

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MANA118 147547-9**

Date In: <b>14/11/18 - 16:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC R20632/24</b>	SAS e-filing		
Veh No: <b>JS8849E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>28/10/18 - 05:15</b>	i-Motor Claim Form	<b>MT/1017079-002</b>	<b>14/11/18 1654</b>
OD: <b>TP</b> 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: Vch No: **SDR 313D** 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) 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

**NA1807438**

## Invoice Preparation Checklist

Am't (\$)  
for Bill

Am't (\$)  
Add'l Bill

Claimant's Particulars: 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: 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

Anditors' Comments: For claiming against INC Only (wef 10 Jan 2005)

Ref 1: 6) TR: Re-inspection \$75

Ref 2 / 3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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	14/11/2018 16:01
Date Of Accident	28/10/2018 05:15
Exact Location Of Accident	OUTSIDE SELETAR MALL TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3849E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100572973
Cover Note Number	

### Driver

Name of Driver	SALIMUL IKHWAN BIN NASARUDDIN SALIM KEMHAY
NRIC No	S9039352I
Date Of Birth	17/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88208181
Fax Number	
Contact Number	OFFICE-88208181
Email Address	NOEMAIL

Address	BLK 447A JALAN KAYU #06-362
Postcode	791447
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	COLLISION - CHANGE/CROSS LANE
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?	
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	SDR313D
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)	



**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.



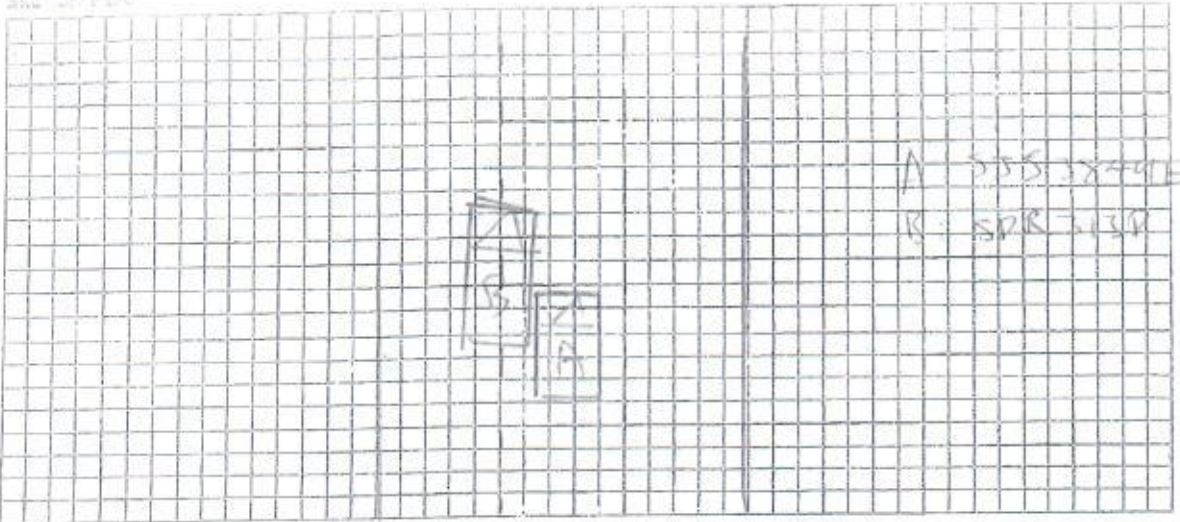
Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along outside Selasar Mall towards Yek  
 on the middle lane. As I was driving straight vehicle  
 B from my left suddenly cut into my lane and  
 collided

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
 Date & Time:

*Selvi*

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

*[Signature]*

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



**NOTICE**

Please read and submit this form to the individual insurance authorised reporting centre.

Report correctly on the details of the accident to speed up the claim process.

This must be filled up by the policy holder and/or authorised driver.

It is provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

**ACCIDENT DETAILS**

Date of accident	28/10/18	(DD/MM/YY)
Time of accident	0515 AM	(HH:MM)
Exact location of accident	outside Sphera Mall towards Yuchuang	

**DETAILS OF VEHICLE**

Vehicle registration number	SJS 3849 E		
Vehicle make and model	Toyota Camry		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: <input type="checkbox"/>
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

**INSURANCE INFORMATION**

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

**INSURED / POLICY HOLDER**

Name	Hoa Pre Ltd.	Male <input type="checkbox"/> Female <input type="checkbox"/>
C / Fin / Passport number		
Contact		
Address		

**DRIVER**

**SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)**

Name	Salimul Ikhwani Bin Nasaruddin Salim	Male <input type="checkbox"/> Female <input type="checkbox"/>
C / Fin / Passport number	596393521	Kemhany
Contact	88208181	
Address	BK 447A Jalan Kaya	#06-362 S(791447)
Date of birth	17/10/1990	
Location	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Valid date pass	64/08/2012	

Is the driver a holder of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	(inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



Vehicle registration number	SPR 313 D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA118147387 Vehicle Registration No: SJS 38491E  
Name(as shown in NRIC) : Sulaiman bin Hasarudin NRIC/FIN/Passport No : S90393522  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 447A Jalan Kaya A 26-362 Singapore(791447)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 88208181  
Email Address : \_\_\_\_\_  
Date of Accident : 28/12/16 Time of Accident : 05:15  
Place of Accident : Outside Kletar Mall towards Xo Chu Kang.  
Insurance Company : MGU

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend vehicle category - commercial vehicle.

Policyholder / Driver's Signature  
Date:

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S90393521



Salimul IKHWAN BIN  
NASARUDDIN SALIM KEMHAY



Race  
INDONESIAN  
Date of birth  
17-10-1990  
Country of birth  
SINGAPORE

Sex  
M

S90393521

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S90393521

SA LIMUL IKHWAN BIN  
NASARUDDIN SALIM KEMHAY

Exp Date 17 Oct 1990

Issue Date 04 Aug 2012



002093504E

5874397



INDIA S90393521



Date of issue  
31-01-2019

Address  
APT BLK 447A JALAN KAYU  
#00-362  
SINGAPORE 791447

REPUBLIC OF SINGAPORE

EFFICIENCY DATE

Validated on 10/10/2012  
Weight < 7500kg



License No: S90393521

NP 428A

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="28/10/2018 05:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJS3849E"/>	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"/>	5100572973		HO2 PTE LTD	201623774E	GFT	drivo CLASSIC	SJS3849E	SJS3849E	15/05/2018	
<input type="button" value="Continue"/>										



Claims Handling

Accident HT/1017679

Policy No.  
Certificate No.  
Policyholder Name  
Product Code  
Contact No.(Mobile)  
Email Address  
eFile  
NCD Protection

5100572973  
HO2 PTE LTD  
FLEET INSURANCE  
NA  
NA  
No Yes  
No

Vehicle No.  
Cover Type  
Contact No.(Office)  
Special Remark  
TCA  
NCD Entitlement(%)

SJS3849E  
drive CLASSIC  
0  
No Yes  
0

GST Registration No.  
Policyholder NRIC  
Loading  
Contact No.(Home)  
eCode  
eCode Reason  
Private Hire

201623774E  
0  
No  
Not available

Accident Details

Report Date  
Date of Accident  
Witnessing Centre  
Accident Location

30/10/2018 09:37  
28/10/2018  
SENGKANG WEST AVE TOWARDS JALAN KAYU

Accident Report Within 24 hrs  
Time of Accident hh:mm  
Orange Force

Yes  
05:15

Accident Type  
Country of Accident  
ICM No.

Unknown  
Singapore

Excess

Own damage Excess  
Uninsured Driver Excess  
Third Party Excess

2,000.00  
1,500.00

Additional Excess  
Outside Singapore OD Excess  
Outside Singapore TP Excess

0  
2,000.00  
1,500.00

Windscreen Excess  
100.00

Benefits

GST Registered Information

GST Registered  
GST Registration No.  
Modification History

No  
GST Status Verified  
Yes

Policyholder Mailing Address

Address 1  
Address 4  
Unit No.

3031A UBI ROAD 3  
DI-11R

Address 2  
Address Type  
Related Policy Number

#01-118  
Singapore address  
5095410277-01

Address 3  
Post Code

SINGAPORE 408659  
408659

DI Driver Info

Driver Name  
Designated driver Name  
Register Date of Driver License  
Contact No.(Mobile)  
Address 1  
Address 4  
Unit No.  
Does he own a Singapore Registered car?

Yes No

Driver Type  
Driver NRIC  
Driver Age  
Contact No.(Office)  
Address 2  
Address Type  
Driver Vehicle No.

Foreign address

Driver DOB  
Driving Experience  
Contact No.(Home)  
Address 3  
Post Code  
Driver Insurer Company

Modification History

Claims 002 New

Claim Type \*

GD-HX

Insured Name  
Contact No (Home)  
DI  
Vehicle Number

HO2 PTE LTD  
90050130  
SJS3849E

Insured NRIC  
Contact No (Office)  
TP  
Vehicle Number

201623774E  
NIL  
SDR313D

Claim Description

SJS3849E / SDR313D ON 28 Oct 2018

Name of Preferred Workshop

Preferred Workshop  
Insured Liability  
Preferred Repair Option  
Preferred Workshop, Name unknown  
GIA report  
Received

Date Registered  
14/11/2018 16:54

Claim Close Date  
14/11/2018 00:00

Report Taken By  
JACKSON

Print AR letter

Save Submit

Attachment

Accident No.  
Last Date Received  
HT/1017679  
Yes No

Claim No.  
Upload Date  
002  
14/11/2018 16:57

Path \*

Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Remove Read

Clear  
Please Select  
Clear  
Please Select  
Clear  
Please Select  
Clear  
Please Select  
Clear  
Please Select

Category \*  
NO  
NO  
NO  
NO  
NO  
NO  
NO  
NO

Confidential  
NO  
NO  
NO  
NO  
NO  
NO  
NO  
NO

Urgency \*  
Normal  
Normal  
Normal  
Normal  
Normal  
Normal  
Normal  
Normal

Description \*

Send Message Upload

Attachment List

Attachment  
NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e  
NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e

Uploaded By/Date  
14 Nov 2018 16:57  
14 Nov 2018 16:57

Category  
NRIC/ Driving License  
SAS










Urgency  
Normal  
Normal

Description  
NRIC/ Driving License 2018-11-14  
SAS 2018-11-14

Msg Sent? (CD)  
Edit  
Edit

Action  
Edit  
Edit

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2525178&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&readAllB... 1/2

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:57	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:57	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:57	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:57	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:54	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:54	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:54	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:54	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 14 Nov 2018 16:54	Photos	Normal	Photos 2018-11-14	<a href="#">Edit</a>

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
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<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>
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