

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 119000510.

Date In: 21/1/19 15:32	Job description	Date & Time Completed	Done by
Ref No: NA 11MC 19 0000501h4	SAS e-filing		
Veh No: SLV 279E	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 28/12/18 23:25	I-Motor Claim Form	MT/1026091-001	21/1/19 20:07
OD: (TP) 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: SME 6256-J	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

MNA 1900013		Invoice Preparation Checklist		Am't (\$)	Ref Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			30.00	
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:-				
	QD*				
	*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 (S-in 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	02/01/2019 15:32
Date Of Accident	28/12/2018 23:25
Exact Location Of Accident	T JUNC OF KOON SENG RD & RAMBAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV279E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81558858
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096759237-01
Cover Note Number	-
<b>Driver</b>	
Name of Driver	NAN JOO HONG (LAN RUFENG)
NRIC No	S7418923G
Date Of Birth	17/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84175045
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 432A SENGKANG WEST WAY #21-507
Postcode	791432
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 - MAJOR/MINOR RD
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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	SME6256J
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 NAN JOO HONG (LAN RUFENG)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLV279E

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.:

Koon Sang Rd.

Rambuai Rd.

A = SLV 279E

B = SME 6256J

$$R = 5ME\ 6256J$$

Please Refer to Police Report

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



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





# SINGAPORE POLICE FORCE



T/20181229/7007

1 of 3

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

Report No. T/20181229/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2018 14:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NAN JOO HONG			Address: APT BLK 432A SENGKANG WEST WAY #21-507 SINGAPORE 791432		
ID Type / ID No.: NRIC NO / S7418923G			Contact No.: Home/Office: Mobile: 84175045		
Nationality: SINGAPORE CITIZEN			Email: nanjoohong74@yahoo.com.sg		
Sex: Male	Age: 44	Date of Birth: 17/06/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: gojet driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2018 23:25	Type of Location: T-Junction
Location:  KOON SENG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
SLV279E	Car					0
SME6256J	Car	MERCEDES BENZ	MERCEDES	Grey		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181229/7007

2 of 3

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

Report No. T/20181229/7007

**CONTINUATION OF REPORT**

Driver			
Name	NAN JOO HONG	ID No.	S7418923G
Related Vehicle	SLV279E (Car)	Contact No.	84175045
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 28/12/2018 around 2325 I was travelling on my vehicle SLV279E with a passenger on board at koon seng road towards still road. when at the t-junction of rambai road. this grey mercedes car SME6256J suddenly from rambai road from my right turn into my lane while my car is already half way pass his car. I try to horn and shift my car to my left but still his car still accelerate and hit my right side of my car next to the passenger door near to my tyre. which is on my back of my driver's side. My vehicle was damage and with the impact I were injured as my neck and back was hurt.. I went to the Doctor Koh Joon Soo from Universal Medical Clinic at blk235 yishun st21 on 29/12 and was given 3days medical leave from 29/12 to 31/12 and some medicine. I had video recording on my car front and back.





**SINGAPORE  
POLICE FORCE**



T/20181229/7007

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

3 of 3

Report No. T/20181229/7007

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
29/12/2018 14:53

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7418923G



Name

NAN JOO HONG  
(LAN RUFENG)

蓝如峰

Race

CHINESE

Date of birth

17-06-1974

Country/Place of birth

SINGAPORE

Sex

M



5555840



NRIC No. S7418923G



Date of issue

12-01-2016

Address

APT BLK 432A SENGKANG WEST WAY  
#21-507  
SINGAPORE 791432

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7418923G

Name:

NAN JOO HONG  
(LAN RUFENG)

Birth Date: 17 Jun 1974

Issue Date: 18 Apr 2016



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  13 Jul 1995

NP 428A



Licence No: S7418923G



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="28/12/2018 15:24"/>
Vehicle No.(For Motor)	<input type="text" value="SLV279E"/>	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"/>	5096759237-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV279E	SLV279E	20/12/2018	19/12/2019

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1026091

Policy No.	5096759237-01	Vehicle No.	SLV279E	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	20161
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81558858	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	Yes
<b>Accident Details</b>					
Report Date	02/01/2019 20:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	28/12/2018	Time of Accident hh:mm	23:25	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	T JUNG OF KOON SENG RD & RAMBAI RD				
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41587
Unit No.	05-50	Related Policy Number	5106475991		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NAN JOO HONG (LAN RUFENG)	Driver NRIC	S7418923G	Driver DOB	17/06/
Register Date of Driver License	13/07/1995	Driver Age	44	Driving Experience	23
Contact No.(Mobile)	84175045	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 432A #21-507	Address 2	SENGKANG WEST WAY	Address 3	FERNV
Address 4	SINGAPORE 791432	Address Type	Singapore address	Post Code	79143
Unit No.	21-507				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLV279E
Claim Description	SLV279E / SME6256J ON 28 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/01/2019 20:06
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit






## Attachment

Accident No. Claim No.



Last Doc. Received		MT/1026091	001		
<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date	02/01/2019 20:07		
Path *		Category *	Confidential	Urgency *	
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼
Message Read		<input type="button" value="Clear"/>	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:07	SAS	Normal	SAS 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:07	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:07	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:07	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:06	Photos	Normal	Photos 2019-1-2

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>