

# NATIONAL Assessment Centre Services

Date In: 18/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022671/13	SAS e-filing		
Veh No: 5SP38004	E-mail (within 8hrs, AIC 2hrs)		
DOA: 18/12/18 1310	i-Motor Claim Form	187/1024460-001	
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: ( PROGRESSIVE ) Tel: Fax: )

TP Particulars:	Veh No: FW8891A	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

NA1808317	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments :-	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	18/12/2018 14:59
Date Of Accident	18/12/2018 13:10
Exact Location Of Accident	JUNC OF HOY FATT RD & KUNG CHONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3822Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOVALE EMPIRE
Co Reg No	53360959C
Email Address	AUTOVALEEMPIRE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93887960

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104355147
Cover Note Number	

### Driver

Name of Driver	JOEL CHIA PENG BOON
NRIC No	S7031047C
Date Of Birth	04/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181173
Fax Number	
Contact Number	
Email Address	JOELCHIA8088@GMAIL.COM

Address	BLK 653C JURONG WEST ST 61 #09-462
Postcode	643653
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181218/2134

#### 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	FW8891A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SYAIRAZI
NRIC/Passport Number	
Contact Number	87501775
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name SYAIRAZI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FW8891A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7031047C**

Name: **CHIA PUAY BOON**

Birth Date: **04 Sep 1970**

Issue Date: **24 Jul 2004**

ID01263439E




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!**

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	04 Aug 1987
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	16 Jun 1988

NP 478A

Licence No: S7031047C



**Land Transport Authority**


**VOCATIONAL LICENCE**

Licence No: **S7031047C**

Name: **JOEL CHIA PENG BOON**


Issue Date: **29/4/2009**

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



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	29/04/2009



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7031047C**

Name: **JOEL CHIA PENG BOON**

Race: **CHINESE**

Date of birth: **04-09-1970** Sex: **M**

Country of birth: **SINGAPORE**

谢秉汶



3711830

NRIC No: **S7031047C**

Date of issue: **09-05-2005**

APT BLK 653C JURONG WEST STREET 61 #09-462  
SINGAPORE 633653

NRIC No: **S7031047C** Date: **19-02-2011** No: **6501299**








# SINGAPORE POLICE FORCE



T/20181218/2134

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20181218/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2018 18:04	Vide Report No.: D/20181218/0061	Station Diary No.: 125
--------------------------------------------	-------------------------------------	---------------------------

**Informant's Particulars**

Name of Informant: JOEL CHIA PENG BOON			Address: APT BLK 653C JURONG WEST STREET 61 #09-462 SINGAPORE 643653		
ID Type / ID No.: NRIC NO / S7031047C			Contact No.: Home/Office: Mobile: 91181173		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 04/09/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 13:10	Type of Location: X-Junction
Location: Along Road 1 HOY FATT ROAD  while making a turn to Kung Chong road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW8891A	Motorcycle				Slightly Damaged	0
SJP3822Y	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20181218/2134

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20181218/2134

**CONTINUATION OF REPORT**

**Brief Details.**

On 18/12/2018 at about 1310hrs, I was driving along Hoy Fatt road towards Kung Chong road.

Before I turned to my right towards Kung Chong road, I checked my blind spot and everything was cleared. While I was making a right turn, suddenly a motorbike bearing registration number FW8891A came out from the bend. I saw his vehicle and I immediately on e-brake. However, I could not stop on time and hence, he collided to my vehicle (SJP3822Y). He got hit onto the front bumper of my vehicle.

I immediately alighted from my vehicle and assisted him to get up. I brought him to the safe side and assisted him to bring over the bike to one corner. He was conscious and had some injuries.

Subsequently, we exchange our particulars.

His particulars are as follows: Syairazi (HP: 87501775)

He then was conveyed to the hospital and police was at scene.

I wish to state I am working as a grab driver and the vehicle that I rent is from Auto-Valve Empire. The vehicle has no in-car camera.





**SINGAPORE  
POLICE FORCE**



T/20181218/2134

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20181218/2134

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:  
D /  
Sgt 1 NUR WIRDAH BINTE MUHAMMAD  
WAZIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/12/2018 18:04

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Classification Of Case:

SN 37

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



## 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:

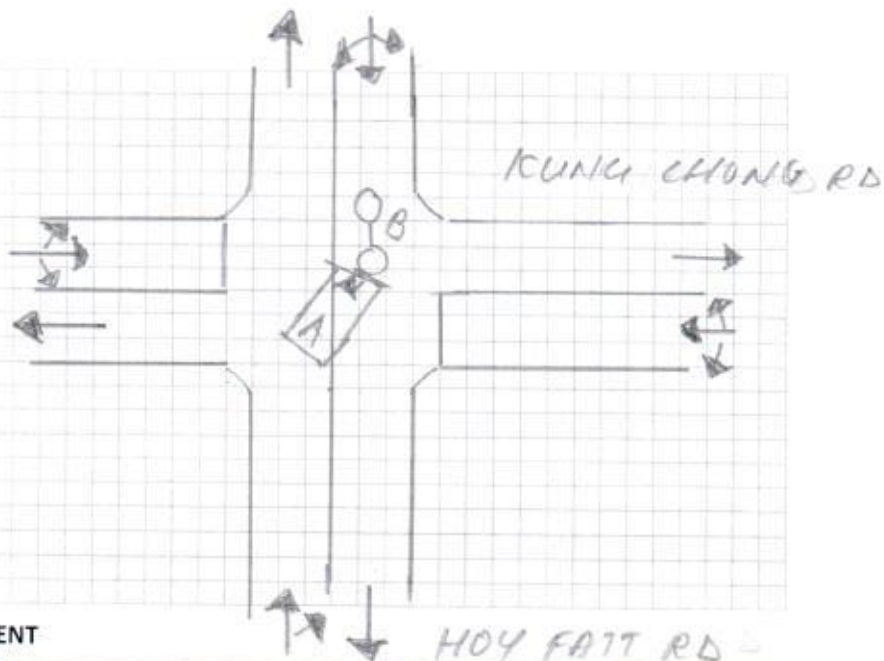
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/12/18

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



SKETCH PLAN

A - 5JP38224  
B - FW8891A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the police report.*

DECLARATION

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

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/12/18

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

18/12/18



# NATIONAL Assessment Centre Services

Date In: 18/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022671/13	SAS e-filing		
Veh No: SIA38224	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/12/18 1310	i-Motor Claim Form		
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: (	Tel:	Fax:
TP Particulars:	Veh No: FW8891A	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2/3:



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5104355147"/>	Date of Accident	<input type="text" value="18/12/2018 13:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJP3822Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5104355147		AUTOVALE EMPIRE	53360959C	GPC	Third Party	SJP3822Y	SJP3822Y	10/10/2018	09/10/2019

## Claim Handling

Accident MT/1024460

Policy No.	5104355147	Vehicle No.	SJP3822Y	GST Registration No.
Certificate No.				
Policyholder Name	AUTOVALE EMPIRE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93887960	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KEK	<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	19/12/2018 15:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/12/2018	Time of Accident hh:mm	13:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF HOY FATT RD & KUNG CHONG RD			

## ➤ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
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	18 BOON LAY WAY	Address 2	#10-165 TRADEHUB 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-6587	Related Policy Number	5104354944	

## ➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JOEL CHIA PENG BOON	Driver NRIC	S7031047C	Driver DOB
Register Date of Driver License	16/06/1988	Driver Age	48	Driving Experience
Contact No.(Mobile)	91181173	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 653C	Address 2	JURONG WEST STREET 61	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-462			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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
-------------------------------------	------	-------------	---------------------------------------------------------------

## Modification History

Claim 001 OD-MX

New

## Claim Type \*

OD-MX	Insured Name	AUTOV/
	Contact No. (Home)	
	OI Vehicle Number	SJP382

Contact No.(Mobile)

Email Address

Claim Description

SJP3822Y / FW8891A ON 18 Dec 2018

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received
Yes	Preferred Repair Option	Preferred Workshop (refer below)		

Date Registered

19/12/2018 15:36 Claim Close Date

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter



Save

Submit

## Attachment
















Accident No.	MT/1024460	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2018 00:00

Path *		Category *		Confidential
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 15:35	Photos	Normal	Photos 2

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading