

# NATIONAL Assessment Centre Services

Ref: JAN051 MHA12001664V

Date In: 6/1/10-11:36	Job description	Date & Time Completed	Done by
Ref No: 44/INC 7200731/124	SAS e-filing		
Veh No: YP77684	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 23/1/10-11:30	i-Motor Claim Form	6/1/10 10:52:06-201	6/1/10 12:09
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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: YN 70494

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 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

## Invoice Preparation Checklist

Am (\$)  
In Bill

Am (\$)  
Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1

Ref 2 / 3:

- 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 clearing against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idao 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: Idao Mobile 30

Invoice dated

Fax Charged

Invoice dated

Fax 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	06/02/2020 11:56
Date Of Accident	23/01/2020 11:30
Exact Location Of Accident	PIE (TUAS) BEFORE JURONG WEST AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1768G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S. K. YAP ENGINEERING PTE LTD
Co Reg No	2XXXXX088E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85356987
Alternative Phone No	OFFICE-85356987

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	YES
Policy Number	5115558207
Cover Note Number	

### Driver

Name of Driver	YOU QI
Passport No/FIN	GXXXX895Q
Date Of Birth	14/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85356987
Fax Number	
Contact Number	OFFICE-85356987
Email Address	NOEMAIL

Address	14 TUAS VIEW CIRCUIT
Postcode	639930
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)	2
Passenger 1	NAME: : - 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

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	YN7049U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.:

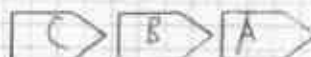
**SKETCH PLAN**

PIE TWD TUAS B4 JURONG WEST AVE 1

A - 4P17686r

B - 4N70490

C - UNKNOWN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE JURONG WEST AVE 1. OUT OF A SUDDEN VEHICLE B REAR ENDED MY VEHICLE

**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.:



VEHICLE NO: YP1768G

SME

Model: MITSUBISHI

DATE OF ACCIDENT	23/1/2020	
TIME OF ACCIDENT	1130 HRS	AM / PM
LOCATION OF ACCIDENT	PIE TOWARDS TUAS BEFORE JURONG WEST AVE 1	
Exact Purpose use during accident		
NAME OF OWNER	S.K. YAP ENGINEERING PTE LTD	
TELP NO	85356987	
NRIC	201934088E	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	THIRD PARTY
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	YOU QI	
NRIC	G3347895Q	Any passengers: 1
TE OF BIRTH		M. SHYHAN
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS		
GENDER	Male / Female	
CONTACT NO.	85356987	Office: Home:
ADDRESS	14 TUAS VIEW CIRCUIT S(639930)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	CLEAR
ROAD SURFACE	Dry / Wet / Other:	DRY
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	YN7049U	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	UNKNOWN	Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd	
TELP NO	1 Kaki Bukit Ave 6, #01-56,	
CONTACT PERSON	Autobay@ Kaki Bukit,	
FAX NO.	Singapore 417883	
	ryderautoworkshop@gmail.com	

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5115558207-000008

Cover : Comprehensive

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YP1768G                         |
| Chassis Number  | : FEB21EA20206                    |
| 2. Name of Policyholder   | : S. K. YAP ENGINEERING PTE. LTD. |
| 3. Effective Date of Insurance  | : 15 Jan 2020                     |
| 4. Expiry Date of Insurance   | : 14 Jan 2021                     |
| 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.   |                                   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : JUN SHI INSURANCE AGENCY (00000572396)

Date of Issue : 13 Jan 2020 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UH1\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5115558207	5115558207-000008	S. K. YAP ENGINEERING PTE. LTD.	201934088E	GPM	Comprehensive	YP176BG	YP176BG	15/01/2020	22/12/2020

## Policy Information

Policy No.	S115558207	Policyholder Name	S. K. YAP ENGINEERING PTE. LTD	Policyholder NRIC	201934088E
Certificate No.	S115558207-000008				
Address	14 TUAS VIEW CIRCUIT SINGAPORE 639930				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/01/2020	Effective Date	15/01/2020 00:00	Expiry Date	22/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	14 TUAS VIEW CIRCUIT	Address 2	SINGAPORE 639930	Address 3	
Address 4		Address Type	Singapore address	Post Code	639930
Unit No.		Related Policy Number	S115558207		

Insured Object: S115558207-000008

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

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

## Claim Handling

Accident MY13082208

Policy No.	1115504207	Vehicle No.	WV7980	GST Registration No.	2019340886
Certificate No.	1115504207-000008				
Policyholder Name	S. K. S. P. ENGINEERING PTE. LTD.	Claim Type	Comprehensive	Policyholder NRIC	2019340886
Policy Code	KLSTY HAZARD INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	8338887	Special Service		Contact No.(Home)	0
Email Address		VCA	0 No <input type="checkbox"/> Yes	eCode	
EPK	0 No <input type="checkbox"/> Yes	NCD Inclusive(Yes)	0	eCode Reason	
NCD Protection	No			Process rate	No

**or Accident Details**

Report Date	06/02/2020 12:07	Accident Report within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	23/01/2020	Time of Accident (Hr:Min)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICM No.	
Accident Location	RUB (TURNS) BEFORE JUNCTION WEST AVE 1				

**or Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	000.00	Driver is Covered?	
OO Standard Excess	000.00	TP Standard Excess			
TOTD OO Excess	0.00	V001 TP Excess			
Additional Excess					
Total OO Excess Applicable	000.00	Total TP Excess Applicable			

## or GST Registered Information

GST Registered	Yes	GST Registration Date	21/02/2020
GST Registration No.	2019340886	GST Status Verified	Yes
Modification History			

## or Policyholder Mailing Address

Address 1	14 TUNG VIEW CONDUIT	Address 2	SINGAPORE 639530	Address 3	
Address 4		Address Type	Singapore address	Post Code	639530
User No.		Related Policy Number	1115504207		

## or OC Driver Info

Driver Name	Uninsured Driver	Driver Type	Uninsured Driver	Driver DOB	14/04/1987
Uninsured driver Name	YOU QI	Driver NRIC	20000885Q	Driving Experience	3
Register Date of Driver License	17/03/2017	Driver Age	32	Contact No.(Office)	0
Contact No.(Mobile)	8338887	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	14 TUNG VIEW CONDUIT	Address 2	SINGAPORE 639530	Address 3	
Address 4		Address Type	Singapore address	Post Code	639530
User No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	0 No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				

Declaration

Scratchpad or Road Test Reading? ☐ No ☒ Yes ☐ No ☒ Any injury? ☐ Yes ☒ No ☐ No

## Modification History

Claim 001 **New**

Claim Type *	OO-HS	Insured Name	S. K. S. P. ENGINEERING PTE. LTD.	Insured NRIC	2019340886
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	0
Email Address		UT Vehicle Number	WV7980	VF Vehicle Number	WV7980
Claimant Type (Claimant Type)	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	WV7980 / WVS400 ON 23 Jan 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GAR report	Received
Date Registered	06/02/2020 12:08	Claim Close Date		Date Received	06/02/2020 00:00
Report Taken By	Jackson				

☐ Risk At Hand

**Save** **Submit**

## Attachment

Work Item No.	WV79802208	Claim No.	001
Last Del. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/02/2020 12:00

Type *	Category *	Crash/Status	Urgency *	Description *
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	
	Browse <b>Clear</b> Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>	

Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (cm)
	NAC_PAVA_UBI_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	NAC/ Driving License	Normal	NAC/ Driving License 2020-2-6	
	NAC_PAVA_SAB_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	SAB	Normal	SAB 2020-2-6	
	NAC_PAVA_UBI_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	Photo	Normal	Photo 2020-2-6	
	NAC_PAVA_UBI_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	Photo	Normal	Photo 2020-2-6	
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	NAC_PAVA_UBI_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	Photo	Normal	Photo 2020-2-6	
	NAC_PAVA_UBI_000001 NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Feb 2020 12:10	Photo	Normal	Photo 2020-2-6	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div> <div>Display in NAC Window</div> <div>Open and speaking</div> </div>				