

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MA118134921**

Date In: <b>17/10/18 - 14:42</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18018866/24</b>	SAS e-filing		
Veh No: <b>SR37092</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>16/10/18 - 12:45</b>	i-Motor Claim Form	<b>MT/10/6072-001</b>	<b>17/10/18 14:52</b>
OD : <b>TP</b> 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: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **JFM8558R** 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%; F: 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)

Remarks	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

**NA1806653**

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*N5: Courtesy Car / Tpl 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	17/10/2018 14:42
Date Of Accident	16/10/2018 17:45
Exact Location Of Accident	EMERALD LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3309D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA TECK HON KEITHS
NRIC No	S8917899A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94578837
Alternative Phone No	OFFICE-94578837

### Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	5095471609-01
Cover Note Number	

### Driver

Name of Driver	CHUA TECK HON, KEITHS
NRIC No	S8917899A
Date Of Birth	25/05/1989
Occupation	INDOOR
Date Of Driving Pass	05/05/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94578837
Fax Number	
Contact Number	OFFICE-94578837
Email Address	NOEMAIL

Address	32 JALAN RAJAH #21-02
Postcode	329141
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	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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SFM8558R
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

### 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**.
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

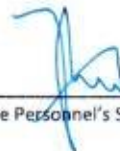
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

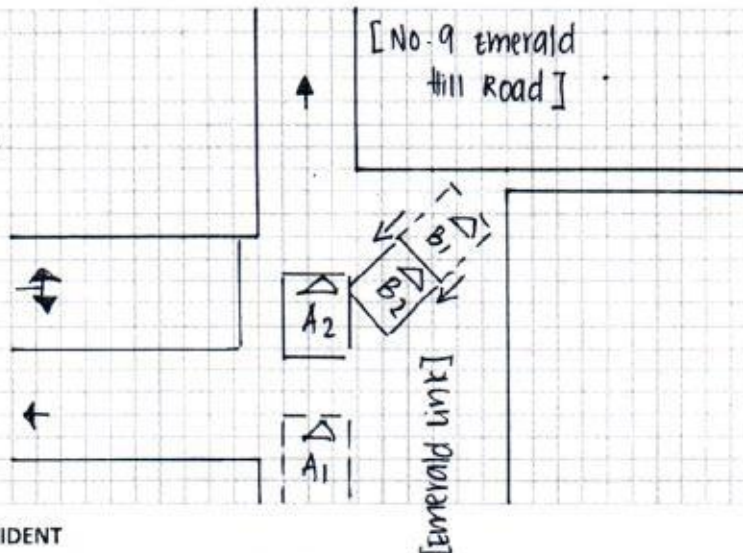
Name:

NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: SLR3309D

Vehicle B: SFM 8558R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SLR3309D, was travelling straight along the stated venue. Suddenly, vehicle B, SFM 8558R, reversed into my vehicle front right portion.

## 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: 16 / 10 / 2018 (DD/MM/YYYY), TIME: 17 : 45 (HH:MM)

LOCATION: Emerald Link,

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 3309 D  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5095471609-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 320i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
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: CHUA TECK HON, reiths (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8917899A CONTACT: 9457 8837  
c) ADDRESS: 32 Jalan Rajah #21-02 S(329141)

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

### DRIVER

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

\* d) DATE OF BIRTH: 25 / 05 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9 years

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SFM 8558R MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
( )

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8917899A



Name

CHUA TECK HON, KEITHS

蔡 的 宏

Race

CHINESE

Date of birth

25-05-1989

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8917899A

Name:

CHUA TECK HON, KEITHS

Birth Date: 25 May 1989

Issue Date: 05 May 2009





3 5 5 4 4 3 9



NRIC No. **S8917899A**

Date of issue

**04-06-2004**

Address

**32 JALAN RAJAH  
#21-02  
SINGAPORE 329141**



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

**PASS DATE**

**Class 2B Motorcycles =< 200 CC**

**12 Aug 2010**

**Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg**

**05 May 2009**

**S8917899A**

**S / No. 9000128760**

**License No: S8917899A**

**NP 428A**



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="16/10/2018 17:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SLR3309D"/>	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"/>	5095471609-01		CHUA TECK HON KEITHS	S8917899A	GPC	drive CLASSIC	SLR3309D	SLR3309D	01/09/2018	31/08/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.

5095471609-01

Certificate No.

Address

32 JALAN RAJAH #21-02 RAJAH TOWER SINGAPORE 329141

Product Name

PRIVATE CAR INSURANCE

Policy Issue Date

17/08/2018

Excess Type

Third Party Excess

0

Additional Excess

0

Outside Singapore OD Excess

600

Agent

INTEGRAL PLUS SERVICES

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Name

CHUA TECK HON KEITHS

Policyholder NRIC

S8917899A

Plan

Effective Date

01/09/2018 00:00

All Claims Excess

Own damage Excess

600

OS Premium

0

Outside Singapore TP Excess

0

Group Policy Flag

N

Expiry Date

31/08/2019 23:59

Windscreen Excess

100

GST Flag

Y

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1

32 JALAN RAJAH

Address 2

#21-02 RAJAH TOWER

Address 3

SINGAPORE 329141

Address 4

Address Type

Singapore address

Post Code

329141

Unit No.

21-02

Related Policy Number

5095471609-01

Insured Object: SLR3309D

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5095471609-... 17/10/2018



## Claim Handling

Exit

Accident MT/1016030

Policy No.	S095471609-01	Vehicle No.	SLR3309D	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA TECK HON KEITHS	Cover Type	drive CLASSIC	Policyholder NRIC	S8917899A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94578837	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 Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		
<b>Accident Details</b>					
Report Date	17/10/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/10/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EMERALD LINK				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	32 JALAN RAJAH	Address 2	#21-02 RAJAH TOWER	Address 3	SINGAPORE 329141
Address 4		Address Type	Singapore address	Post Code	329141
Unit No.	21-02	Related Policy Number	S095471609-01		
<b>DI Driver Info</b>					
Driver Name	CHUA TECK HON KEITHS	Driver Type	Main Driver	Driver DOB	25/05/1989
Unnamed driver Name		Driver NRIC	S8917899A	Driving Experience	9
Register Date of Driver License	05/05/2009	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	94578837	Contact No.(Office)	0	Address 3	SINGAPORE 329141
Address 1	32 JALAN RAJAH	Address 2	RAJAH TOWER	Post Code	329141
Address 4		Address Type	Singapore address		
Unit No.	21-02				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Modification History</b>					

Claim 001 New

Claim Type *	CO-MIX	Insured Name	CHUA TECK HON KEITHS	Insured NRIC	S8917899A
Contact No.(Mobile)	94578837	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SLR3309D	TP Vehicle Number	SFM8558R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR3309D / SFM8558R ON 16 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/10/2018 14:52	Claim Close Date		Date Received	17/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1016030	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/10/2018 14:53	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO	Normal	

Browse...

Clear

Please Select

100

Normal

Browse...

Clear

Please Select

100

Normal

Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	SAS	Normal	SAS 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:53	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 14:52	Photos	Normal	Photos 2018-10-17		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading