


NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MA 11F159345

Date In: 10/12/18 15:24	Job description	Date & Time Completed	Done by
Ref No: NA11MC18022158164	SAS e-filing		
Veh No: SJV 1023T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/12/18 12:40	i-Motor Claim Form	MT/1023237-001	10/12/18 16:44
OD:  Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLP 8707T.

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

MA1808062

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice/Repairation Checklist

Am't (\$)

Ref. Am't (\$)

Invoice/Repairation Checklist	Am't (\$)	Ref. Am't (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*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 \$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	10/12/2018 15:24
Date Of Accident	08/12/2018 12:40
Exact Location Of Accident	JW MARRIOTT HOTEL DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1023T
Insured/Policyholder	
Name Of Registered Owner	TT SERVICES
Co Reg No	53349630J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98219633

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097001169
Cover Note Number	-

Driver

Name of Driver	TAY YONG HUA (ZHENG RONGHUA)
NRIC No	S7201718H
Date Of Birth	17/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98219633
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 470C FERNVALE LINK #21-418
Postcode	739470
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	COLLISION - MAJOR/MINOR RD
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)	5
Passenger 1	NAME: : MR CHRIS GENDER: : MALE
Passenger 2	NAME: : MRS CHRIS GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF8707T
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)	

DETAILS OF INJURED PERSON 1

Name	MRS CHRIS
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SJV1023T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAY YONG HUA (ZHENG RONGHUA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV1023T
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.

TT SERVICES
Co Reg No: 53349630J

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

A = SJV 1023T
B = SLF 8707T

JW Marriott Hotel driveway

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

TT SERVICES
Co Reg No: 53349630J

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.:



SINGAPORE POLICE FORCE



T/20181208/7014

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181208/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2018 17:55	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: TAY YONG HUA			Address: APT BLK 470C FERNVALE LINK #21-418 SINGAPORE 793470		
ID Type / ID No.: NRIC NO / S7201718H			Contact No.: Home/Office: Mobile: 98219633		
Nationality: SINGAPORE CITIZEN			Email: jesper_tay@hotmail.com		
Sex: Male	Age: 46	Date of Birth: 17/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2018 12:40	Type of Location: Roundabout
Location: BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV1023T	Car					0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20181208/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181208/7014

CONTINUATION OF REPORT

Passenger			
Name	Makiko Smith	ID No.	NIL
Related Vehicle	SJV1023T (Car)	Contact No.	90283294
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY YONG HUA	ID No.	S7201718H
Related Vehicle	SJV1023T (Car)	Contact No.	98219633
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

- I'm a part time Grab driver
- I was travelling from South beach road while sending passengers to JW Marriot Hotel.
- after turning into JW Marriot Hotel towards the end of the roundabout at the bend before the lobby, a black colour Alphard (SLF8707T) driven by Mr Tan Thiam Seng (S8421271G) suddenly move out of his parking lot from my left hand side.
- the act had resulted in my left front collapsed with his right front bumper.
- in my car (SJV1023T) there were 5 persons (1 driver and 4 passengers), the passengers are Mr Chris (HP 90283294), Mrs Chris, his son and his daughter.
- the collision also result in Mrs Chris sustain some pain around her neck area and she is seeking medical help.
- I'm reporting this for insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20181208/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181208/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/12/2018 17:55

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of TAY YONG HUA

License Number: **S7201718H**

Name: **TAY YONG HUA (ZHENG RONGHUA)**

Birth Date: **17 Jan 1972**

Issue Date: **27 Jan 2011**

Barcode: 001928633B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7201718H**

Portrait photo of TAY YONG HUA

Name: **TAY YONG HUA (ZHENG RONGHUA)**

Chinese Name: **郑荣华**

Race: **CHINESE**

Date of Birth: **17-01-1972**

Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	27 Jan 2011
Class 2A	Motorcycles between 201 CC and 400 CC	27 Jan 2011
Class 2	Motorcycles > 400 CC	31 Dec 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Apr 2015

NP 428A

S7201718H

S / No. 9000218352

Barcode: Licence No: S7201718H

2254741

Barcode

Portrait photo of TAY YONG HUA

NRIC No: **S7201718H**

Biometric Group: **A+**

Date of Issue: **08-08-1994**

APT BLK 470C FERNVALE LINK #21-418

SINGAPORE 703470

NRIC No: **S7201718H**

Date: **30/05/2016**

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: 5097001169

Cover : drivo CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJV1023T |
| Chassis Number | : JMYSRCY2AAU000286 |
| 2. Name of Policyholder | : TT SERVICES |
| 3. Effective Date of Insurance | : 12 Jan 2018 |
| 4. Expiry Date of Insurance | : 11 Jan 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THONG LEE TRADING (PTE) LTD
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 : LIAN HONG PTE LTD (00000611606)

Date of Issue : 04 Jan 2018 15:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1023237

Policy No.	5097001169	Vehicle No.	SJV1023T	GST Registration No.	
Certificate No.					
Policyholder Name	TT SERVICES			Policyholder NRIC	533491
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98219633	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
Report Date	10/12/2018 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	08/12/2018	Time of Accident hh:mm	12:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JW MARRIOTT HOTEL DRIVE WAY				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	No		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 470C #21-418	Address 2	FERNVALE LINK	Address 3	FERNV.
Address 4	SINGAPORE 793470	Address Type	Singapore address	Post Code	793470
Unit No.	21-418	Related Policy Number	5097001169		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAY YONG HUA (ZHENG RONGH	Driver NRIC	S7201718H	Driver DOB	17/01/
Register Date of Driver License	28/01/2011	Driver Age	46	Driving Experience	7
Contact No.(Mobile)	98219633	Contact No.(Office)		Contact No.(Home)	
Address 1	41 #21-418 KRANJI ROAD	Address 2	SINGAPORE 739470	Address 3	
Address 4		Address Type	Singapore address	Post Code	739470
Unit No.	21-418				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TT SERVICES
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OT Vehicle Number	SJV1023T
Claim Description	SJV1023T / SLF8707T ON 8 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/12/2018 16:43
			LIEW SHAN HUI

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1023237	Claim No.	001
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Last Doc. Received

* Yes No

Upload Date

10/12/2018 16:44

Path *

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

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NO ▼

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NO ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

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NO ▼

Normal ▼








Clear

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Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	SAS	Normal	SAS 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:44	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Dec 2018 16:43	Photos	Normal	Photos 2018-12-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading