

# NATIONAL Assessment Centre Services

Date In: 02/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19007686/13	SAS e-filing		
Veh No: FBB 6816P	E-mail (within 8hrs; AIC 2hrs)		
DOA: 30/04/19 2050	i-Motor Claim Form	77/1042723-001	
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: (	Tel:	Fax:
TP Particulars:	Veh No: 5LB71784	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

NA1903220	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
	5) RT : 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		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			



## 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	02/05/2019 10:30
Date Of Accident	30/04/2019 20:50
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB6816P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED FADELAH BIN SUJOE
NRIC No	S1413123Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93587647
Alternative Phone No	OTHERS-93587647

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067492812-04
Cover Note Number	

### Driver

Name of Driver	MOHAMMED FADELAH BIN SUJOE
NRIC No	S1413123Z
Date Of Birth	26/08/1960
Occupation	INDOOR
Date Of Driving Pass	30/09/1990
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93587647
Fax Number	
Contact Number	OTHERS-93587647
Email Address	NOEMAIL

Address	BLK 313 UBI AVE 1 #06-461
Postcode	400313
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	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?	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: : MARSILA BINTE MOHAMAD ZIN 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

PLS REFER TO THE POLICE REPORT: T/20190501/7010

#### 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	SLB7178Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG PIN
NRIC/Passport Number	S8785628C
Contact Number	85183462

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MARSILA BINTE MOHAMAD ZIN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBB6816P

Were seat belts worn?

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)**

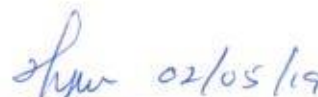
I understand, acknowledge, agree and consent that:

- (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:



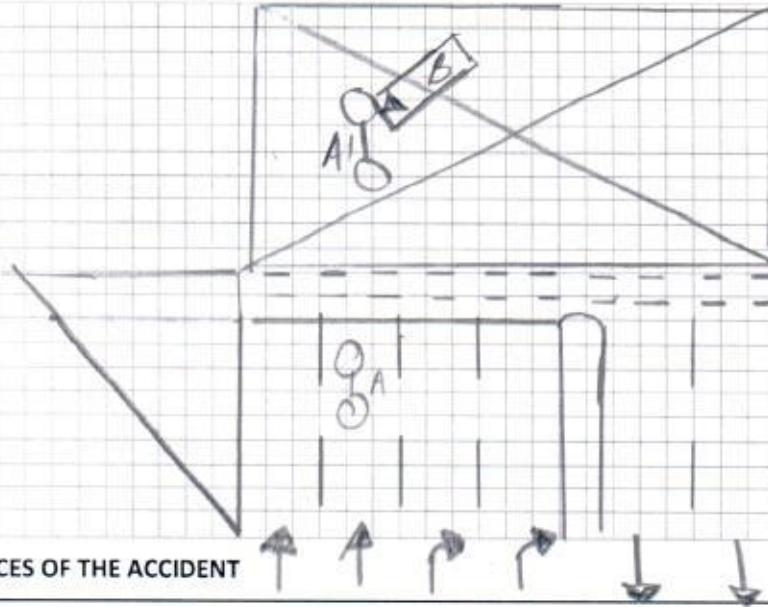
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

KAKI BUKIT  
AVE 1

A - FAB 6816 P

B - SLB 7178 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UBI AVE 2

Pls refer to the police report: T/20190501/7010

DECLARATION

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

Mohd

Policyholder's Signature  
Date & Time:

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

Shy 02/05/19

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





# SINGAPORE POLICE FORCE



T/20190501/7010

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

2 of 4

Report No. T/20190501/7010

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMMED FADELAH BIN SUJOE	ID No.	S1413123Z
Related Vehicle	FBB6816P (Motorcycle)	Contact No.	93587647
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
<b>Pillion</b>			
Name	MARSILA BINTE MOHAMAD ZIN	ID No.	S1491195B
Related Vehicle	FBB6816P (Motorcycle)	Contact No.	90817506
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	01/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN YONG PIN	ID No.	S8785628C
Related Vehicle	SLB7178Y (Car)	Contact No.	85183462
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I was travelling straight along Ubi Avenue 2 towards Kaki Bukit Avenue 1 when I did not realize that the traffic lights were red and a collision happened between me and a car. I immediately brought my wife to the hospital to seek medical attention at Changi General Hospital. She was awarded 4 days of medical leave.





# SINGAPORE POLICE FORCE



T/20190501/7010

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

1 of 4

Report No. T/20190501/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2019 19:28	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMMED FADELAH BIN SUJOE			Address: APT BLK 313 UBI AVENUE 1 #06-461 SINGAPORE 400313		
ID Type / ID No.: NRIC NO / S1413123Z			Contact No.: Home/Office: Mobile: 93587647		
Nationality: SINGAPORE CITIZEN			Email: farhanmuhamad89@gmail.com		
Sex: Male	Age: 58	Date of Birth: 26/08/1960	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Supervisor/general foreman of assemblers and quality checkers			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2019 20:50	Type of Location: X-Junction
Location:  UBI AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB6816P	Motorcycle	HONDA	CBF150	Blue	Slightly Damaged	2
SLB7178Y	Car	TOYOTA	Wish	Silver		3

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6816P	NTUC Income Insurance Co-Operative Limited	5067492812-04	19/06/2018	18/06/2019





**SINGAPORE  
POLICE FORCE**



T/20190501/7010

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

3 of 4

Report No. T/20190501/7010

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190501/7010

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

4 of 4

Report No. T/20190501/7010

**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 /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

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:  
01/05/2019 19:28

Classification Of Case:





## 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** : 5067492812-04

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle  
Chassis Number

: FBB6816P

: LALKC11A373005816

2. Name of Policyholder

: MOHAMMED FADELAH BIN SUJOE

3. Effective Date of Insurance

: 19 Jun 2018

4. Expiry Date of Insurance

: 18 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMMED FADELAH BIN SUJOE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INCOME-BRANCH SERVICES (00000034490)

Date of Issue : 09 Jun 2018 10:07 hrs

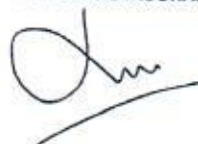
Reprint : 09 Jun 2018 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1042723

Policy No.	5067492812-04	Vehicle No.	FBB6816P	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMMED FADELAH BIN SUJOE			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93587647	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

## ▼ Accident Details

Report Date	03/05/2019 10:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/04/2019	Time of Accident hh:mm	20:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UBI AVE 2			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 313 #06-461	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5067492812-04	

## ▼ OI Driver Info

Driver Name	MOHAMMED FADELAH BIN SUJOE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1413123Z	Driver DOB
Register Date of Driver License	01/01/1990	Driver Age	58	Driving Experience
Contact No.(Mobile)	93587647	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 313	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-461			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAM
Contact No.(Mobile)	93587647	Contact No. (Home)	684178
Email Address		Vehicle Number	FBB681
Claim Description	FBB6816P / SLB7178Y ON 30 Apr 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/05/2019 10:41
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

## Attachment

Accident No.	MT/1042723	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/05/2019 00:00

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:41	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"/>