

# NATIONAL Assessment Centre Services: [wef 1 Jan 05] MMA 118117925-01

Date In: 11/19/18 15:24	Job description	Date & Time Completed	Done by
Ref No: MMA/INC18016549164	SAS e-filing		
Veh No: SDW 90782	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/19/18 07:15	i-Motor Claim Form	MMA/1011130-001	12/19/18 10:27
OD / TP: <del>Repairing</del> Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJF 28082	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

MMA1805818

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	Q1*		
	*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	

**Auditors' Comments :-**

Ref 1:

Ref 2 / 3:

## 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	11/09/2018 15:24
Date Of Accident	10/09/2018 07:15
Exact Location Of Accident	BLK 123 MCNAIR RD OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW9078Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW XIN NI
NRIC No	S8831260J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91298308
Alternative Phone No	OFFICE-91298308

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.4 6SP AT
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	REPORTING ONLY
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	5095789697
Cover Note Number	-

### Driver

Name of Driver	WONG SHU YING
NRIC No	S8925191E
Date Of Birth	24/07/1989
Occupation	INDOOR
Date Of Driving Pass	23/10/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96678674
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 123 MCNAIR RD #07-13
Postcode	320123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	2
Passenger 1	NAME: : TAN CHWEE CHAI
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF2808Z
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

Blk 123 car park  
McNair Rd

A = SDW 9078Z

B = SJF 2808Z



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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MMA 118117925 Vehicle Registration No: SDW 9078Z  
Name (as shown in NRIC) : Wong Shu Ying NRIC/FIN/Passport No : S8925191E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96678674  
Email Address : \_\_\_\_\_  
Date of Accident : 10/9/18 Time of Accident : 07:15  
Place of Accident : Blk 123 McNair Rd open carpark.  
Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add in Video Footage.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date: 12/9/2018

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 12/9/18.



# SINGAPORE POLICE FORCE



A/20180910/7035

1 of 2

## POLICE REPORT (NP299)

Report No. A/20180910/7035

Police Station Of Origin  
Central Police Divisional HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 10/09/2018 21:28	Vide Report No.	Station Diary No.	
Name Of Informant WONG SHU YING	Address APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123		
ID Type / ID No. NRIC NO / S8925191E	Contact No. Home/Office:	Mobile: 96678674	
Nationality SINGAPORE CITIZEN	Email Address shuyingwong@gmail.com		
Occupation Registered nurse	Sex Female	Age 29	Date of Birth 24/07/1989
Institution/School Name	Race Chinese		
Date/Time Of Incident 10/09/2018 07:15 - 10/09/2018 07:40	Language English		
	Location Of Incident APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123		

### Brief details.

I was driving my friend's vehicle SDW9078Z en route home with my mother in the front passenger seat and making a left turn around the car park of my estate. Suddenly, a grey BMW SJF2808Z driven by a lady who was turning right collided with my car. It was a narrow corner along the two-way road in the car park. The foreigner lady claimed to be driving her husband's car as her own car was in the workshop due to her previous car accident and insisted that she was not at fault. She told me to wait for her husband to come down and deal with this accident. Her husband told me not to make any police report or insurance

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 21:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





# SINGAPORE POLICE FORCE



A/20180910/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180910/7035

claim saying that this is a small matter and he will make me pay for the spray paint and repair works to his car, amounting in the range of \$400 to \$500. I requested for the female driver's licence and particulars but was given the car owner's contact (Henry Tan, 86000824) instead. I mentioned that both parties could possibly be at fault due to the narrowness of the road and I would get back to them upon contacting my friend. However, Henry Tan has been calling me a few times demanding me to pay for the repairs at his car workshop. When my friend contacted him he was quite rude and passed the lady's contact number to her. After which the lady started to spam call and message me. Hence, I would like to report this incident as a record. Thank you so much.

Subjects Involved			
Victim			
Person Name	WONG SHU YING		
ID Type	NRIC NO	ID No	S8925191E
Gender	Female	Age	29
Race	Chinese	Language	English
Occupation	Registered nurse	Address Type	
Address	APT BLK 123 MCNAIR ROAD #07-13 SINGAPORE 320123		Mobile No
			96678674
Is Informant A Victim?	Yes		
Person Name	WONG SHU YING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 21:28
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8925191E**  
 Name: **WONG SHU YING**  
 Birth Date: **24 Jul 1989**  
 Issue Date: **23 Oct 2013**

002237988A



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8925191E**


 Name: **WONG SHU YING**  
**黄淑莹**  
 Race: **CHINESE**  
 Date of birth: **24-07-1989** Sex: **F**  
 Country of birth: **SINGAPORE**



S8925191E

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

Class	Description	Effective Date
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Oct 2013

NP 428A



3595947



NRIC No. **S8925191E**


 Date of issue: **31-07-2004**

Address:  
**APT BLK 123 MCNAIR ROAD**  
**#07-13**  
**SINGAPORE 320123**



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5095789697
The Policyholder	: CHEW XIN NI BLK 133 #10-152 SIMEI STREET 1 SINGAPORE 520133

Period of Insurance	: 11 Nov 2017 To 10 Nov 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,290.76

#### Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1400cc
Primary Driver	: CHEN XIN NI	Registration Year	: 2009
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: VOLKSWAGEN/POLO	NCD Entitlement	: 0%
Registration Number	: SDW9078Z	NCD Protection	: No
Chassis Number	: WVWZZZ9NZ9U036396		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue	: 11 Nov 2017 09:28 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

## Claim Handling

Accident MT/1011130

Policy No.	5095789697	Vehicle No.	SDW9078Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW XIN NI			Policyholder NRIC	S8831
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91298308	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(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	12/09/2018 10:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	10/09/2018	Time of Accident hh:mm	07:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 123 MCNAIR RD OPEN CARPARK				

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	SINGA
Address 4		Address Type	Singapore address	Post Code	52013
Unit No.	10-152	Related Policy Number	5095789697		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG SHU YING	Driver NRIC	S8925191E	Driver DOB	24/07/
Register Date of Driver License	23/10/2013	Driver Age	29	Driving Experience	4
Contact No.(Mobile)	96678674	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 123 #07-13	Address 2	MCNAIR ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	32012
Unit No.	07-13				
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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHEW XIN NI
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SDW9078Z
Claim Description	SDW9078Z / SJF2808Z ON 10 Sept 2018		
Preferred Workshop	0	Insured Liability	Partially at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/09/2018 10:26
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1011130	Claim No.	001
--------------	------------	-----------	-----



Last Doc, Received

☒ Yes ☐ No

Upload Date

12/09/2018 10:27

Path \*

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

Category \*

Confidential

Urgency \*

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	SAS	Normal	SAS 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:27	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Sep 2018 10:26	Photos	Normal	Photos 2018-9-12

## Video List

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