

# NATIONAL Assessment Centre Services

Date In: 27/8/2018 11:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC1805487/KY	SAS e-filing		
Veh No: SGD 8148B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/08/2018 15:00	i-Motor Claim Form	MT/1008439-002 28/8/18 10:15	
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: SLA9750L	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

NA1805412	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 (\$80)		
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)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2 / 3:	7) N1: Idac 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		
	TE (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	27/08/2018 11:00
Date Of Accident	21/08/2018 15:00
Exact Location Of Accident	EUNOS LINK TWDS UBI AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGD8148B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FONG KIM RACING DEVELOPMENT PTE LTD
Co Reg No	200820890N
Email Address	ENQUIRIES@FONGKIM.COM.SG
Mobile Phone No	(LOCAL) +65-84991570
Alternative Phone No	OFFICE-84991570
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	MATRIX FL M
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093879241
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE BOON YEE
NRIC No	S8518324I
Date Of Birth	10/06/1985
Occupation	INDOOR
Date Of Driving Pass	26/11/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84991570
Fax Number	
Contact Number	OTHERS-84991570
EMail Address	ENQUIRIES@FONGKIM.COM.SG

Address	BLK 317A YISHUN AVENUE 9 #10-104
Postcode	761317
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 - 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	SLA9750L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RINA
NRIC/Passport Number	
Contact Number	90676973
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:

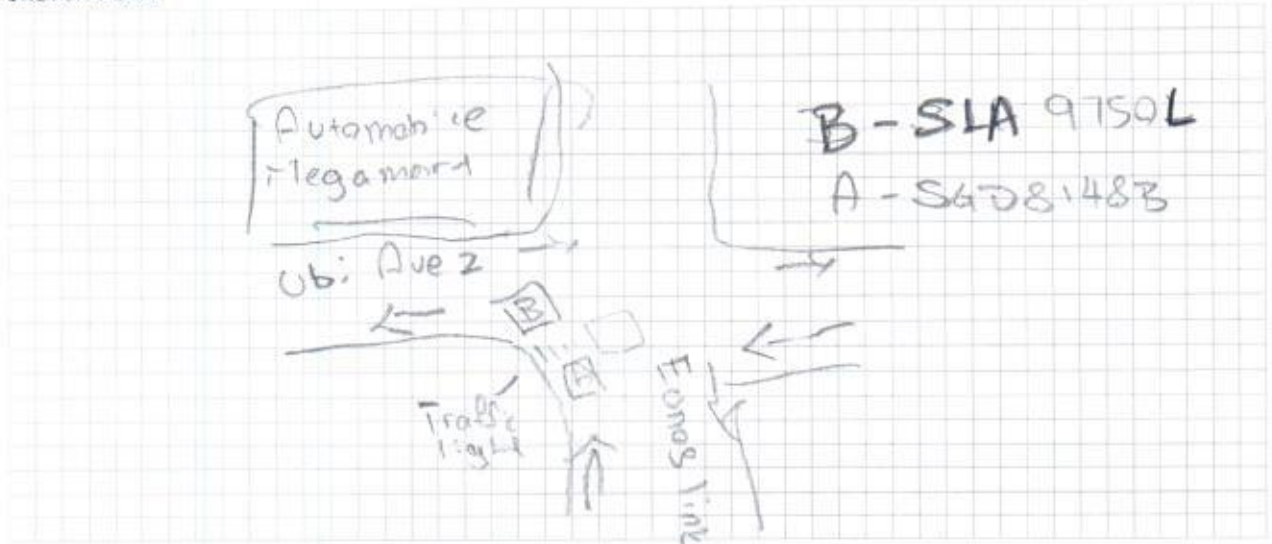
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

During a long Eunos Link, while right to Ub: Ave 2  
Car B suddenly stop and hit at the traffic light

## 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: 27/8/2018  
NRIC/FIN No.:

GST Reg No: M4-0003030-8

[illegible]

0000340

FONG KIM RACING DEVELOPMENT PTE  
53 UBI AVENUE 1  
#01-01 PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

RENEWAL NOTICE FOR PRIVATE CAR INSURANCE  
POLICY NUMBER: 5093879241

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at [www.income.com.sg](http://www.income.com.sg).

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely

*[Handwritten signature]*

Peh Chee Keong  
Vice President & Head  
Motor Insurance

## Renewal Details :

Period of Insurance	: 01/09/2018 to 31/08/2019
Policy Coverage	: Drivo Classic
Transport Allowance	: Yes
Excess Waiver	: No
Vehicle Model	: HYUNDAI MATRIX
Vehicle Number	: SGD8148B
Windscreen excess	: \$100
Excess (Sect I)	: \$600
Main Driver	: NIL
Named Driver (1)	: NIL
Named Driver (2)	: NIL
Hire Purchase Company	: N.A.

Premium	: \$1,213.32
GST 7%	: \$84.93
Total Premium Payable	: \$1,298.25^

Agency : INSMART (INSURANCE) AGENCY PTE L (615165)  
Contact Number : 68420766

<sup>^</sup>The Total Premium Payable is after 30% No Claim Discount.

PAID  
DBS 303294  
04/08/18

~~\* photos disappear from the system~~ Reported on 23/8/2018  
@ 1405Hrs.

## ACCIDENT STATEMENT

ACCIDENT DATE: 21/8/2018 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Ennos Link towards Ubi Ave 2

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 8148B  
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: 88444281  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 84991570  
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)  
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: SLA 9750L MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Ring  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90676973

### 9. THIRD PARTY VEHICLE

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

Email = enquiries@fongkim.com.sg

fax = enquiries@fongkim.com.sg ✓

\* Call Driver  
he said that  
he will bring  
the car  
on 24/8/2018  
to take  
photos...

Waiting for Company Chop?  
& Vehicle Photos? ✓

✓ Photos Taken  
on 27/8/2018  
@ 1005  
AM.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8518324I**



Name  
**LEE BOON YEE**  
**李汶倚**

Race  
**CHINESE**

Date of birth  
**10-06-1985**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8518324I**  
Name  
**LEE BOON YEE**

Birth Date **10 Jun 1985**  
Issue Date **26 Nov 2010**



001913993A

5528934



NRIC No: **S8518324I**



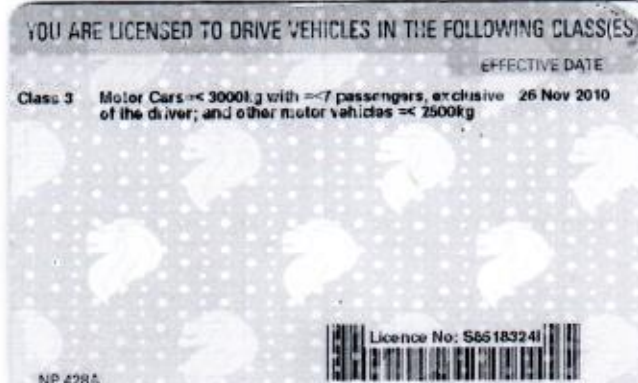
Date of issue  
**04-11-2015**

Address  
**APT BLK 317A YISHUN AVENUE 9  
#10-104  
SINGAPORE 761317**

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


EFFECTIVE DATE  
**26 Nov 2010**

Class 3 Motor Cars  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500$ kg



NP 428A

Licence No: **S8518324I**



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"/>	5093879241		FONG KIM RACING DEVELOPMENT PTE LTD	200820890N	GPC	drive CLASSIC	SGD8148B	SGD8148B	01/09/2017	31/08/2018

 **Policy Information**

Policy No.	5093879241	Policyholder Name	FONG KIM RACING DEVELOPME	Policyholder NRIC	200820890N				
Certificate No.									
Address	53 UBI AVENUE 1 #01-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag		N				
Policy issue Date	30/08/2017	Effective Date	01/09/2017 00:00	Expiry Date	31/08/2018 23:59				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	600	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	53 UBI AVENUE 1	Address 2	#01-01 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4			Address Type	Singapore address	Post Code 408934
Unit No.	01-400	Related Policy Number	5093879241-01		

 **Insured Object: SGD8148B**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

## Accident MT/1008439

Policy No.	5093879241	Vehicle No.	SGD8148B	GST Registration No.	2008
Certificate No.					
Policyholder Name	FONG KIM RACING DEVELOPMENT PTE LTD			Policyholder NRIC	2008
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 N
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(%)	20	Private Hire	Not a

## Accident Details

Report Date	23/08/2018 16:24	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	21/08/2018	Time of Accident hh:mm	14:50	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE OF EUNOS LINK				

## Excess

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		

## Benefits

Coverage	Sum Insured
Transport Allowance	999999999.99

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2012
GST Registration No.	200820890N	GST Status Verified	Yes
Modification History	24/08/2018 14:40:36 Nur Shahira Hassan changed GST Registration Date from 01/01/2008 to 01/07/2012 24/08/2018 14:40:36 Nur Shahira Hassan changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-01 PAYA UBI INDUSTRIAL	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	01-400	Related Policy Number	5093879241-01		

## OI Driver Info

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	FONG KIM RACING DEVELOPME	Insured NRIC	2008
Contact No.(Mobile)	80867540	Contact No.(Home)		Contact No.(Office)	
Email Address		OJ Vehicle Number	SGD8148B	TP Vehicle Number	SLA9
Claim Description	SGD8148B / SLA9750L ON 21 Aug 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	28/0
Date Registered	28/08/2018 10:13	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AX letter





















## Attachment

Accident No.	MT/1008439	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2018 10:15

Path *	Category *	Confidential	Urgency *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:12	SAS	Normal	SAS 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:11	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:11	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:11	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:11	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:11	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:10	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:10	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:10	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:10	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 10:10	Photos	Normal	Photos 2018-8-28

## Video List

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