

# NATIONAL Assessment Centre Services

[ver 1 Jan 2021]

MMA 119129 220

Date In: 30/19/19 14:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11MC19017170164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLQ 2037A	I-Motor Claim Form	MT11064781 <sup>001</sup>	30/19/19 19:41
ICRA: 28/19/19 20:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="radio"/> 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: (	Tel:	Fax:
TP Particulars:	Veh No: SJF 293T	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 101111 6749 6610)	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

NA1907328	Invoice Preparation Checklist	Acc (\$)	TP Acc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2021)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	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	30/09/2019 14:44
Date Of Accident	28/09/2019 20:30
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2037A
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#### Insured/Policyholder

Name Of Registered Owner	TAN JUN KIAT (CHEN JUNJIE)
NRIC No	S8631755I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81122742
Alternative Phone No	OFFICE-81122742

#### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092439476-02
Cover Note Number	

#### Driver

Name of Driver	TAN JUN KIAT (CHEN JUNJIE)
NRIC No	S8631755I
Date Of Birth	28/10/1986
Occupation	INDOOR
Date Of Driving Pass	21/12/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81122742
Fax Number	
Contact Number	OFFICE-81122742
Email Address	NOEMAIL

Address	BLK 807B CHAI CHEE RD #14-30
Postcode	462807
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	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?	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)	4
Passenger 1	NAME: : TAN JUN KIAT GENDER: : MALE
Passenger 2	NAME: : TAN JUN HUI GENDER: : MALE
Passenger 3	NAME: : TAN YAN JIA GENDER: : FEMALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP293T
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 SME5716E  
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 INJURED PERSON 1

Name TAN JUN KIAT (CHEN JUNJIE)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ2037A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN JUN KIAT  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ2037A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN JUN HUI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ2037A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name TAN YAN JIA



Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLQ2037A

YES

NO

## 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:



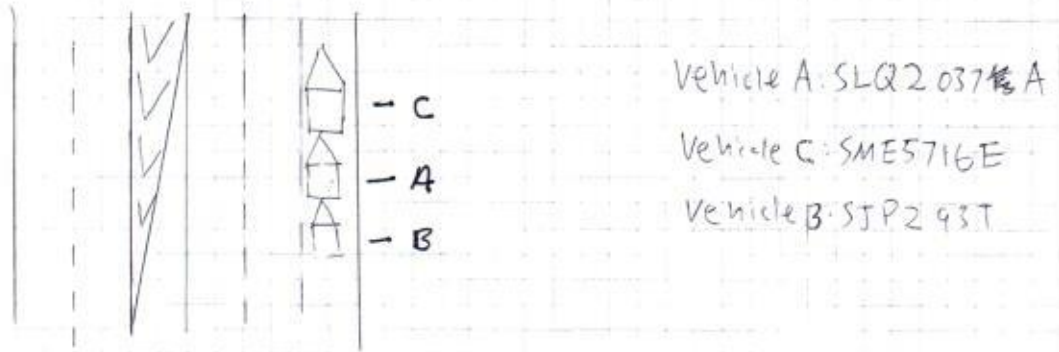
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

PIE towards changi airport before eunos exit

### SKETCH PLAN

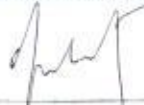



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards changi airport before eunos exit. The front vehicle in front of me ~~slow~~ slow down and stop, so I followed, to slow down and stop without any contact with the front vehicle. Suddenly, I felt a huge impact from the rear of my vehicle, causing my vehicle to move forward and hit onto the front vehicle. I went down and realised, I was involved in a 3 car collision. ~~and I am the~~

### 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.:



<b>Vehicle No.</b>	SLQ 2037A	<b>Model / Make</b>	Chevrolet Orlando
<b>Date of Accident</b>	28/9/19		
<b>Time of Accident</b>	8:30pm	<b>HRS</b>	
<b>Location of Accident</b>	PIE towards Changi airport before round exit		
<b>Exact purpose use during accident</b>	on the way home		
<b>Name of Owner</b>	TAN JUN KIAT		
<b>Telephone No.</b>	H/P: 81122742	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S8631755I		
<b>Address</b>	Block 807B CHAI CHEE ROAD #14-30 S462807		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC INCOME		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	5092439476-02		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	S8631755I	<b>Any Passengers :</b> 4	
<b>Date of birth</b>	28/10/1986		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	21 DEC 2026		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P: 81122742	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 807B CHAI CHEE ROAD #14-30		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Owner	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who? TAN JUN KIAT (Back)	
<b>Name And Contact No.</b>	TAN JUN HUI (knee and head)		
<b>Name And Contact No.</b>	TAN YAN JIA		
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SME5716E	<b>Any Passengers :</b>	
<b>Name of Driver</b>	TAN JUN KIAT	<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SJP 2937	<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front & Rear		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	junkiast.tan@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



## 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:** 5092439476-02

**Cover :** drive PREMIUM

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLQ2037A                   |
| Chassis Number  | : KL1YA7589HK614260          |
| 2. Name of Policyholder   | : TAN JUN KIAT (CHEN JUNJIE) |
| 3. Effective Date of Insurance  | : 29 Jun 2019                |
| 4. Expiry Date of Insurance   | : 28 Jun 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.   |                              |
| 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN JUN KIAT
NAMED DRIVER (1)	: TAN HIANG KOK
NAMED DRIVER (2)	: CHEE HUI LING
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : ALPINE FINANCIAL PTE. LTD. (00000615217)  
Date of Issue : 15 Jun 2019 12:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1064781

Policy No.	5092439475-02	Vehicle No.	SLQ2037A	GST Registration No.	
Certificate No.					
Policyholder Name	TAN JUN KIAT (CHEN JUNJIE)	Cover Type	drive PREMIUM	Policyholder NRIC	S86317551
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81122742	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	30/09/2019 19:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/09/2019	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 EUNOS EXIT				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

## ▼ 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 807B #14-30	Address 2	CHAI CHEE ROAD	Address 3	PING YI GREENS
Address 4	SINGAPORE 462807	Address Type	Singapore address	Post Code	462807
Unit No.		Related Policy Number	5092439475-02		

## ▼ OE Driver Info

Driver Name	Tan Jun Kiat	Driver Type	Main Driver	Driver DOB	28/10/1986
Unnamed driver Name		Driver NRIC	S86317551	Driving Experience	12
Register Date of Driver License	21/12/2006	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	81122742	Contact No.(Office)		Address 3	PING YI GREENS
Address 1	BLK 807B #14-30	Address 2	CHAI CHEE ROAD	Post Code	462807
Address 4	SINGAPORE 462807	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser 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	TAN JUN KIAT (CHEN JUNJIE)	Insured NRIC	S86317551
Contact No.(Mobile)	81122742	Contact No.(Home)	NTL	Contact No.(Office)	
Email Address	junkiat.tan1@gmail.com	Vehicle Number	SLQ2037A	TP Vehicle Number	SJP293
Claim Description	SLQ2037A / SJP293T ON 28 Sept 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	30/09/2019 19:39	Claim Close Date		Date Received	30/09/2019
Report Taken By	JIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1064781	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2019 19:41
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## ▼ Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	SAS		Normal	SAS 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:40	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:39	Photos		Normal	Photos 2019-9-30

[Video List](#)

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