

# NATIONAL Assessment Centre Services

Date In: 24/09/2018 15:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017324/K4	SAS e-filing		
Veh No: YN1138K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/09/2018 17:00	I-Motor Claim Form	MT/10/2857	-001 25/9/18 09:45
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: WC4302P	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

NA1806038

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) TP: 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 / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice 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	24/09/2018 15:29
Date Of Accident	22/09/2018 17:00
Exact Location Of Accident	ALJUNIED ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1138K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RISE COMMODITY AND DISTRIBUTOR
Co Reg No	53107939B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82320786
Alternative Phone No	OFFICE-82320786

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087979678-01
Cover Note Number	

### Driver

Name of Driver	SUN YANG
Passport No/FIN	G3260681X
Date Of Birth	09/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82320786
Fax Number	
Contact Number	OTHERS-82320786
Email Address	NOEMAIL

Address	RISE COMMODITY AND DISTRIBUTOR
Postcode	
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	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?	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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC4302P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVARAJ GUNASEKARAN
NRIC/Passport Number	G7294341X
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.
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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**.
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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.

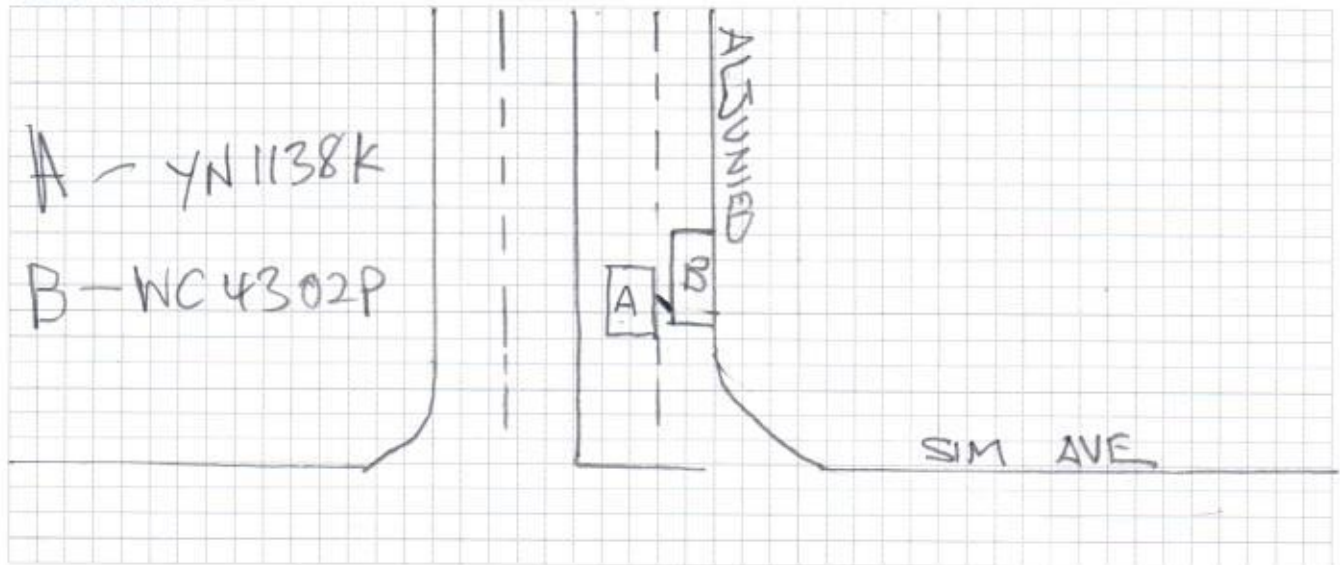


Policyholder's Signature  
Date & Time:

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

*24/9/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22nd Sept 2018 around 1700hrs My lorry was on my way back office along Aljunied Rd and SIM AVE junction. I'm at the traffic light waiting for green light to push off. While My lorry was pushing off from the junction "B" lorry sudden open up his front driving door and knock against my side of my lorry.

## 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.:



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**RISE COMMODITY AND DISTRIBUTOR**

Sector: **SERVICE**




**Name:**  
SUN YANG  
**Occupation:**  
DRIVER

**S Pass No.:**  
D 77018956


**Date of Application:**  
08-12-2017

**Date of Issue:**  
27-12-2017

**Date of Expiry:**  
16-03-2021

**L8529075**



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



**Licence Number:**  
G3260681X

**Name:**  
SUN YANG

**Birth Date:** 09 Oct 1966  
**Issue Date:** 02 Jun 2016  
**Valid Till:** 01/06/2021

**002573956J**



**VISIT PASS**  
Immigration Regulations

**Name:**  
SUN YANG



**Date of Birth:** 09-10-1966 **Sex:** M **Nationality:** CHINESE

**FIN:** G3260681X **Date of Issue:** 27-12-2017 **Date of Expiry:** 16-03-2021

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

	EFFECTIVE DATE
Class 3 Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	20 Mar 2017

**S / No. 9000239012**

**G3260681X**

**Licence No: G3260681X**



JP 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 :** 5087979678-01

**Cover :** Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: **YN1138K**

Chassis Number

: JAANPR75HA7100401

2. Name of Policyholder

: RISE COMMODITY AND DISTRIBUTOR

3. Effective Date of Insurance

: 02 Mar 2018

4. Expiry Date of Insurance

: 01 Mar 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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

INSURE WITH COE

: YES

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

: DQ INSURE (00000572952)

Date of Issue

: 10 Feb 2018 16:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5087979678-01		RISE COMMODITY AND DISTRIBUTOR	53107939B	GFT	Preferred Workshop Plan	YN1138K	YN1138K	02/03/2018	



## ▼ Policy Information

Policy No.	5087979678-01	Policyholder Name	RISE COMMODITY AND DISTRI	Policyholder NRIC	53107939B
Certificate No.					
Address	1767 GEYLANG BAHRU # 01-02 SINGAPORE 339702				
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	10/02/2018	Effective Date	02/03/2018 00:00	Expiry Date	31/12/2018 23:59
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess	OS Premium		0		
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	DQ INSURE	Agent Tel.	64522788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	1767 GEYLANG BAHRU	Address 2	# 01-02	Address 3	SINGAPORE 339702
Address 4		Address Type	Singapore address	Post Code	339702
Unit No.		Related Policy Number	5087979678-01		

## ► Insured Object: YN1138K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	21/03/2018 00:00	Basic Information Endorsement	000001286779296	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JAANPR75HJ7100232 23-03-2018 \$1,387.02 In view of this amendment, an additional premium of \$1,387.02 (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 or NETS.
2	03/05/2018 00:00	Basic Information Endorsement	000001286808463	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST)

## Claim Handling

Accident MT/1012857

Policy No.	5087979678-01	Vehicle No.	YN1138K	GST Registration No.	M90357044G
Certificate No.					
Policyholder Name	RISE COMMODITY AND DISTRIBUTOR			Policyholder NRIC	5310
Product Code	FLEET INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	82320786	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	No

## ▼ Accident Details

Report Date	25/09/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	22/09/2018	Time of Accident hh:mm	17:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALJUNIED ROAD				

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	23/04/2007
GST Registration No.	M90357044G	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	1767 GEYLANG BAHRU	Address 2	# 01-02	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3397
Unit No.		Related Policy Number	5087979678-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUN YANG	Driver NRIC	G3260681X	Driver DOB	09/1
Register Date of Driver License	20/03/2017	Driver Age	31	Driving Experience	1
Contact No.(Mobile)	82320786	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	RISE COMMODITY AND DISTRI	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RISE COMMODITY AND DISTRI	Insured NRIC	5310
Contact No.(Mobile)	98188194	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YN1138K	TP Vehicle Number	WC4
Claim Description	YN1138K / WC4302P ON 22 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	25/09/2018 09:47	Claim Close Date		Date Received	25/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1012857	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

25/09/2018 09:45

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="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	SAS	Normal	SAS 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:45	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 Sep 2018 09:44	Photos	Normal	Photos 2018-9-25

## 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"/>