

# NATIONAL Assessment Centre Services

Date In: 15/05/2019 14:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19008609/K4	E-mail (within 8hrs, A/C 2hrs):		
Veh No: FBH6478A	i-Motor Claim Form: MT/1044765-001	16/5/19 10:13	
DOA: 13/05/2019 16:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

TP Particulars: Veh No: SHA2933U INC ( ) / Non-INC ( ) Tel: Fax: ( )

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

NA1903553

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

## Auditors' Comments:-

L1:

L2/3:

## Invoice Preparation Checklist

	Ant (\$) 1st Bill	Ant (\$) 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 date:	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	15/05/2019 14:40
Date Of Accident	13/05/2019 16:50
Exact Location Of Accident	CARPARK AT BLK 441A PASIR RIS DR 6 DECK 1A
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6478A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASWADI BIN ANI
NRIC No	S1579416Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96602427
Alternative Phone No	OTHERS-96602427

#### Vehicle Particulars

Manufacturer	SUZUKI
Model	FL125FSD
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	THIRD PARTY
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	5093403541-01
Cover Note Number	

#### Driver

Name of Driver	ASWADI BIN ANI
NRIC No	S1579416Z
Date Of Birth	03/11/1963
Occupation	INDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96602427
Fax Number	
Contact Number	OTHERS-96602427
EMail Address	NOEMAIL

Address	BLK 720 PASIR RIS STREET 72 #04-105
Postcode	510720
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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 POLICE REPORT : G/20190513/7052

#### 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	SHA2933U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEH CHIN CHAI
NRIC/Passport Number	
Contact Number	97860206
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



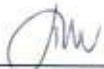
## SKETCH PLAN


### 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:

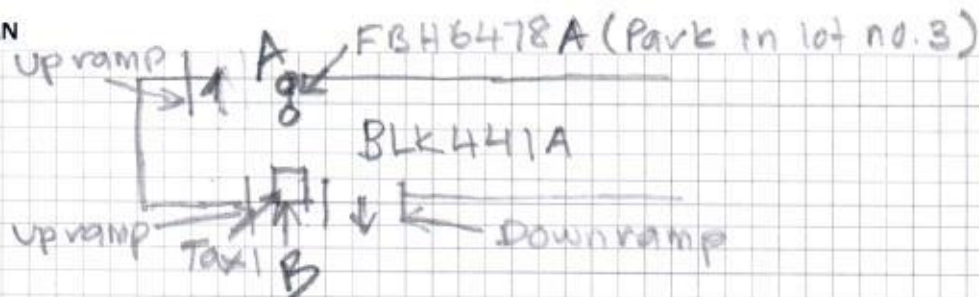
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



Carpark at BLK 441A  
Pasir Ris Dr 6 deck 1A


A - FBH6478A  
B - SHA2933U

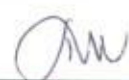
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


Pls Refer to the Police Report  
6/20/2019 0513/7052

**DECLARATION**

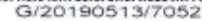
I/We declare the foregoing particulars are true in every respect.

  
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.:





Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20190513/7052

Date/Time Report Made 13/05/2019 20:35	Vide Report No.	Station Diary No.
Name Of Informant ASWADI BIN ANI	Address APT BLK 720 PASIR RIS STREET 72 #04-105 SINGAPORE 510720	
ID Type / ID No. NRIC NO / S1579416Z	Contact No. Home/Office:                      Mobile: 96602427	
Nationality SINGAPORE CITIZEN	Email Address aswadia@hotmail.com	
Occupation HDB Carpark Section Head	Sex Male	Age 55
Institution/School Name	Date of Birth 03/11/1963	Race Malay
Date/Time Of Incident 13/05/2019 16:50	Location Of Incident APT BLK 720 PASIR RIS STREET 72 #04-105 SINGAPORE 510720	

I received a phone call from my colleague to come down to carpark at Bkj 441A Pasir Ris Dr 6 deck 1A where I park my bike no FBH 6478A. Immediate when I enter the carpark I saw my bike badly damaged. Another bike also badly damaged. A note was placed on the second bike to contact the driver responsible for the accident.

I contacted the person by the name of Mr Peh to enquire on the accident. He admitted that he is

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	13/05/2019 20:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20190513/7052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190513/7052

responsible for the accident and informed me to call Comfort accident claim department to make the claim at Tel 621488730 . The taxi involved is SHA2933U.

I also was advised by NTUC Insurance claim department to make a Police Report to facilitate my claim against the taxi company. That's all.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/05/2019 20:35

Classification Of Case:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1579416Z**

Name: **ASWADI BIN ANI**

Birth Date: **03 Nov 1963**  
Issue Date: **04 Aug 2003**

000714841G

Driver Email:  
aswadia@hotmail.com ✓

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1579416Z**



Name: **ASWADI BIN ANI**

اسوادي بن اني

Race: **MALAY**

Date of birth: **03-11-1963**

Country/Place of birth: **SINGAPORE**

Sex: **M**



S1579416Z

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Apr 1985
Class 2A	Motorcycles between 201 cc and 400 cc	23 Apr 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jan 1985

NP 428A



6127651



HETC No. **S1579416Z**



Date of Issue  
**19-02-2019**

Address  
**APT BLK 720 PASIR RIS STREET 72  
#04-105  
SINGAPORE 510720**



## 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 : 5093403541-01

Cover : Third Party

- |  |                  |
|--|------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH6478A       |
| Chassis Number                                   | : BF45J101787    |
| 2. Name of Policyholder                          | : ASWADI BIN ANI |
| 3. Effective Date of Insurance                   | : 31 Aug 2018    |
| 4. Expiry Date of Insurance                      | : 30 Aug 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)	: ASWADI BIN ANI
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)

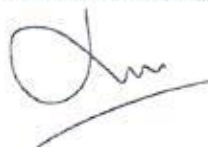
Agency : BUSINESS CENTRE (00000601409)  
Date of Issue : 13 Aug 2018 21:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="13/05/2019 16:50"/>
Vehicle No.(For Motor)	<input type="text" value="FBH6478A"/>	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"/>	5093403541-01		ASWADI BIN ANI	S1579416Z	GMC	Third Party	FBH6478A	FBH6478A	31/08/2018	30/08/2019



## ▼ Policy Information

Policy No.	5093403541-01	Policyholder Name	ASWADI BIN ANI	Policyholder NRIC	S1579416Z
Certificate No.					
Address	BLK 720 #04-105 PASIR RIS STREET 72 SINGAPORE 510720				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/08/2018	Effective Date	31/08/2018 00:00	Expiry Date	30/08/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	BUSINESS CENTRE	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 720 #04-105	Address 2	PASIR RIS STREET 72	Address 3	SINGAPORE 510720
Address 4		Address Type	Singapore address	Post Code	510720
Unit No.		Related Policy Number	5093403541-01		

## ▶ Insured Object: FBH6478A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

[Continue](#) [Cancel](#)

## Claim Handling

Accident MT/1044765

Policy No.	5093403541-01	Vehicle No.	FBH6478A	GST Registration No.
Certificate No.				
Policyholder Name	ASWADI BIN ANI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96602427	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(%)	15	Private Hire

## ▼ Accident Details

Report Date	16/05/2019 10:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/05/2019	Time of Accident hh:mm	16:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK AT BLK 441A PASIR RIS DR 6 DECK 1A			

## ▼ 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 720 #04-105	Address 2	PASIR RIS STREET 72	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5093403541-01	

## ▼ OI Driver Info

Driver Name	ASWADI BIN ANI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1579416Z	Driver DOB
Register Date of Driver License	23/04/1985	Driver Age	55	Driving Experience
Contact No.(Mobile)	96602427	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 720	Address 2	PASIR RIS STREET 72	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-105			
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ASWAD
Contact No.(Mobile)	96602427	Contact No. (Home)	658252
Email Address	aswadia@hotmail.com	OI Vehicle Number	FBH647
Claim Description	FBH6478A / SHA2933U ON 13 May 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/05/2019 10:13	Claim Close Date	
Report Taken By		Workshop Repairer	

Print AK letter



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

## Attachment

Accident No.	MT/1044765	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/05/2019 10:10
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO
<a href="#">Message Read</a>		<a href="#">Clear</a> Please Select ▼	<input type="checkbox"/> NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:13	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:10	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:09	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>