	
Contact Number	OTHERS-94528805
EMail Address	NOEMAIL



Address	BLK 292B COMPASSVALE STREET #09-206
Postcode	542292
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?	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)	3
Passenger 1	NAME: : NG YOKE KIT GENDER: : FEMALE
Passenger 2	NAME: : WONG ZHAN LUN GENDER: : MALE

#### 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	SHC4136E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

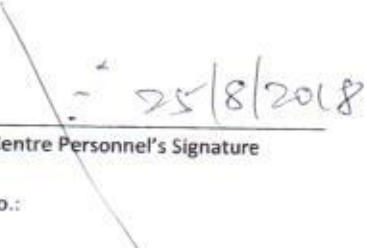
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

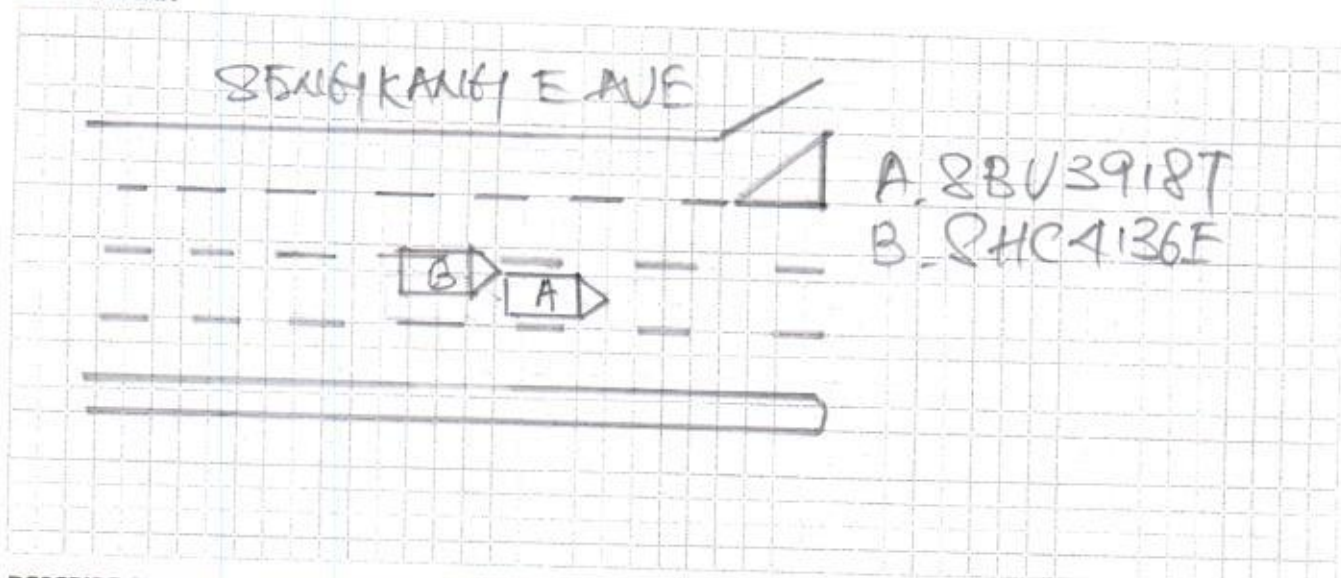
  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

my V2H WAS STATIONARY IN FRONT OF TRAFFIC LIGHT  
 OUT OF SUDDEN I FELT AN IMPACT FROM MY V2H  
 REAR PORTION.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time:

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

*[Signature]* 25/8/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8BV3918T MAKE/MODEL: TOYOTA  
DATE OF ACCIDENT 24/08/2018 TIME 21 HR 45 MIN AM/PM PM  
LOCATION OF ACCIDENT SENG KANG E AVE  
EXACT PURPOSE USE DURING ACCIDENT GOING HOME

## CAR OWNER

NAME OF CAR OWNER WONG CHANG BEN  
CONTACT NO 92528805  
NRIC 870343349  
CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY  
INSURANCE COMPANY N7K  
TYPE OF COVERAGE ☐ COMPREHENSIVE ☒ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT  
POLICY NO 5102590308

## ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW  
NAME OF DRIVER As Above  
NRIC 23-09-1970 NO OF PASSENGER/S 2 NG YOCKE KIT (F)  
DATE OF BIRTH 23-09-1970 WONG ZHAN LUN (M)  
OCCUPATION ☐ OUTDOOR ☐ INDOOR  
DATE OF DRIVING PASS 22 Jun 1988  
GENDER ☐ MALE ☐ FEMALE  
CONTACT NO BLK 282B COMPASSVALE ST #09-206 (S) 542292  
ADDRESS

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER  
WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: \_\_\_\_\_  
ROAD SURFACE ☒ DRY ☐ WET OTHER: \_\_\_\_\_

ANY INJURIES NO/ IF YES- NAME: \_\_\_\_\_  
CONTACT NO \_\_\_\_\_  
POLICE REPORT NO/ IF YES- LOCATION: \_\_\_\_\_  
VIDEO FOOTAGE NO/ YES

## 3RD PARTY INFO

VEHICLE B NO 84E436E NO OF PASSENGER/S 0  
NAME \_\_\_\_\_  
CONTACT NO \_\_\_\_\_  
VEHICLE C NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_  
VEHICLE D NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_  
VEHICLE E NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_  
VEHICLE F NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_  
ANY WITNESS \_\_\_\_\_  
WITNESS CONTACT NO \_\_\_\_\_



**REPUBLIC OF SINGAPORE**  
**DRIVING LICENCE**

**WONG CHONG BENG**

NRIC No. **S7034334G**

Birth Date: **23 Sep 1970**

Issue Date: **17 Jun 2003**

1000573534K



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7034334G**



Name

**WONG CHONG BENG**

**黄 忠 明**

Race

**CHINESE**

Date of birth

**23-09-1970**

Sex

**M**

Country of birth

**SINGAPORE**

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

Class	Description	Pass Date
Class 2	Motorcycles not exceeding 200 cc	14 Dec 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jun 1988

Licence No. **S7034334G**

428A

**4837672**



NRIC No. **S7034334G**



Date of issue  
**29-01-2013**

Address  
**APT BLK 292B COMPASSVALE STREET  
#09-206  
SINGAPORE 542292**





### 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:** 5102590308

**Cover :** Third Party

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : SRV3918T        |
| Chassis Number  | : EE1013032927    |
| 2. Name of Policyholder   | : WONG CHONG BENG |
| 3. Effective Date of Insurance  | : 23 Jul 2018     |
| 4. Expiry Date of Insurance   | : 22 Jul 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 business or profession.   |                   |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: WONG CHONG BENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
 Date of Issue : 23 Jul 2018 14:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



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"/>	5102590308		WONG CHONG BENG	S7034334G	GPC	Third Party	SBV3918T	SBV3918T	23/07/2018	22/07/2019



## Policy Information

Policy No.	5102590308	Policyholder Name	WONG CHONG BENG	Policyholder NRIC	S7034334G
Certificate No.					
Address	BLK 292B #09-206 COMPASSVALE STREET SINGAPORE 542292				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/07/2018	Effective Date	23/07/2018 00:00	Expiry Date	22/07/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 292B #09-206	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 542292
Address 4		Address Type	Singapore address	Post Code	542292
Unit No.		Related Policy Number	5102590308		

Insured Object: SBV3918T

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)



## Claim Handling

Accident MT/1008803

Policy No.	5102590308	Vehicle No.	SBV3918T	GST Registration No.	
Certificate No.					
Policyholder Name	WONG CHONG BENG			Policyholder NRIC	S703
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94528805	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFR	<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	27/08/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	24/08/2018	Time of Accident hh:mm	21:45	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENG KANG E AVE				

## ▼ Excess

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

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 202B #09-206	Address 2	COMPASSVALE STREET	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5422
Unit No.		Related Policy Number	5102590308		

## ▼ OI Driver Info

Driver Name	WONG CHONG BENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7034334G	Driver DOB	23/0
Register Date of Driver License	22/06/1988	Driver Age	47	Driving Experience	30
Contact No.(Mobile)	94528805	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 292B	Address 2	COMPASSVALE STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	5422
Unit No.	#09-206				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WONG CHONG BENG	Insured NRIC	S703
Contact No.(Mobile)	94528805	Contact No.(Home)	68817310	Contact No.(Office)	
Email Address		OI Vehicle Number	SBV3918T	TP Vehicle Number	SHC
Claim Description	SBV3918T / SHC4136E ON 24 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	27/08/2018 10:01	Claim Close Date		Date Received	27/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1008803	Claim No.	001
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27/08/2018 09:55

Urgency: \*

[illegible]

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:53	SAS	Normal	SAS 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:52	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 27 Aug 2018 09:51	Photos	Normal	Photos 2018-8-27

Video List

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