

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) NA119356706

Date In: 7/1/19 - 16:03	Job description	Date & Time Completed	Done by
Ref No: NA119356706/24	SAS e-filing		
Veh No: UKB 15972	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/1/19 - 08:10	i-Motor Claim Form	M1/1042698-001	7/1/19 20:18
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: UKB 15972	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

NA119356706	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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) 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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 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 16:03
Date Of Accident	02/05/2019 08:10
Exact Location Of Accident	BISHAN RD TWDS KAKI BUKIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB1097Z
Insured/Policyholder	
Name Of Registered Owner	ENTRE' AUTOMATICS PTE LTD
Co Reg No	200500689D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106238998
Cover Note Number	
Driver	
Name of Driver	CHUAH KIM KAN
NRIC No	S7568024D
Date Of Birth	06/11/1975
Occupation	INDOOR
Date Of Driving Pass	01/09/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83389556
Fax Number	
Contact Number	OFFICE-83389556
Email Address	NOEMAIL

Address	BLK 160 YISHUN STREET 11
	#04-198
Postcode	760160
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	CHAIN 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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW6683B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	



## 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.

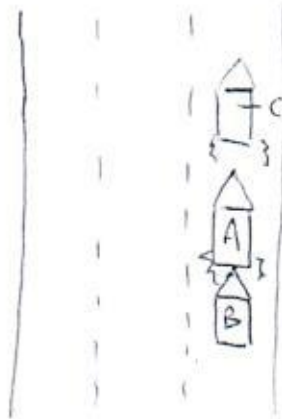


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



Bishen Rd

DOA: 2/5/19

A: SKB 1097 Z

B: SLW 6683 B

C: Never write veh no.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C stopped so I followed suit but veh B  
 failed to brake in time hit onto the rear of  
 my car & due to the strong impact my car moved  
 forward & hit veh C. Veh C claimed his  
 car have no damage & walk back, drove his  
 car away.

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 Person's Signature  
 Name:  
 NRIC/FIN No.:



## Personal Particulars

Date of Accident: 2/5/19

Time of Accident: 8:10am

Exact Location of Accident: Bishan Rd towards Kaki Bukit

Owner's Name: Entre' Automatics Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Driver's Name: Chuah Kim Kan NRIC No: \_\_\_\_\_ HP No: 83389556

Date of Birth: \_\_\_\_\_ Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor

Address: \_\_\_\_\_

Relationship of Driver with Insured: Employee Email Address: \_\_\_\_\_

Vehicle No: SLB 1972 Make & Model: \_\_\_\_\_

Insurance Co: NTUC Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

\*Weather Condition? Clear / Raining / Others: \_\_\_\_\_ Wet / Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? Yes / No

## Third Party Driver's Particulars

Vehicle B No: SLW 6683B Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7568024D



Name

CHUAH KIM KAN

蔡錦江

Race

CHINESE

Date of birth

06-11-1975

Sex

M

Country of birth

MALAYSIA



S7568024D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Birth Date: 06 Nov 1975

Issue Date: 01 Sep 2010



001889233E





8888231



NRIC No. **S7568024D**

Nationality  
**MALAYSIAN**

Date of issue

APT BLK 160 YISHUN STREET 11 #04-198  
SINGAPORE 760160

NRIC No: **S7568024D**

Date: **14/02/2011**

No: **6709592**

YOU ARE

ENTITLED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 1  
Class 5

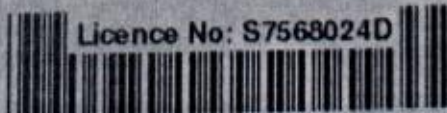
or

01 Sep 2010

with  $\leq 7$  passengers, exclusive

01 Sep 2010

of motor vehicles  $\leq 2500\text{kg}$



Licence No: **S7568024D**

NP 428A

eBaoTech

GeneralClaim

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="02/05/2019 08:10"/>
Vehicle No.(For Motor)	<input type="text" value="SKB1097Z"/>	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"/>	5106238998		ENTRE' AUTOMATICS PTE. LTD.	200500689D	GPC	drive CLASSIC	SKB1097Z	SKB1097Z	12/12/2018	27/04/2020



## Policy Information

Policy No.	5106238998	Policyholder Name	ENTRE' AUTOMATICS PTE. LTD.	Policyholder NRIC	200500689D
Certificate No.					
Address	51 JALAN PEMIMPIN #01-05 MAYFAIR INDUSTRIAL BUILDING SINGAPORE 577206				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/12/2018	Effective Date	12/12/2018 00:00	Expiry Date	27/04/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	51 JALAN PEMIMPIN	Address 2	#01-05 MAYFAIR INDUSTRIAL E	Address 3	SINGAPORE 577206
Address 4		Address Type	Singapore address	Post Code	577206
Unit No.		Related Policy Number	5108943723		

## Insured Object: SKB1097Z

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/04/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Dec 2018 TO 27 Apr 2020 In view of this amendment, an additional premium of \$624.45 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

## Claim Handling

[Exit](#)

Accident MT/1042678

Policy No.	5106238998	Vehicle No.	SKB1097Z	GST Registration No.	NA
Certificate No.					
Policyholder Name	ENTRE AUTOMATICS PTE. LTD.			Policyholder NRIC	2005006890
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	70
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	No

**Accident Details**

Report Date	02/05/2019 20:16	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/05/2019	Time of Accident (h:mm)	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN RD TWDS KAKI BUKIT				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	23/01/2006
GST Registration No.	2005006890	GST Status Verified	Yes
Modification History	02/05/2019 20:18:01 System changed GST Registration No. from NA to 2005006890 02/05/2019 20:18:01 System changed GST Registration Date from 01/01/2015 to 23/01/2006 02/05/2019 20:18:01 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	51 JALAN PEMIMPIN	Address 2	#01-05 MAYFAIR INDUSTRIAL E	Address 3	SINGAPORE 577206
Address 4		Address Type	Singapore address	Post Code	577206
Unit No.		Related Policy Number	5108943723		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/11/1975
Unnamed driver Name	CHUAH KIM KAN	Driver NRIC	S7568024D	Driving Experience	8
Register Date of Driver License	01/09/2010	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	83389556	Contact No.(Office)	0	Address 3	SINGAPORE 760160
Address 1	BLK 160	Address 2	YISHUN STREET 11	Post Code	760160
Address 4		Address Type	Singapore address		
Unit No.	04-198				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 [New](#)

Claim Type *	CD-MX	Insured Name	ENTRE AUTOMATICS PTE. LTD.	Insured NRIC	2005006890
Contact No.(Mobile)	98188266	Contact No.(Home)		Contact No.(Office)	62501508
Email Address	chrismun@entreautomatic.com	Q1 Vehicle Number	SKB1097Z	TP Vehicle Number	SLW65838
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKB1097Z / SLW65838 ON 2 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2019 20:18	Claim Close Date		Date Received	02/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1042678	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2019 20:20

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	



Browse...
Clear

Please Select
NO
Normal

Browse...
Clear

Please Select
NO
Normal

☐ Send Message Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	SAS	Normal	SAS 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:20	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:19	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 May 2019 20:18	Photos	Normal	Photos 2019-5-2		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<span style="border: 1px solid #ccc; padding: 2px 10px;">Display in New Window</span> <span style="border: 1px solid #ccc; padding: 2px 10px;">Scan and uploading</span>				