


NATIONAL Assessment Centre Services

part 1 JAR053

MMA 118112033

Date In: 29/18/18 15:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18015757164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: 5GM 6975X	i-Motor Claim Form	MT/1009335-001	29/18/18 17:23
DOA: 27/18/18 17:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD:  Reporting Only	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:

SLQ 395PK

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

MA1805483

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

2at. 1:

2at. 2 / 3:

1) AR: Accident Reporting (\$30);	30.00
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: 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

29/18/18

29/18/18

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	29/08/2018 15:17
Date Of Accident	27/08/2018 17:30
Exact Location Of Accident	CTE TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6975X
Insured/Policyholder	
Name Of Registered Owner	CHEW XIN ZUAN
NRIC No	S9036831A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91062102
Alternative Phone No	OFFICE-91062102

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102963427
Cover Note Number	-

Driver

Name of Driver	CHEW XIN ZUAN
NRIC No	S9036831A
Date Of Birth	10/10/1990
Occupation	INDOOR
Date Of Driving Pass	18/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91062102
Fax Number	
Contact Number	OFFICE-91062102
Email Address	NOEMAIL

Address	BLK 133 SIMEI ST 1 #10-152
Postcode	520133
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3958K
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 INJURED PERSON 1

Name	CHEW XIN ZUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGM6975X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

Please

Refer

to

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

Asian Games
Special Sale



Central Expressway (CTE)

Navigation
or Company

Central Expressway
(CTE)

Map Directions

Map

Building Directory

Photos

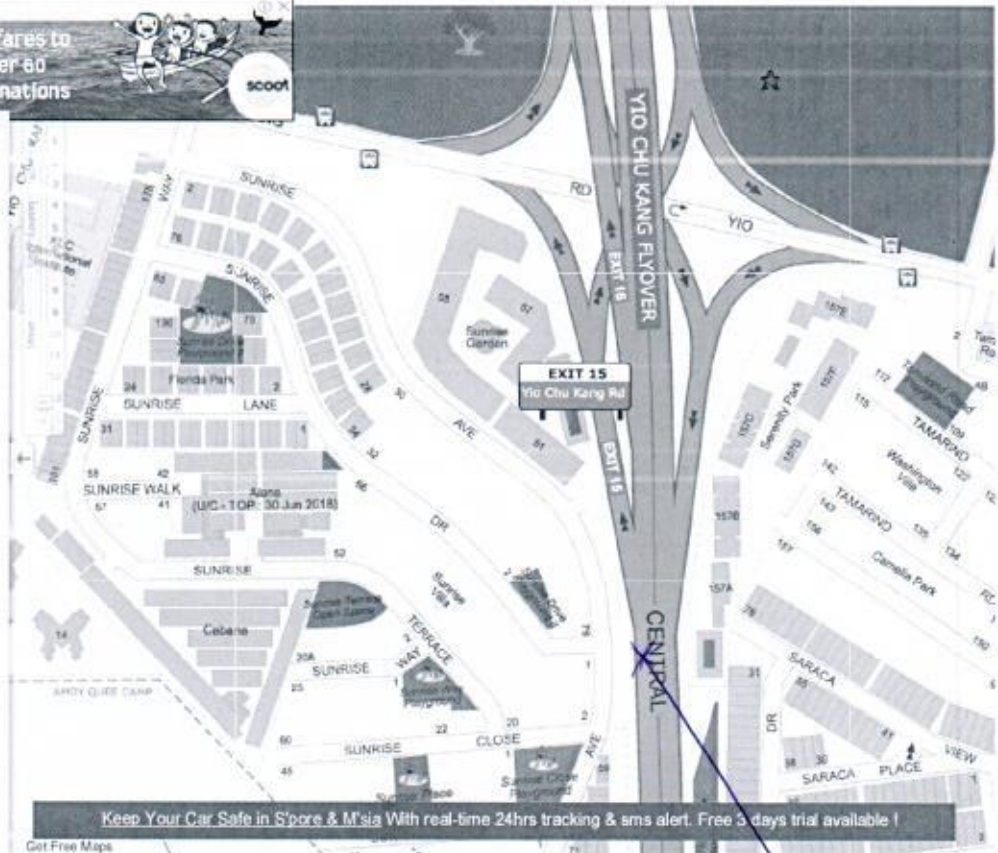
What's Nearby

Get Tips

Getting Here



5 Things You Shouldn't Do
If He's Cheating On You



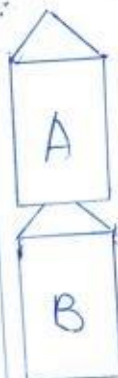
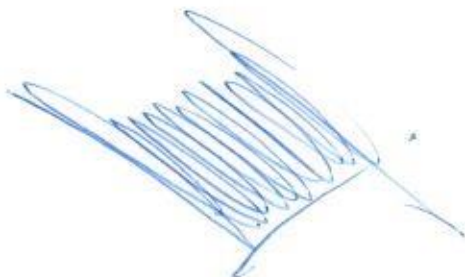
Keep Your Car Safe in Singapore & Malaysia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Get Free Maps

Accident site

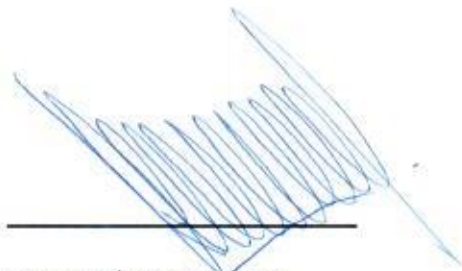
A - SGM 6975X

B - SLQ 3958K



Accident Statement

On 27th August 2018 around 1730Hrs, I was driving my vehicle (SGM6975X) along Central Expressway (towards Yio Chu Kang). Suddenly a vehicle (SLQ3958K) hit onto my vehicle rear. I'm making a third party claim.

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke, positioned above a solid black horizontal line.

Name: Chew Xin Zuan

NRIC: S9036831A



SINGAPORE POLICE FORCE



T/20180829/7004

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180829/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 14:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW XIN ZUAN			Address: APT BLK 133 SIMEI STREET 1 #10-152 SINGAPORE 520133		
ID Type / ID No.: NRIC NO / S9036831A			Contact No.: Home/Office: Mobile: 91062102		
Nationality: SINGAPORE CITIZEN			Email: Kellchewxz@gmail.com		
Sex: Female	Age: 27	Date of Birth: 10/10/1990	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CNB Officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 17:30	Type of Location: Expressway exit
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6975X	Car	TOYOTA	altis	Black	Seriously Damaged	0
SLQ3958K	Car	NISSAN		Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM6975X	NTUC Income Insurance Co-Operative Limited	S102963427	10/08/2018	25/10/2019



**SINGAPORE
POLICE FORCE**



T/20180829/7004

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180829/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHEW XIN ZUAN	ID No.	S9036831A
Related Vehicle	SGM6975X (Car)	Contact No.	91062102
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	27/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Wendy Phua Poh Lian	ID No.	S8420908B
Related Vehicle	SLQ3958K (Car)	Contact No.	96199614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, i was driving my vehicle (SGM8975X) along Central Expressway (towards Yio Chu Kang) Suddenly a vehicle (SLQ3958K) hit onto my vehicle rear. I am making a third party claim.



**SINGAPORE
POLICE FORCE**



T/20180829/7004

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180829/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
29/08/2018 14:48

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9036831A



Name

CHEW XIN ZUAN

周 欣 钻

Race

CHINESE

Date of birth

10-10-1990

Sex

F

S9036831A

Country of birth

SINGAPORE

3786111



NRIC No. S9036831A

Date of issue

24-10-2005

Address

APT BLK 133 SIMEI STREET 1
#10-152
SINGAPORE 520133



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9036831A**

Name:

CHEW XIN ZUAN

Birth Date: **10 Oct 1990**

Issue Date: **18 Mar 2013**



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	28 Oct 2013
Class 2A	Motorcycles between 201 CC and 400 CC	21 Apr 2015
Class 2	Motorcycles > 400 CC	01 Nov 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Mar 2013

S9036831A

S / No. 9000253260

NP 428A





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: S102963427

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SGM6975X
 Chassis Number : MR053ZEC107132848
2. Name of Policyholder : CHEW XIN ZUAN
3. Effective Date of Insurance : 10 Aug 2018
4. Expiry Date of Insurance : 25 Oct 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW XIN ZUAN
NAMED DRIVER (1)	: ONG YING XIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 08 Aug 2018 16:09 hrs

Insure Link Pte Ltd
 2 Raffles Avenue #08-16
 CT 100000
 Tel : 6444 0040
 Fax: 6444 0040

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1009335

Policy No.	5102963427	Vehicle No.	SGM6975X	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW XIN ZUAN			Policyholder NRIC	S90361A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91062102	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	29/08/2018 17:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/08/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS Y10 CHU KANG				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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 133 #10-152	Address 2	SIMEI STREET 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520131
Unit No.	10-152	Related Policy Number	5102963427		
OI Driver Info					
Driver Name	CHEW XIN ZUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9036831A	Driver DOB	10/10/
Register Date of Driver License	18/03/2013	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	91062102	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 133 #10-152	Address 2	SIMEI STREET 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520131
Unit No.	10-152				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEW XIN ZUAN
Contact No.(Mobile)	96226315	Contact No. (Home)	67822776
Email Address		OJ Vehicle Number	SGM6975X
Claim Description	SGM6975X / SLQ3958K ON 27 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	29/08/2018 17:22
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No.	Claim No.
--------------	-----------

Last Doc. Received

MT/1009335

001

29/08/2018 17:23

Yes

No

Upload Date

29/08/2018 17:23

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	SAS	Normal	SAS 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2018 17:23	Photos	Normal	Photos 2018-8-29

Video List

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