

# NATIONAL Assessment Centre Services

Date In: 06/03/2019 15:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004135/14	SAS e-filing		
Veh No: GBA 6721 J	E-mail (within 8hrs, AIC 2hrs)		
DOA: 21/02/2019 08:05	i-Motor Claim Form	MT/1034930-001	07/3/19 10:05
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: PC9666P 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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

NA1901739

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

1) AR: Accident Reporting (\$30);

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

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:-

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: 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	06/03/2019 15:26
Date Of Accident	21/02/2019 08:05
Exact Location Of Accident	( PIE) ENG NEO TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA6721J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHYE HENG HUAT ENGINEERING PTE LTD
Co Reg No	199301674K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98899428
Alternative Phone No	OFFICE-62420010
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103748899
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN WAI KHUEN
NRIC No	S1154021Z
Date Of Birth	31/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98899428
Fax Number	
Contact Number	OTHERS-98899428
Email Address	NOEMAIL

Address	BLK 472 JURONG WEST STREET 41 #08-407
Postcode	640472
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9666P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A travelling along Lane 4. Heavy traffic at PIE along lane 1 to 4. Time was at around 0805 HRS.

I couldn't see veh B overtaking from left which is by traffic highway code no overtaking from the left. There wasn't clear lane on the right as well.

While travelling, veh B may over taking which I didn't even notice. When I was straight ahead on lane 4, I didn't feel anything knock against my vehicle A. That was the reason for me to proceed to travel along lane 4.

There isn't any damage to the vehicle A.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



GURDEEP SINGH SEKHON  
CHIA KOK SENG  
REY FOO JONG HAN  
GOH LAM CHUAN  
NAVINDER SINGH  
P. PADMAN  
KWEH SOON HAN  
PRADEEP KUMAR GOBIND  
HUE JIAPEI  
LIM YUN HENG  
SHANEN S/O NANOO SIVA DAS

# KSCGP

J U R I S T S

*Celebrating 25 Years of  
Professional and Personalised  
Legal Service*

**MAIN OFFICE:**  
10 Hoe Chiang Road, #13-03A  
Keppel Towers,  
Singapore 089315  
Tel: 6538 3611  
Fax: 6538 3708

Website: [www.kscgp.com](http://www.kscgp.com)  
(Fax/Email not for service of court documents)  
Registered in Singapore with limited liability  
as a Limited Liability Partnership  
Registration Number T10LL1855L

Your Ref: PC 9666P  
Our Ref: GS/19/2554/YB/ms  
Date: 05 MAR 2019

DID: 3152 0981  
Email: [accident@kscgp.com](mailto:accident@kscgp.com)

Chye Heng Huat Engineering Pte Ltd  
49 Kaki Bukit Road 2  
Kaki Bukit Warehouse Complex  
Singapore 417862

By Fax 6243 0010 & Post

Dear Sirs,

**ACCIDENT INVOLVING PC 9666P & GBA 6721J ALONG PAN-ISLAND EXPRESSWAY ("PIE") ENG NEO TOWARDS CHANGI AIRPORT ON 21.02.2019**

We act for Yellow Bus Services Pte Ltd, the owner of PC 9666P in the above matter. Our investigations reveal that you were the owner of motor vehicle no. **GBA 6721J** at the material time of the accident.

We are instructed that the accident was caused by the negligent driving and/or management of your authorised driver and/or servant and/or agent of vehicle no. **GBA 6721J**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense. We enclose herein a copy of our client's Accident Report, for your attention.

## **(a) Accident Reporting**

Please confirm/furnish the following:

- a) the name, address and NRIC/FIN no. of the driver of the said motor vehicle;
- b) whether the driver was, at the material time of the accident, driving the said vehicle with the consent of and as your authorised driver. If yes, please provide particulars together with documentary evidence of:
  - i) the person or entity who gave the authorisation to drive; and
  - ii) the related insurance policy.

Please note that there is a presumption in law that the said driver was driving as your authorised driver.

BRANCH: PRIVATE PROPERTY CONVEYANCING  
490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7898 Fax: 6258 1825

BRANCH: HDB CONVEYANCING  
490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7898 Fax: 6258 1409

BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL  
02 Arab Street #03-01 & #03-02  
Singapore 199768  
Tel: 6534 1348 Fax: 6634 1358

BRANCH: CORPORATE & LITIGATION  
61 Robinson Road  
#15-02 Robinson Centre  
Singapore 068893  
Tel: 6817 8795 Fax: 6224 1612

KSCGP JURIS LLP

Page 2

On receipt of this letter, you are advised to report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you. If you fail to do so, your said insurers have the right to repudiate liability by reason of your breach of the terms of the Motor Insurance Policy. In such event, legal proceedings has be taken against you without further notice, and in which case, our instructions are to seek interest and further costs in addition to losses incurred by our clients. We hope this can be avoided.

Kindly contact us at 6538 3611 after you have made an Accident report/Police report and forward us a copy of the same via fax no. 6538 3708 or email via [accident@kscgp.com](mailto:accident@kscgp.com), for our perusal.

**(b) Liability**

We are instructed that the accident was caused by the negligent management and/or driving of your authorised driver of vehicle no. **GBA 6721J**.

Please confirm whether you are agreeable to liability at 100% with quantum to be agreed or adjudicated by way of an open letter, failing which we have our client's instructions to proceed further without further reference to you. We hope this will not be necessary.

In the meantime, all our client's rights remain reserved.

Yours faithfully,



(Main Office)

Enc

Cc client



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1154021Z



Name  
CHAN WAI KHUEN



陳偉權

Race  
CHINESE

Date of Birth  
31-10-1955

Sex  
M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1154021Z

Name  
CHAN WAI KHUEN



Birth Date: 31 Oct 1955

Issue Date: 04 Jun 2003

1000542670C



2550575



SPIC No: S1154021Z



Blood Group: B+

Date of issue: 24-12-1994

Address  
APT BLK 472 JURONG WEST STREET 41  
#08-407  
SINGAPORE 2264

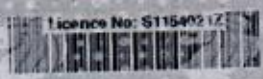
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE  
03 Jul 1978

NP 428A

Licence No: S1154021Z





Hello, NAC\_PAYA\_UBI\_800601

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

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103748899		CHYE HENG HUAT ENGINEERING PTE LTD	199301674K	GFT	Comprehensive	GBA6721J	GBA6721J	13/09/2018	

▼ Policy Information

Policy No.	5103748899	Policyholder Name	CHYE HENG HUAT ENGINEERING	Policyholder NRIC	199301674K
Certificate No.					
Address	27 SENANG CRESCENT SINGAPORE 416600				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/09/2018	Effective Date	13/09/2018 00:00	Expiry Date	12/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SUNESIS LEE BEE LENG (SUNES	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	27 SENANG CRESCENT	Address 2	SINGAPORE 416600	Address 3	
Address 4		Address Type	Singapore address	Post Code	416600
Unit No.		Related Policy Number	5103748899		

► Insured Object: GBA6721J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel



## Claim Handling

## Accident MT/1034930

Policy No.	5103748899	Vehicle No.	GBA6721J	GST Registration No.
Certificate No.				
Policyholder Name	CHYE HENG HUAT ENGINEERING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98899428	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
<b>Accident Details</b>				
Report Date	07/03/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/02/2019	Time of Accident hh:mm	08:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	( PIE) ENG NEO TWDS CHANGI AIRPORT			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	Yes	GST Registration Date		01/04/19
GST Registration No.	M20113554X	GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	27 SENANG CRESCENT	Address 2	SINGAPORE 416600	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103748899	
<b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHAN WAI KHUEN	Driver NRIC	S1154021Z	Driver DOB
Register Date of Driver License	03/07/1978	Driver Age	63	Driving Experience
Contact No.(Mobile)	98899428	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 472 #	Address 2	JURONG WEST STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHYE H
Contact No.(Mobile)	92974677	Contact No. (Home)	
Email Address		OI Vehicle Number	GBA6721J
Claim Description	GBA6721J / PC9666P ON 21 Feb 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Pending
Report Taken By		Claim Close Date	07/03/2019 10:17
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

## Attachment



Accident No.	MT/1034930	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2019 10:05
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:12	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 10:09	Photos	Normal	Photos

## Video List

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