

# NATIONAL Assessment Centre Services

|                           |  |                       |                |
|---------------------------|--|-----------------------|----------------|
| Date In: 18/11/20         | Job description                            | Date & Time Completed | Done by        |
| Ref No: NA/INC20012726/13 | SAS e-filing                               |                       |                |
| Veh No: 5646648E          | E-mail (within 3hrs, A/C 2hrs)             |                       |                |
| D.O.A: 17/11/20 2330      | I-Motor Claim Form                         | 18/11                 | MT/1110621-001 |
| OD: TP / Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)     |                       |                |
|                           | I-Photo Uploaded                           |                       |                |
| TP Insurer:               | Assessment/Survey Report                   |                       |                |
|                           | Ass't Report by Fax / Hand to Owner / Wksp |                       |                |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SHC7809C   | 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: YBS ( ) / 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 20012726/13)                              | 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 | Action / Remarks |
|             |                  |
|             |                  |
|             |                  |
|             |                  |
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|                                 |           |   |             |           |
|---------------------------------|-----------|---|-------------|-----------|
| Client Particulars:             | NA2006201 | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Driver/Owner:                   |           | 1) AR: Accident Reporting (\$30);               |             |           |
| Contact No:                     |           | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |           |
| Damaged Portion:                |           | 3) TF: Towing Fee \$40/\$45                     |             |           |
| QC Checked by (Engr-In-Charge): |           | 4) FT: Follow-Through Survey \$120              |             |           |
| Auditors' Comments:             |           | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Cal 1:                          |           | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Cal 2/3:                        |           | 6) TR: Re-inspection \$75                       |             |           |
|                                 |           | 7) NI: Idao DA + SMRT Survey \$160              |             |           |
|                                 |           | 8) NTUC Additional Services:-                   |             |           |
|                                 |           | ON*   |             |           |
|                                 |           | *N5: Courtesy Car / Tp 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                                   | 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 18/11/2020 16:50  
 Date Of Accident 17/11/2020 23:30  
 Exact Location Of Accident BUKIT BATOK TWDS BUKIT BATOK EAST AVE 6  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU6642E  
**Insured/Policyholder**  
 Name Of Registered Owner CAR41 PTE. LTD.  
 Co Reg No 2XXXXX640H  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-67022141

### Vehicle Particulars

Manufacturer TOYOTA  
 Model -  
 Exact Purpose for which vehicle was being used at time of accident GRAB  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken REPORTING ONLY  
 Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5112944023-01  
 Cover Note Number

### Driver

Name of Driver TAN ENG PENG  
 NRIC No SXXXX899I  
 Date Of Birth 09/09/1961  
 Occupation OUTDOOR  
 Date Of Driving Pass 13/10/1981  
 Driving Experience 39 YEARS AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-93842688  
 Fax Number  
 Contact Number  
 EMail Address TANENGPENG0605@GMAIL.COM

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 601 WOODLANDS DRIVE 42<br>#09-87 |
| Postcode  | 730601                               |
| 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?   | 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)   | 2                                     |
| Passenger 1   | NAME: : PASSENGER<br>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

PLS REFER TO THE ATTACHED 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 | SHC7809C |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| 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:

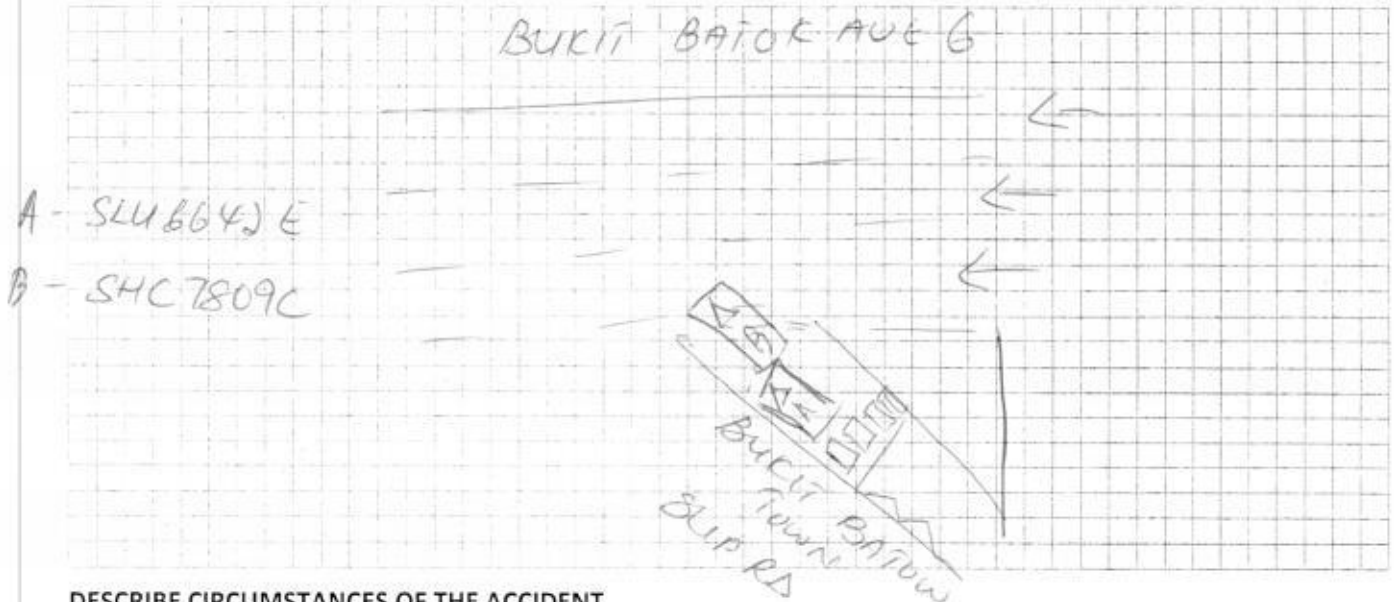
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 18/10/2020

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

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Bukit Batok Town slip rd  
towards Bukit Batok Ave 6. Infrt of my veh stop  
at the stop line and i followed suit. Veh B  
start to move off and i moved too, suddenly  
veh B stop and my veh <sup>touch</sup> ~~hit~~ onto the rear  
portion of veh B. we both settle privately and  
make report for record purpose.

## DECLARATION

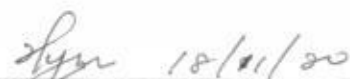
I/We declare the foregoing particulars are true in every respect.

\* 

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/11/2020

 18/11/20

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (17/11/20) (DD/MM/YYYY), TIME: (23:30) (HH:MM)

LOCATION: BURIT BATUK TOWN TWAS BURIT BATUK AVE 6

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL46642E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
e) MAKE & MODEL: NISSAN TOYOTA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: CAR 41 PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TAN ENG PENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 514678991 CONTACT: 93842688  
c) ADDRESS: BLK 601 WOODLANDS DR 42  
#09-87 (730601)

d) DATE OF BIRTH: (09/09/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/10/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC7807C MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = tanengpeng0605@gmail.com

fax =

video =

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="18/11/2020 15:10"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLU6642E"/> | Certificate Number | <input type="text"/>                          |

| Select                | Policy No.    | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5112944023-01 |                    | CAR41 PTE. LTD.   | 201541640H        | GPC     | drivo CLASSIC | SLU6642E    | SLU6642E       | 27/09/2020    | 26/09/2021  |

## Claim Handling

Accident MT/1110621

|   |   |                               |   |                        |                     |
|---|---|-------------------------------|---|------------------------|---------------------|
| Policy No.                              | 5112944023-01   | Vehicle No.                   | SLU6642E  | GST Registration No.   | 201541640H          |
| Certificate No.                         |   |                               |   |                        |                     |
| Policyholder Name                       | CAR41 PTE. LTD.   |                               |   | Policyholder NRIC      | 201541640H          |
| Product Code                            | PRIVATE CAR INSURANCE   | Cover Type                    | drive CLASSIC   | Loading                | 0                   |
| Contact No.(Mobile)                     | 0   | Contact No.(Office)           | 67022141  | Contact No.(Home)      | 0                   |
| Email Address                           |   | Special Remark                |   | eCode                  | No                  |
| KFK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason           |                     |
| NCD Protection                          | No  | NCD Entitlement(%)            | 20  | Private Hire           | Yes                 |
| <b>▼ Accident Details</b>               |   |                               |   |                        |                     |
| Report Date                             | 18/11/2020 17:11  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collision - Head to |
| Date of Accident                        | 17/11/2020  | Time of Accident hh:mm        | 23:30   | Country of Accident    | Singapore           |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                     |
| Accident Location                       | BUKIT BATOK TWDS BUKIT BATOK EAST AVE 6   |                               |   |                        |                     |
| <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                       | 0.00  |                               |   |                        |                     |
| Total OD Excess Applicable              | 2,000.00  | Total TP Excess Applicable    | 1,500.00  |                        |                     |
| <b>▼ Benefits</b>                       |   |                               |   |                        |                     |
| <b>▼ GST Registered Information</b>     |   |                               |   |                        |                     |
| GST Registered                          | Yes   | GST Registration Date         | 15/08/2017  |                        |                     |
| GST Registration No.                    | 201541640H  | GST Status Verified           | Yes   |                        |                     |
| Modification History                    | 18/11/2020 17:14:02 System changed GST Registered from No to Yes<br>18/11/2020 17:14:02 System changed GST Registration No. from null to 201541640H<br>18/11/2020 17:14:02 System changed GST Registration Date from null to 15/08/2017 |                               |   |                        |                     |
| <b>▼ Policyholder Mailing Address</b>   |   |                               |   |                        |                     |
| Address 1                               | 61 UBI AVENUE 2   | Address 2                     | #04-15 AUTOMOBILE MEGAMAI                                     | Address 3              | SINGAPORE 4088      |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 408898              |
| Unit No.                                | 05-03   | Related Policy Number         | 5112944023-01   |                        |                     |
| <b>▼ OI Driver Info</b>                 |   |                               |   |                        |                     |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  |                        |                     |
| Unnamed driver Name                     | TAN ENG PENG  | Driver NRIC                   | S14678991   | Driver DOB             | 09/09/1961          |
| Register Date of Driver License         | 13/10/1981  | Driver Age                    | 39  | Driving Experience     | 39                  |
| Contact No.(Mobile)                     | 93842688  | Contact No.(Office)           | 0   | Contact No.(Home)      | 0                   |
| Address 1                               | BLK 601   | Address 2                     | WOODLANDS DRIVE 42  | Address 3              | SINGAPORE 7306      |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 730601              |
| Unit No.                                | #09-87  |                               |   |                        |                     |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No   | Driver Vehicle No.            |   | Driver Insurer Company |                     |
| <b>Declaration</b>                      |   |                               |   |                        |                     |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any Injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                     |

Modification History

Claim 001 OD-MX

New

|  |                                    |                                  |                 |                            |  |
|--|------------------------------------|----------------------------------|-----------------|----------------------------|--|
| Claim Type *                             | OD-MX                              | Insured Name                     | CAR41 PTE. LTD. | Insured NRIC               |  |
| Contact No.(Mobile)                      | 91441766                           | Contact No. (Home)               |                 | Contact No. (Office)       |  |
| Email Address                            |                                    | OT Vehicle Number                | SLU6642E        | TP Vehicle Number          |  |
| Claim Description                        | SLU6642E / SHC7809C ON 17 Nov 2020 |                                  |                 | Name of Preferred Workshop |  |
| Preferred Workshop                       |                                    | Insured Liability                | Fully at Fault  |                            |  |
| Repair Option                            | Preferred                          | Preferred Workshop, Name unknown | GIA report      | Received                   |  |
| Date Registered                          | 18/11/2020 17:15                   | Claim Close Date                 |                 | Date Received              |  |
| Report Taken By                          | ROSLINDA                           | Workshop Repairer                |                 | Total Loss but Repaired    |  |
| <input type="checkbox"/> Print AK letter |                                    |                                  |                 |                            |  |
| <div>Save Submit</div>                   |                                    |                                  |                 |                            |  |

Attachment

|              |            |           |     |
|--------------|------------|-----------|-----|
| Accident No. | MT/1110621 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/11/2020 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen


Choose File No file chosen

Choose File No file chosen

Message Read

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

## Attachment List

| Attachment  | Uploaded By/Date   | Category | Urgency | Description       |
|---|--|----------|---------|-------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | SAS      | Normal  | SAS 2020-11-18    |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Nov 2020 17:15 | Photos   | Normal  | Photos 2020-11-18 |

## Video List

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