

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA118025820

Date In: 22/2/18-16:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003434/24	SAS e-filing		
Veh No: PC 9881J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/2/18-14:00	i-Motor Claim Form	MT/0983279	22/2/18 18:36
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: Property	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 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

NA1801112	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			



## 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 ability.
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	22/02/2018 16:52
Date Of Accident	21/02/2018 14:00
Exact Location Of Accident	DRIVEWAY T3 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9881J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPH COACH SERVICES
Co Reg No	53114554M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68585311

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT
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	REPORTING ONLY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093230833
Cover Note Number	

### Driver

Name of Driver	SUN HUIJUN
Passport No/FIN	G5453631W
Date Of Birth	25/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84583818
Fax Number	
Contact Number	OFFICE-84583818
Email Address	NOEMAIL



Address	BLK 2 DEFU LANE 10 #02-531
Postcode	539183
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

#### 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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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:

孙会军

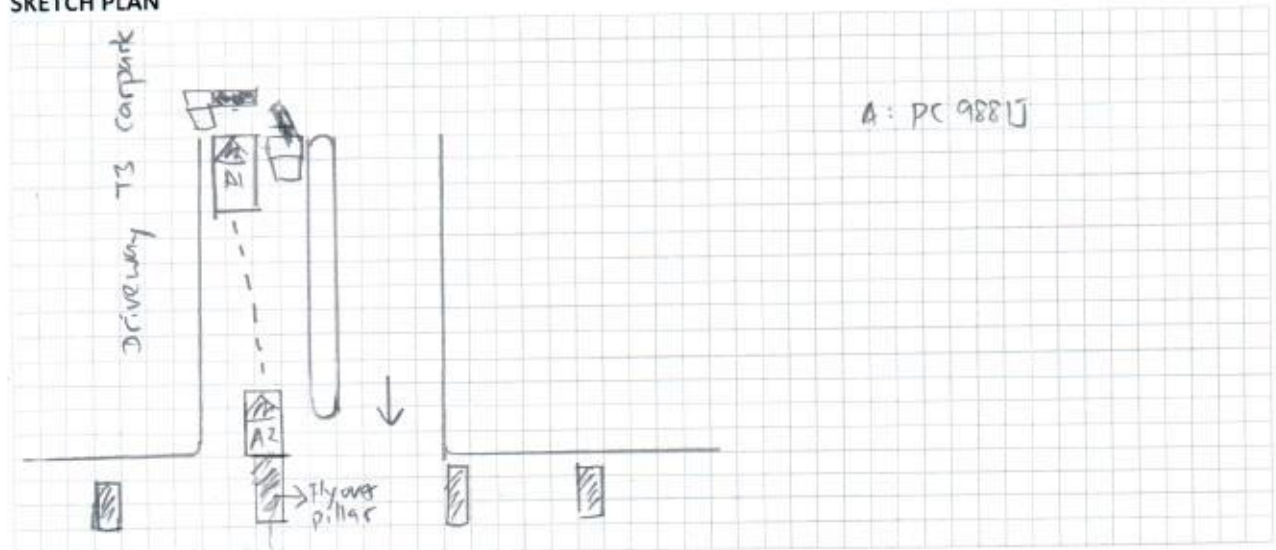
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Handwritten signature of Reporting Centre Personnel

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

### DECLARATION

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

Policyholder's Signature  
Date & Time:



孙会军

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

Handwritten signature of Reporting Centre Personnel.

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



ON STATED DATE AND TIME, I WAS ENTERING THE GANTRY OF T3 CARPARK AND THERE WAS 2 GANTRY, ONE OF THE GANTRY IS NOT OPEN AND ONE OF THE IS OPEN. SO I REVERSED MY VEHICLE IN ORDER TO MAKE THE GANTRY TO SENSE MY VEHICLE. HOWEVER I REVERSED MY VEHICLE ACCIDENTALLY HIT ONTO PROPERTY (FLYOVER PILLAR).



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 21 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 14 : 00 ) (HH:MM)

LOCATION: Driveway T3 Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC9881J  
b) INSURANCE COMPANY: NTC  
c) POLICY NUMBER: 5093230833  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:   
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Joseph Coach Services (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 53114554m CONTACT: 68585311  
c) ADDRESS:   
\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Sun HuiJun (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 65453631W CONTACT: 84583818  
c) ADDRESS: Bk 2 Dehu Lane 10 \* 02-531 (539 183)

\*d) DATE OF BIRTH: ( 25 / 5 / 1974 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/3/2016

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   
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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: property (wall) - Flyover MODEL:   
b) DRIVER'S NAME:   
c) NRIC/FIN/PASSPORT: CONTACT:   
9. THIRD PARTY VEHICLE

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:   
e) DRIVER'S NAME:   
f) NRIC/FIN/PASSPORT: CONTACT:   
\* No of passenger (including d) (1)  
\* No of passenger (including d) (1)

email = Josephcoachsg@gmail.com

fax =



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5453631W**

Name: **SUN HUIJUN**

Birth Date: **25 May 1974**  
 Issue Date: **30 Aug 2013**  
 Valid Till: **29 Aug 2018**

1002218846E

**WORK PERMIT**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **JOSEPH COACH SERVICES**

Sector: **SERVICE**

Name: **SUN HUIJUN**  
 Occupation: **BUS DRIVER**

Work Permit No.: **0 75759886**

Date of Application: **29-01-2016**  
 Date of Issue: **12-01-2018**  
 Date of Expiry: **01-02-2020**

L8569996

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No.: **G5453631W**

Name: **SUN HUIJUN**

Issue Date: **11/3/2016**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**VISIT PASS**  
 Immigration Regulations

Name: **SUN HUIJUN**

Date of Birth: **25-05-1974** Sex: **M** Nationality: **CHINESE**

FIN: **G5453631W** Date of Issue: **12-01-2018** Date of Expiry: **01-02-2020**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	Effective Date
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	30 Aug 2013
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	09 Jun 2016

G5453631W

S / No. 9000248614

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	11/03/2016



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093230833	JOSEPH COACH SERVICES	53114554M	GFT	Comprehensive	PC98813	PC98813	20/11/2017	



### Policy Information

Policy No.	5093230833	Policyholder Name	JOSEPH COACH SERVICES	Policyholder NRIC	53114554M
Address	BLK 2 #02-531 DEFU LANE 10 SINGAPORE 539183				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/08/2017	Effective Date	07/08/2017 00:00	Expiry Date	18/07/2018 23:59
Third Party Excess	3000	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	2802.36		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACR INSURANCE AGENCY	Agent Tel.	66462745	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 2 #02-531	Address 2	DEFU LANE 10	Address 3	SINGAPORE 539183
Address 4		Address Type	Singapore address	Post Code	539183
Unit No.		Related Policy Number	5093230833		

### Insured Object: PC9881J

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/08/2017 00:00	Basic Information Endorsement	000001286620657	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG2948S 12-08-2017 \$1,167.58 In view of this amendment, an additional premium of \$1,167.58 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We</p>



## Claim Handling

The premium on this policy has not been collected.  
 Accident MT/0983279

[Edit](#)

Policy No.	5093230833	Vehicle No.	PC98813	GST Registration No.	
Policyholder Name	JOSEPH COACH SERVICES	Cover Type	Comprehensive	Policyholder NRIC	53114554M
Product Code	FLEET INSURANCE	Contact No.(Office)	66585111	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date		22/02/2018 18:33	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident		21/02/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	
Accident Location		DRIVEWAY T3 CARPARK				

Benefits					
Excess					
Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

GST Registered Information			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address			
Address 1	BLK 2 #02-531	Address 2	DEPU LANE 10
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5093230833
		Address 3	SINGAPORE 539183
		Post Code	539183

OT Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	SUN HUGLIN	Driver NRIC	G5453631W
Register Date of Driver License	11/03/2016	Driver Age	43
Contact No.(Mobile)	84583618	Contact No.(Office)	0
Address 1	BLK 2	Address 2	DEPU LANE 10
Address 4	SINGAPORE 539183	Address Type	Singapore address
Unit No.	02-531	Post Code	539183
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

[Claim 001](#) [New](#)

Claim Type *	OD-Mix	Insured Name	JOSEPH COACH SERVICES	Insured NRIC	53114554M
Contact No.(Mobile)	97891128	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	PC98813	TP Vehicle Number	PROPERTY
Claim Description	PC98813 / PROPERTY ON 21 Feb 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/02/2018 18:36	Claim Close Date		Date Received	22/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

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

## Attachment

Accident No.	MT/0983279	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 18:37

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	

[Send Message](#) [Upload](#)



Attachment List					Msg Sent? (CO)	Action
Attachment	Uploaded By/Date	Category	Urgency	Description		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:37	SAS	Normal	SAS 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:37	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:37	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:36	Photos	Normal	Photos 2018-2-22		<a href="#">Edit</a>
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
Display in New Window Scan and uploading						