

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA18035244

Date In: 14/3/18-15:47	Job description	Date & Time Completed	Done by
Ref No: NIA/INC18004859/24	SAS e-filing		
Veh No: 5H2213D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/3/18-18:10	i-Motor Claim Form	MT10985975	14/3/18 16:02
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: 5HCP395Y	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:	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	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:-			
ON*				
*N5: Courtesy Car / Tpt Allowance \$3				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$23				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac 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 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 14/03/2018 15:47
 Date Of Accident 12/03/2018 18:10
 Exact Location Of Accident MCE TWDS ECP
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH2213D
Insured/Policyholder
 Name Of Registered Owner TAN XINYI CYNTHIA
 NRIC No S9349020G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90276333
 Alternative Phone No OFFICE-90276333

Vehicle Particulars

Manufacturer SUZUKI
 Model SWIFT 1.2XG A
 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 5090171006
 Cover Note Number

Driver

Name of Driver TAN XINYI CYNTHIA
 NRIC No S9349020G
 Date Of Birth 22/12/1993
 Occupation OUTDOOR
 Date Of Driving Pass 24/02/2017
 Driving Experience 1 YEAR AND 0 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-90276333
 Fax Number
 Contact Number OFFICE-90276333
 Email Address NOEMAIL

Address	BLK 451 PASIR RIS DRIVE 6 #08-186
Postcode	510451
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 involved in the accident	4
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)	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	SHC8395Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SZU TOO KOK SUM
NRIC/Passport Number	S7421644G
Contact Number	93676160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH8080Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NG LYE CHIN

NRIC/Passport Number

S1354867F

Contact Number

85896788

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLJ8975P

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)

1

DETAILS OF INJURED PERSON 1

Name

TAN XINYI CYNTHIA

Approximate Age

Injuries Sustain

NECK, CHEST & HEAD

Injured person in which vehicle?

SJH2213D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

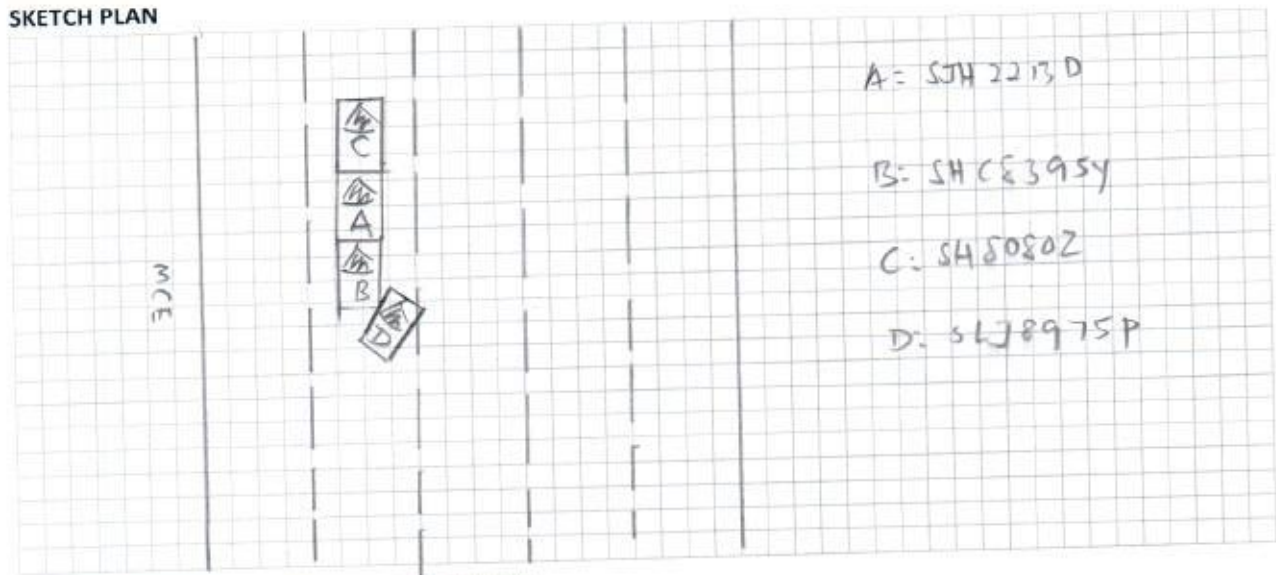
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

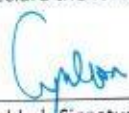


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG MCE TWDS ECP.
SUDDENLY VEHICLE C BRAKE HIS VEHICLE. I BRAKE MY VEHICLE
ACCORDINGLLY, IM NOT SURE I HIT ONTO VEHICLE C AND MY VEHICLE VERY
CLOSE TO VEHICLE C. SUDDENLY VEHICLE B HIT ONTO MY REAR PORTION AND
MY VEHICLE MOVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION.
VEHICLE D HIT ONTO VEHICLE B REAR RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 3 / 18 (DD/MM/YYYY), TIME: 18 : 10 (HH:MM)

LOCATION: MCE twds ECP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5H2213D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5090171006
 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: Private use
 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: Tan Xinyi Cynthia (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S93490206 CONTACT: 90226375
 c) ADDRESS: Blk 451 Pasir Ris Drive 6 * 08-186 510451

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 22 / 12 / 1993 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 24/12/2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

Neck, chest & head

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5HCR3954 MODEL: _____
 b) DRIVER'S NAME: S24 Too Kdc Sum
 c) NRIC/FIN/PASSPORT: 574216446 CONTACT: 93676160

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 5H8080Z MODEL: _____
 e) DRIVER'S NAME: Ng We Chin
 f) NRIC/FIN/PASSPORT: 51354867F CONTACT: 85896788
SLJ8975P

* No of passenger (including d) (1)

* No of passenger (including d) (4)

* No of passenger (including d) (1)

email = benzbodykaf@gmail.com

fax =

txycyn@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9349020G**

Name: **TAN XINYI CYNTHIA**

Birth Date: **22 Dec 1993**

Issue Date: **24 Feb 2017**

002660465H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9349020G**

Name: **TAN XINYI CYNTHIA**

陈 欣 怡

Race: **CHINESE**

Date of birth: **22-12-1993**

Sex: **F**

Country of birth: **SINGAPORE**





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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	24 Feb 2017



NP 426A

4330381

NRIC No. **S9349020G**

Date of issue: **31-12-2008**

Address: **APT BLK 451 PASIR RIS DRIVE 6 #08-186 SINGAPORE 510451**




eBaoTech

General Claim

Hello, NAC_PAYA_UB1_800601

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

Policy Query

Policy No.

Date of Accident

12/03/2018 18:10

Vehicle No. (For Motor)

SJH2213D

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090171006	TAN XINYI CYNTHIA	S9349020G	GPC	drivo CLASSIC	SJH2213D	SJH2213D	17/04/2017	28/07/2018

Exit

Claim Handling

Accident MT/0985975

Policy No.	5090171006	Vehicle No.	SH2213D	GST Registration No.	
Policyholder Name	TAN XINYI CYNTHIA	Cover Type	drive CLASSIC	Policyholder NRIC	S9349020G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	0	eCode Reason	Not available
NCD Protection	No			Private Hire	

Accident Details

Report Date	14/03/2018 12:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/03/2018	Time of Accident (hh:mm)	18:10	Country of Accident	Singapore
Reporting Centre	adminstrator	Orange Force	Yes	ICM No.	3393835
Accident Location	MCE TWDS ECP/ CHANGI AIRPORT BEFORE FORT RD EXIT				

Benefits

Coverage	Sum Insured	
Transport Allowance	9999999.99	

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 451 #08-106	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S10451
Address 4		Address Type	Singapore address	Post Code	S10451
Unit No.	08-186	Related Policy Number	5090171006		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN XINYI CYNTHIA	Insured NRIC	S9349020G
Contact No. (Mobile)	90276333	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SH2213D	TP Vehicle Number	SHC8395Y
Claim Description	SH2213D / SHC8395Y ON 12 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/03/2018 00:00
Date Registered	14/03/2018 16:02	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985975	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2018 16:03

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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☐ Send Message Upload

Attachment List

Map

Attachment	Uploaded By/Date	Category	Urgency	Description	Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	SAS	Normal	SAS 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:03	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 16:02	Photos	Normal	Photos 2018-3-14		Edit
Video List						
Uploaded By/Date	Folder Date	File Name	Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>						