

# NATIONAL Assessment Centre Services: [ref: Jan'03]

Date In: 14/09/2018 12:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016803/K4	SAS e-filing		
Veh No: SJY 5675U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/09/2018 22330	I-Motor Claim Form	MT/1011555-001	14/9/18 17:05
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: SKZ5111M	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

NA1805885

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpf 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	



## 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	14/09/2018 12:51
Date Of Accident	10/09/2018 22:30
Exact Location Of Accident	JUNC OF SERANGOON NORTH AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5675U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARS 88 DIRECT PTE. LTD.
Co Reg No	201433401K
Email Address	USRAKH2005@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87422898
Alternative Phone No	OFFICE-87422898

### Vehicle Particulars

Manufacturer	FORD
Model	GALAXY 2.3L TREND AUTO (EXTN)
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097544918
Cover Note Number	

### Driver

Name of Driver	ABDUL KHALID BIN HAMID
NRIC No	S7513792C
Date Of Birth	18/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87422898
Fax Number	
Contact Number	OTHERS-87422898
EMail Address	USRAKH2005@GMAIL.COM

Address	BLK 509 SERANGOON NORTH AVENUE 4 #02-362
Postcode	550509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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?	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?	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	SKZ5111M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG KOK MIN
NRIC/Passport Number	S1672135B
Contact Number	82827661
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ABDUL KHALID BIN HAMID
------	------------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJY5675U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



# SKETCH PLAN

## IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

The report must be completed by the Policyholder and/or the Authorised Driver.

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material information may allow insurance companies to repudiate policy liability.

Submission and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance company. This Form may be referred to the Police for investigation.

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.

The submission 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.

I agree 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 Regulatory 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.



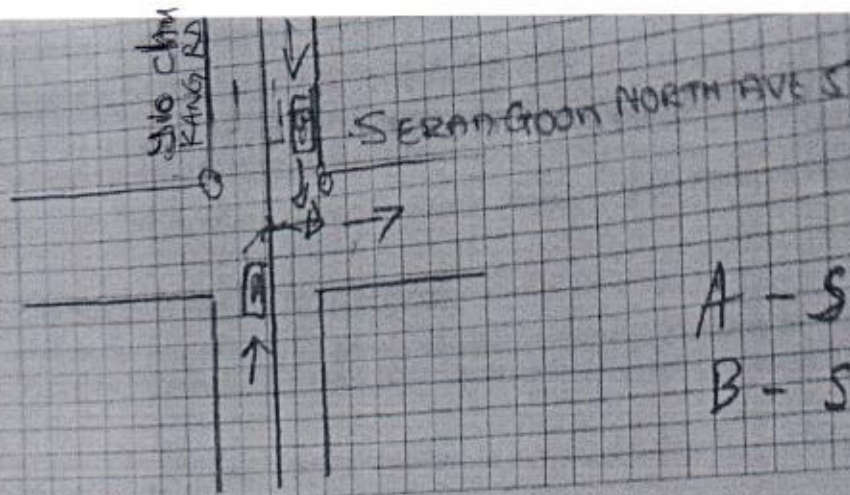
*[Signature]*

Driver's Signature  
(if driver is not the policyholder)

*14/9/2018*

Reporting Centre Personnel's Signature  
Name:





A - SJY5675U  
B - SK2 S111M

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS TURNING RIGHT. AFTER CHECKING FOR SAFETY THERE WAS NO CAR. VEHICLE A START TO MOVE IN SLOWLY. VEHICLE A START TO LOOK FOR A SECOND CHECK OUT OF RD WHERE VEHICLE B, <sup>FROM YIO CHU KANG RD</sup> WITHOUT ANY WARNING CRASH ON THE SIDE OF VEHICLE A. VEHICLE A LEFT SIDE HEAVILY CRASH IN. VEHICLE B AIR BAG WAS DEPLOYED. DAMAGED ON VEHICLE A - SIDE DOORS FRONT AND BACK BUMPERS.

## 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.:

14/9/2018



(UB1)

Reported on 11/9/2018  
@ 1025AM**ACCIDENT STATEMENT**

ACCIDENT DATE: (10/9/2018) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: Junc of Serangoon North Ave 5

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: SJY5675U  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

**2. INSURED / POLICY HOLDER**

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

**DRIVER**

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87422898  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRE  
 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: SKZ511M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: WONG KOK MIN  
 c) NRIC/FIN/PASSPORT: S1612135B CONTACT: 82827661

**9. THIRD PARTY VEHICLE**

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

\* HP: 92382335

\* Leasing @ cars 88 ~~near~~ SG  
Mr Sebastian. Zens

Email = usvakh2005@gmail.com

fax = usvakh2005@gmail.com

VIDEO =

Waiting for Company Chop?

\* Town do not  
know which date?  
\* Time?

\* Vehicle key not given?

\* No of passengers  
(including driver)  
(1)\* No of passenger  
(including driver)  
( )\* No of passenger  
(including driver)  
( )

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7513792C



Name  
**ABDUL KHALID BIN HAMID**

Race  
**MALAY**

Date of birth  
**18-04-1975**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
**S7513792C**

Name  
**ABDUL KHALID BIN HAMID**

Birth Date  
**18 Apr 1975**

Issue Date  
**24 Dec 2014**

002378940F



5744915



NRIC No. S7513792C



Date of issue  
**02-05-2017**


Address  
**APT BLK 509 SERANGOON NORTH AVENUE 4  
#02-362  
SINGAPORE 550509**

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	08 Mar 1995
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Nov 2010

NP 425A

Licence No: S7513792C





eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/09/2018 22:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SJY5675U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097544918		CARS 88 DIRECT PTE. LTD.	201433401K	GPC	drive CLASSIC	SJY5675U	SJY5675U	01/02/2018	14/03/2019
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5097544918	Policyholder Name	CARS 88 DIRECT PTE. LTD.	Policyholder NRIC	201433401K
Certificate No.					
Address	73 MACKENZIE ROAD #01-03 SINGAPORE 228729				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/01/2018	Effective Date	01/02/2018 00:00	Expiry Date	14/03/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	73 #01-03 MACKENZIE ROAD	Address 2	SINGAPORE 228729	Address 3	
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.	01-03	Related Policy Number	5099637452		

## ► Insured Object: SJY5675U

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/08/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 01 Feb 2018 TO 14 Mar 2019 In view of this amendment, an additional premium of \$306.36 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>



## Claim Handling

Accident MT/1011555

Policy No.	5097544918	Vehicle No.	SJY5675U	GST Registration No.	
Certificate No.					
Policyholder Name	CARS 88 DIRECT PTE. LTD.			Policyholder NRIC	2014
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87422898	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes
<b>Accident Details</b>					
Report Date	14/09/2018 16:56	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	10/09/2018	Time of Accident hh:mm	22:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF SERANGOON NORTH AVE 5				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History:					
<b>Policyholder Mailing Address</b>					
Address 1	73 #01-03 MACKENZIE ROAD	Address 2	SINGAPORE 228729	Address 3	
Address 4		Address Type	Singapore address	Post Code	2287
Unit No.	01-03	Related Policy Number	5099637452		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ABDUL KHALID BIN HAMID	Driver NRIC	S7513792C	Driver DOB	18/0
Register Date of Driver License	04/11/2010	Driver Age	43	Driving Experience	7
Contact No.(Mobile)	87422898	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 509	Address 2	SERANGOON NORTH AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	5505
Unit No.	#02-362				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	CARS 88 DIRECT PTE. LTD.	Insured NRIC	2014
Contact No.(Mobile)	81272808	Contact No.(Home)		Contact No.(Office)	6734
Email Address		DI Vehicle Number	SJY5675U	TP Vehicle Number	SKZ5
Claim Description	SJY5675U / SKZ5111M ON 10 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	14/09/2018 17:06	Claim Close Date		Date Received	14/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AX letter

Save Submit

Attachment

Accident No. MT/1011555

Claim No. 001



Last Doc: Received

☒ Yes ☐ No

Upload Date

14/09/2018 17:05

Path \*

Category \*














Confidential

Urgency \*

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

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:05	SAS	Normal	SAS 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:04	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2018 17:03	Photos	Normal	Photos 2018-9-14

## 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"/>			