

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 25/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019383/13	SAS e-filing		
Veh No: SKQ 7405A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/10/18 1420	I-Motor Claim Form	27/10/17079 - 001	
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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: PC1020E	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: _____
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Date/Time	Actions

NA1806862	Invoice Preparation Checklist	Am (\$)	Rev (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	25/10/2018 09:25
Date Of Accident	24/10/2018 14:20
Exact Location Of Accident	T JUNC OF RAFFLES BLVD/REPUBLIC BLVD/RAFFLES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7405A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASON ENTERPRISES
Co Reg No	53336211C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98510559

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	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	5096004273
Cover Note Number	

### Driver

Name of Driver	YEK WHYE MUN
NRIC No	S7012601Z
Date Of Birth	19/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98510559
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 915 TAMPINES ST 91 #03-43
Postcode	520915
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	
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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1020E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YEK WHYE MUN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKQ7405A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

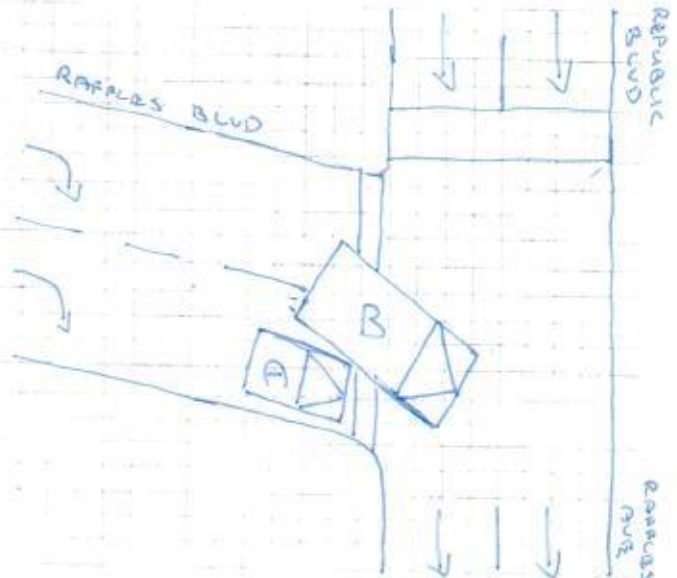
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

VEHICLE A - SKQ 7405 A

VEHICLE B - PC 1020 E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG RAFALES BLVD TOWARDS THE DIRECTION TO THE T JUNCTION OF (RAFALES BLVD/REPUBLIC BLVD/RAFALES AVE), I WAS ON THE RIGHT LANE.

WHILE CAME TO THE JUNCTION, I NOTICED A BUS WAS MAKING A RIGHT TURN, SO IMMEDIATELY I BRAKED TO COMPLETE STOP, BUT NEVERTHELESS, THE BUS FAILED TO MAKE A WIDER TURN, AND SUCH IT CAME INTO MY LANE WHILE MAKING A RIGHT TURN, WHICH CAUSE A COLLISION INTO THE LEFT FRONT AND FRONT LEFT PORTION OF MY VEHICLE. AFTER THE COLLISION, THE BUS DIDN'T STOP IMMEDIATELY AFTER THE COLLISION AND SUCH MY FRONT BUMPER WAS PULLED OFF FROM MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS VEHICLE WITH LICENCE PLATE NUMBER (PC 1020 E) THAT COLLIDED TO MY VEHICLE, WHEN MAKING A RIGHT TURN AND CAME INTO MY LANE WHILE TURNING WHICH CAUSE THE ACCIDENT.

VEHICLE A - SKQ 7405 A

VEHICLE B - PC 1020 E

## 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.:



<b>Vehicle No.</b>	SKA 7405A	<b>Model / Make</b>	TOYOTA VELL FIRE
<b>Date of Accident</b>	24/10/2018		
<b>Time of Accident</b>	1420	<b>HRS</b>	
<b>Location of Accident</b>	T JUNCTION OF RAFFLES BLVD / REPUBLIC BLVD / RAFFLES AVE		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	JASON ENTERPRISE		
<b>Telephone No.</b>	H/P : 9851 0559	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S333 6211C		
<b>Address</b>	BLK 915 #03-43 TAMANIS ST 91 TAMANIS PALMSVILLE S(520915)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5096004273		
<b>Name of Driver</b>	As Above If <input checked="" type="checkbox"/> YES YESK WHYIE MUN		
<b>NRIC</b>	S7012601Z	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	19 APR 1970		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	23 DEC 1992		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P : 9851 0559	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 915 TAMANIS ST 91 #03-43 S(520915)		
<b>Driver have any own vehicle</b>	No	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	CO. OWNER
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	YESK WHYIE MUN, 9851 0559		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No	If Yes, Where?	
<b>Vehicle B No.</b>	PC 1020 E	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LEFT FRONT TO FRONT LEFT PORTION		
<b>Camera Recorder</b>	<input checked="" type="checkbox"/> Yes / No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
	Yes / No		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7012601Z





Name  
**YEK WHYE MUN**

Race  
**CHINESE**

Date of Birth  
**19-04-1970**

Country of Birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7012601Z**


Name  
**YEK WHYE MUN**

Birth Date: **19 Apr 1970**

Issue Date: **16 Dec 2002**



Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : **S7012601Z**

Name : **YEK WHYE MUN**

Issue Date : **4/7/2011**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

0482349

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

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
23 Dec 1992

NRIC No: **S7012601Z**




Blood Group: **O+** Date of issue: **21-08-1992**

APT BLK 915 TAMPINES STREET 91 #03-43  
SINGAPORE 520915

NRIC No: **S7012601Z** Date: **10/09/2011** No: **6870620** NP 428A

Licence No: **S7012601Z**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	19/03/2002





Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

24/10/2018 14:20

Vehicle No.(For Motor)

SKQ7405A

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"/>	5096004273		JASON ENTERPRISES	53336211C	GPC	drive CLASSIC	SKQ7405A	SKQ7405A	23/01/2018	22/12/2018

## THE SCHEDULE

insurance  
ation on the  
it your insurer

### 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	: 5096004273		
The Policyholder	: JASON ENTERPRISES		
	: BLK 915 #03-43		
	: TAMPINES STREET 91		
	: TAMPINES PALMSVILLE		
	: SINGAPORE 520915		
Period of Insurance	: 23 Jan 2018 To 22 Dec 2018		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,844.79		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: N/A		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/VELLFIRE	Capacity	: 2400cc
Registration Number	: SKQ7405A	Registration Year	: 2014
Chassis Number	: ANH208295581	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 0%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: PRIME CARS CREDIT PTE. LTD.		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

**Memo A :** 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.  
2) Section 1 clause 8 on Unnamed driver excess will not apply.

**Endorsement Operative :** N/A

Agency	: PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue	: 17 Nov 2017 14:25 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/1017079

Policy No.	5096004273	Vehicle No.	SKQ7405A	GST Registration No.
Certificate No.				
Policyholder Name	JASON ENTERPRISES			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98510559	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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

## ▼ Accident Details

Report Date	25/10/2018 10:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/10/2018	Time of Accident hh:mm	14:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	T JUNC OF RAFFLES BLVD/REPUBLIC BLVD/RAFFLES AVE			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ 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 915 #03-43	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520915	Address Type	Singapore address	Post Code
Unit No.	03-43	Related Policy Number	5096004273	

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YEK WHYE MUN	Driver NRIC	S7012601Z	Driver DOB
Register Date of Driver License	22/12/1992	Driver Age	48	Driving Experience
Contact No.(Mobile)	98510559	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 915	Address 2	TAMPINES STREET 91	Address 3
Address 4	SINGAPORE 520915	Address Type	Singapore address	Post Code
Unit No.	#03-43			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	JASON
	Contact No.	631660
	Vehicle No.	SKQ7405A

SKQ7405A / PC1020E ON 24 Oct 2018

Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)

GIA report

Received

25/10/2018 10:31	Claim Close Date
------------------	------------------

ROSLINDA	Workshop Repairer
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Save Submit

## Attachment



Accident No. MT/1017079 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 25/10/2018 00:00

Path \*

Category \*

Confidential

Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen  
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Message Read

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:31	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:31	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:31	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:31	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Oct 2018 10:30	Photos	Normal	Photos ;

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading