

# NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

MNA 119117928

|  |  |                           |              |
|--|--|---------------------------|--------------|
| Date In: 519/19 16:51                                | Job description                          | Date & Time Completed     | Done by      |
| Ref No: MAL INC19015756 164                          | SAS e-filing                             |                           |              |
| Veh No: GBH 3001 L                                   | E-mail (within 8hrs, AIC 2hrs)           |                           |              |
| TPA 519/19 09:55                                     | I-Motor Claim Form                       | M7/1061167 <sup>001</sup> | 519/19 17:29 |
| (ID) <input checked="" type="radio"/> 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 / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJU 9153 D INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC Notice 673/6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |   |  |              |  |
|---------------------------------|--|---|--|--------------|--|
| MNA1906639                      |  | Invoice No: 1006639                             |  | Date: 519/19 |  |
| Remains Particulars:            |  | 1) AR: Accident Reporting (\$30);               |  | 30.00        |  |
| Driver/Owner:                   |  | 2) DA: Damage Assessment (\$100); INC (\$80)    |  |              |  |
| Contact No:                     |  | 3) TP: Towing Fee \$40/\$45                     |  |              |  |
| Damaged Portion:                |  | 4) PT: Follow-Through Survey \$120              |  |              |  |
| QC Checked by (Engr-In-Charge): |  | 5) PT: Follow-Through Survey (Resurvey) \$30    |  |              |  |
| Auditors Comments:              |  | For claiming against INC Only (ver 10 Jan 2003) |  |              |  |
|                                 |  | 6) TR: Re-inspection \$75                       |  |              |  |
|                                 |  | 7) NI: Idao 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 (Non INC) against INC \$20         |  |              |  |
|                                 |  | 9) N12: Idao Mobile \$0                         |  |              |  |
|                                 |  | Invoice dated                                   |  | Fee Charged  |  |
|                                 |  | Invoice dated                                   |  | Fee Charged  |  |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

|                            |  |
|----------------------------|--|
| Date Of Report             | 05/09/2019 16:51                         |
| Date Of Accident           | 05/09/2019 09:55                         |
| Exact Location Of Accident | HOUGANG AVE 8 SLIP RD INTO HOUGANG AVE 2 |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                  |
|-----------------------------|------------------|
| Vehicle Registration Number | GBH3001L         |
| <b>Insured/Policyholder</b> |                  |
| Name Of Registered Owner    | OLD CHIN KITCHEN |
| Co Reg No                   | 53311997M        |
| Email Address               | NOEMAIL          |
| Mobile Phone No             |                  |
| Alternative Phone No        | OFFICE-81814545  |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE              |
| 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             | 5108455344                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ISMAIL BIN JAZALI     |
| NRIC No              | S8706763G             |
| Date Of Birth        | 27/03/1987            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 10/10/2011            |
| Driving Experience   | 7 YEARS AND 10 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-83315676  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                               |
|---|-------------------------------|
| Address   | BLK 94 GEYLANG BAHRU #02-3094 |
| Postcode  | 330094                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                 |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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: : JAZALI |
|   | GENDER: : MALE |

#### 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

I STOP AT THE SLIP RD FROM HOUGANG AVE 8 TWDS HOUGANG AVE 2 TO CHECK ON THE MAIN ROAD TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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 | SJU9153D                                    |
| Vehicle Make/Model/Colour   |   |
| Details Of Properties       |   |
| Vehicle Category            | PRIVATE CAR                                 |
| Name of Driver              | JUNAIDAH BINTE MOHAMED MRS JUNAIDAH FAUCHER |
| NRIC/Passport Number        | S6800519A                                   |
| Contact Number              |   |
| Address                     |   |
| Postcode                    |   |
| Insurance Company Name      |   |

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

|   |                   |
|---|-------------------|
| Name  | ISMAIL BIN JAZALI |
| Approximate Age                                     |                   |
| Injuries Sustain                                    | BODY              |
| Injured person in which vehicle?                    | GBH3001L          |
| Were seat belts worn?                               | YES               |
| Was this injured conveyed to hospital by ambulance? | NO                |
| Address   |                   |
| Postcode  |                   |

#### DETAILS OF INJURED PERSON 2

|   |          |
|---|----------|
| Name  | JAZALI   |
| Approximate Age                                     |          |
| Injuries Sustain                                    | BODY     |
| Injured person in which vehicle?                    | GBH3001L |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |




## SKETCH PLAN

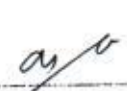
### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

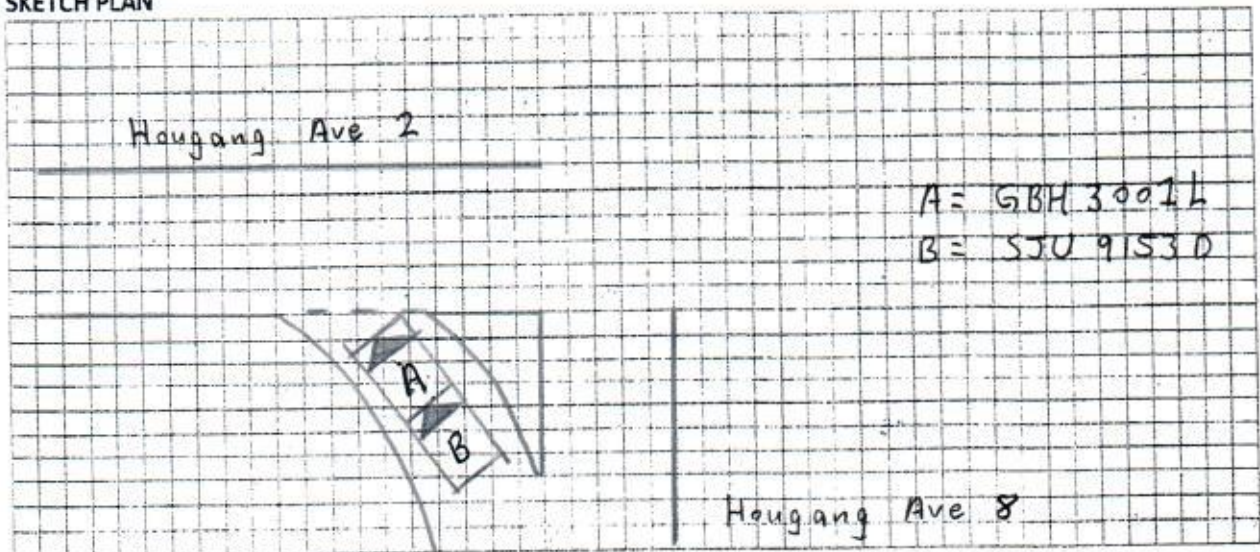
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X   
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

Please Refer to Statement

### DECLARATION

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

x *[Signature]* Old Chin Kitchen  
Co. Reg. No. 53311997M

Policyholder's Signature  
Date & Time:

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

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





## 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 : S108455344

Cover : Comprehensive

- |  |                    |
|--|--------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBH3001L         |
| Chassis Number   | : KDH2015029561    |
| 2. Name of Policyholder  | : OLD CHIN KITCHEN |
| 3. Effective Date of Insurance   | : 18 Apr 2019      |
| 4. Expiry Date of Insurance  | : 17 Apr 2020      |
| 5. Persons or Classes of Persons entitled to drive#  |                    |
| (a) The Policyholder.  |                    |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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 or Hirer's business.   |                    |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                    |
| This Policy does not cover   |                    |
| (a) Use for racing, pace-making, reliability trial or speed-testing.   |                    |
| (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.   |                    |
| # 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)    | : S\$2,000  |
| EXCESS (SECTION 2)    | : S\$1,500  |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : N/A   |
| SUM INSURED           | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 : PRO-LINK INSURANCE AGENCY (00000571869)  
 Date of Issue : 27 Mar 2019 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Claim Handling

Accident MT/1061167

|   |   |                               |   |                        |                          |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No.                              | 5108455344  | Vehicle No.                   | GBH3001L  | GST Registration No.   |                          |
| Certificate No.                         |   |                               |   |                        |                          |
| Policyholder Name                       | OLD CHIN KITCHEN  | Cover Type                    | Comprehensive   | Policyholder NRIC      | 53311997M                |
| Product Code                            | COMMERCIAL VEHICLE INSURANCE  | Contact No.(Office)           |   | Loading                | 0                        |
| Contact No.(Mobile)                     | 81814545  | Special Remark                |   | Contact No.(Home)      |                          |
| Email Address                           |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                  | No *                     |
| xKf                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes         | NCD Entitlement(%)            | 0   | eCode Reason           |                          |
| NCD Protection                          | No  |                               |   | Private Hire           | No                       |
| <b>Accident Details</b>                 |   |                               |   |                        |                          |
| Report Date                             | 05/09/2019 17:25  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collision - Head to Rear |
| Date of Accident                        | 05/09/2019  | Time of Accident hh:mm        | 09:55   | Country of Accident    | Singapore                |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                          |
| Accident Location                       | HOUGANG AVE 8 SLIP RD INTO HOUGANG AVE 2                              |                               |   |                        |                          |
| <b>Total Excess Applicable</b>          |   |                               |   |                        |                          |
| Excess Type                             | Per Accident  | Windscreen Excess             | 100.00  |                        |                          |
| OD Standard Excess                      | 2,000.00  | TP Standard Excess            | 1,500.00  |                        |                          |
| YIED OD Excess                          | 0.00  | YIED TP Excess                | 0.00  | Driver is Covered?     | Covered                  |
| Additional Excess                       |   |                               |   |                        |                          |
| Total OD Excess Applicable              | 2000.00   | Total TP Excess Applicable    | 1,500.00  |                        |                          |
| <b>Benefits</b>                         |   |                               |   |                        |                          |
| <b>GST Registered Information</b>       |   |                               |   |                        |                          |
| GST Registered                          | No  | GST Registration Date         |   |                        |                          |
| GST Registration No.                    |   | GST Status Verified           | Yes   |                        |                          |
| Modification History                    | 05/09/2019 17:27:03 System changed GST Status Verified from No to Yes |                               |   |                        |                          |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                          |
| Address 1                               | 286 JALAN BESAR   | Address 2                     | HO TAT SONG BUILDING  | Address 3              | SINGAPORE 208949         |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 208949                   |
| Unit No.                                |   | Related Policy Number         | 5108455344  |                        |                          |
| <b>OI Driver Info</b>                   |   |                               |   |                        |                          |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             | 27/03/1987               |
| Unnamed driver Name                     | ISMAIL BIN JAZALI   | Driver NRIC                   | S8706763G   | Driving Experience     | 7                        |
| Register Date of Driver License         | 10/10/2011  | Driver Age                    | 32  | Contact No.(Home)      |                          |
| Contact No.(Mobile)                     | 83315676  | Contact No.(Office)           |   | Address 3              | SINGAPORE 330094         |
| Address 1                               | BLK 94 #02-3094   | Address 2                     | GEYLANG BAHRU   | Post Code              | 330094                   |
| Address 4                               |   | Address Type                  | Singapore address   |                        |                          |
| Unit No.                                | 02-3094   |                               |   |                        |                          |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No         | Driver Vehicle No.            |   | Driver Insurer Company |                          |
| <b>Declaration</b>                      |   |                               |   |                        |                          |
| Breakalyser or Blood Test Reading?      | 0 mg  | Any Injury?                   | <input checked="" type="radio"/> Yes <input type="radio"/> No |                        |                          |

Modification History

Claim 001

New

|   |                                    |                                  |                  |                            |                  |
|---|------------------------------------|----------------------------------|------------------|----------------------------|------------------|
| Claim Type *  | OD-MX                              | Insured Name                     | OLD CHIN KITCHEN | Insured NRIC               | 53311997M        |
| Contact No.(Mobile)                                 |                                    | Contact No. (Home)               |                  | Contact No. (Office)       | 68487120         |
| Email Address                                       |                                    | OI Vehicle Number                | GBH3001L         | TP Vehicle Number          | SJU9153D         |
| Claim Description                                   | GBH3001L / SJU9153D ON 5 Sept 2019 |                                  |                  | Name of Preferred Workshop |                  |
| Preferred Workshop                                  | 0                                  | Insured Liability                | Not at Fault     |                            |                  |
| Preferred Repair Option                             | Yes                                | Preferred Workshop, Name unknown |                  | GIA report                 | Received         |
| Date Registered                                     |                                    |                                  |                  | Claim Close Date           | 05/09/2019 17:28 |
| Report Taken By                                     |                                    |                                  |                  | Date Received              | 05/09/2019 01    |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                                  |                  |                            |                  |

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1061167  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/09/2019 17:29 |
| Path *             |   |             |                  |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |

| Category *    | Confidential | Urgency * | Description |
|---------------|--------------|-----------|-------------|
| Please Select | NO           | Normal    |             |
| Please Select | NO           | Normal    |             |
| Please Select | NO           | Normal    |             |



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read


ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Send M

Attachment List

| Attachment  | Uploaded By/Date   | Category              |   | Urgency | Description                    | Msg Sent (CO) |
|---|--|-----------------------|---|---------|--------------------------------|---------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:29 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2019-9-5 |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:29 | SAS                   |   | Normal  | SAS 2019-9-5                   |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:29 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:29 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:29 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>05 Sep 2019 17:28 | Photos                |   | Normal  | Photos 2019-9-5                |               |

Video List

| Uploaded By/Date                         | Folder Date | File Name |  | Source |
|--|-------------|-----------|--|--------|
| Display in New Window Scan and uploading |             |           |  |        |