

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA18134454

Date In: 16/10/18-15:17	Job description	Date & Time Completed	Done by
Ref No: 44/NC10018789/24	SAS e-filing		
Veh No: 6269467	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/9/18-11:35	i-Motor Claim Form	M71015938-001	16/10/18 17:34
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: 2F7645U	Tel:	Fax:
Owner / Driver: (INC () / Non-INC ()		
Policy No: (Period: (Tel: (
Confirmed by: (Cover Type: (
Insured/Driver Liability: (Date: (Time: (
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

NA1806624

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	In Bill	Add Bill
1) AR: Accident Reporting (\$30);		
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:-		
OP:		
*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	

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 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. 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	16/10/2018 15:17
Date Of Accident	22/09/2018 11:35
Exact Location Of Accident	LOWER DELTA RD TWDS TELOK BLANGAH CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GQ6946J
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92727979
Alternative Phone No	OFFICE-92727979
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5063999034-04
Cover Note Number	
Driver	
Name of Driver	SUGANE S/O RAJA KRISHNAN
NRIC No	S6844669D
Date Of Birth	22/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92382219
Fax Number	
Contact Number	OFFICE-92382219
Email Address	NOEMAIL

Address	BLK 111 HO CHING ROAD #02-14
Postcode	610111
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SLF7645U
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)

1

SKETCH PLAN

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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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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:

on behalf of the driver
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Lower Deffen Rd.

A: 62 6416J

B: 56F 7645 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 9 / 18) (DD/MM/YYYY), TIME: (11 : 35) (HH:MM)

LOCATION: lower delta and fwhs Teluk Blangah crs.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GA694W
b) INSURANCE COMPANY: NTJC
c) POLICY NUMBER: 506399034-24
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: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
INSURED / POLICY HOLDER

2. **INSURED / POLICY HOLDER**

- A) NAME: Wong Boon Auto & Leasing (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: J322794E
C) ADDRESS: _____ CONTACT: 92227979

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

DRIVER

- a) NAME: Digene s/o Raja Krishnan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 565446697 CONTACT: 9782219
c) ADDRESS: Dik 111 Ho Ang Road Dor-14 (G10...)

*d) DATE OF BIRTH: (22/11/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 06F76 YJU MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
THIRD PARTY VEHICLE

9. THIRD PARTY VEHICLE

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

Email =

$$f_{ax} =$$

VIDEO =

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 2:25 PM
 Video Report No.:
 Station Diary No.: 191

Name of Informant: SUGANE S/O RAJA KRISHNAN
 Address: APT BLK 111 HO CHING ROAD #02-14 SINGAPORE 610111
 ID Type / ID No.:
 NRIC NO / 56644569D
 Contact No.:
 Home/Office:
 Mobile: 92382219
 Email:
 Nationality: SINGAPORE CITIZEN
 Sex: Male
 Age: 49
 Date of Birth: 22/11/1968
 Type of Informant: Driver
 Race: Indian
 Language: English
 Institution / School Name:
 Occupation: Other car and light goods vehicle driver etc.
 Driving Licence Information: Class: 3
 Date of Expiry:

Type of Accident: Non-Injury
 Drink Drive: No
 Date/Time of Accident: 22/09/2018 11:35
 Type of Location: Straight Road

Location:
 Along Road 1 Travelling Toward Road 2
 LOWER DELTA ROAD
 TELOK BLANGAH CRESCENT

Weather: Clear
 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

Vehicle No.	Vehicle Type	Make	Model	Color	Condition	No. of Pedestrians
GQ6948J	Van				No Damage	0
SLF7645U	Car				No Damage	0

Any Pedestrian Involved: No
 No. of Pedestrians Injured: NIL
 Use of Pedestrian Crossing: NA

POLICE FORCE

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689998

T4318162/2

Report No: T20181005/217

CONTINUATION OF REPORT

Name	SUGANE S/O RAJA KRISHNAN	ID No.	S6844669D
Related Vehicle	GQ6946J (Van)	Contact No.	92382219
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/09/2018 at about 1135hrs, I was driving my company rented van bearing GQ6946J along Lower Delta Rd heading towards Telok Blangah Crescent where the accident happened. As the traffic was very congested, all vehicles were moving very slow due to that the front portion of my van had hit onto the rear portion of the car bearing SLF7645U which was ahead of my van. After which, both parties stopped and alighted from our vehicles. Both parties then assessed the damaged done towards our vehicles however, there is no sign of damages. Both parties did not exchange particulars. Subsequently, both parties then drove off. On 07/10/2018, my company received a letter from Traffic Police with reference TP/IP/55327/2018 asking me to lodge a traffic accident report.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Tulang Wok N.P.C
700 Corporation Road SINGAPORE 849816
Tel No: 1800-2689999

Report No: 20181002110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
Sgt 2 SUHAILI BINTE HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

SN 126

Authentication Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

08/10/2018 22:56

Classification Of Case:

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="22/09/2018 11:35"/>
Vehicle No. (For Motor)	<input type="text" value="GQ6946J"/>	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"/>	5063999034-04		WENG SOON AUTO & LEASING	53227794E	GCV	Third Party	GQ6946J	GQ6946J	13/03/2018	12/03/2019

Policy Information					
Policy No.	5063999034-04	Policyholder Name	WENG SOON AUTO & LEASING	Policyholder NRIC	53227794E
Certificate No.					
Address	2 KAKI BUKIT AVENUE 2 #01-13 KAKI BUKIT AUTOHUB SINGAPORE 417921				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/03/2018	Effective Date	13/03/2018 00:00	Expiry Date	12/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5095717191-01		
Insured Object: GQ69462					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1015938

Exit

Policy No.	506399034-04	Vehicle No.	QQ6946J	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING	Cover Type	Third Party	Policyholder NRIC	53227794E
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92727979	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	16/10/2018 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/09/2018	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA RD TWO5 TELOK BLANGAH CRES				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-12 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5095717191-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/11/1968
Unnamed driver Name	SUGARE S/O RAJA KRISHNAN	Driver NRIC	S6844669D	Driving Experience	30
Register Date of Driver License	01/01/1968	Driver Age	49	Contact No. (Home)	0
Contact No. (Mobile)	92382219	Contact No. (Office)	0	Address 3	CORPORATION COURT
Address 1	BLK 111	Address 2	HO CHING ROAD	Post Code	610111
Address 4	SINGAPORE 610111	Address Type	Singapore address		
Unit No.	02-14				
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 **New**

Claim Type *	OD-MX	Insured Name	WENG SOON AUTO & LEASING	Insured NRIC	53227794E
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	QQ6946J	TP Vehicle Number	SLF764SU
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	QQ6946J / SLF764SU ON 22 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/10/2018 17:34	Claim Close Date		Date Received	16/10/2018 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1015938	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2018 17:35
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
	Browse...		
	Browse...		
	Browse...		
	Browse...		

Please Select

▼

N/A

▼

Normal

▼

Please Select

▼

N/A

▼

Normal

▼

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:35	SAS	Normal	SAS 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:35	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:35	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Oct 2018 17:34	Photos	Normal	Photos 2018-10-16		Edit

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