

NATIONAL Assessment Centre Services (wef 1 Jan 2020) **MMA 118036381**

Date In: 17/12/18 09:16	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18005052164	SAS e-filing		
Veh No: GX 6533E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 713/18 18:45	i-Motor Claim Form	MT/0986676	19/12/18 18:40
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: cyclist	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

NA1801762	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30.00	
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2020)		
Lat. 1:	6) TR : Re-inspection \$75		
Lat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	ON*		
	*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: 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	17/03/2018 09:16
Date Of Accident	07/03/2018 18:45
Exact Location Of Accident	JLN EUNOS EXIT TOWARDS PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6533E
Insured/Policyholder	
Name Of Registered Owner	CCESS
Co Reg No	53292706X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68055211

Vehicle Particulars

Manufacturer	SUZUKI
Model	CARRY 1.3
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084646985-01
Cover Note Number	-

Driver

Name of Driver	TOH TIAO LI
NRIC No	S9241728Z
Date Of Birth	05/11/1992
Occupation	INDOOR
Date Of Driving Pass	01/01/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96660090
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 87 CIRCUIT RD #06-987
Postcode	370087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HUSBAND COMPANY
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 BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	CYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	CATHERINE
NRIC/Passport Number	
Contact Number	85461727
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CATHERINE
Approximate Age	
Injuries Sustain	LEFT KNEE CAP AREA
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	
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

PIE (change)

A = Gx 6533E

B = Cyclist.

Jim Eunus

B = Cyclist.

Jim Eunoy

Please Refer to Police Report

Please Refer to Police Report

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



Nicchi

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180307/2186

1 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180307/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2018 21:15	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: TOH TIAO LI			Address: APT BLK 87 CIRCUIT ROAD #06-987 SINGAPORE 370087		
ID Type / ID No.: NRIC NO / S9241728Z			Contact No.: Home/Office: Mobile: 96660090		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 05/11/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PERSONAL ASSISTANT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 07/03/2018 18:45	Type of Location: Slip Road
Location: Along Road 1 JALAN EUNOS Jln Eunoss exit towards PIE(Changi)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX6533E	Van				No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180307/2186

CONTINUATION OF REPORT

Driver			
Name	TOH TIAO LI		ID No. S9241728Z
Related Vehicle	GX6533E (Van)		Contact No. 96660090
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Catherine		ID No. NIL
Related Vehicle	NIL		Contact No. 85461727
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 07/03/2018 at around 1845hrs I was driving my husband's company van bearing plate number GX6533E along Jln Eunus heading towards Bedok. The traffic at that point of time was not heavy and it was not raining.

As I was driving along Jln Eunus I then entered into the slip road leading into PIE(Changi) at that point of time I did not see any cyclist in front of me or to my left and right side of the van as such I then continued on. As I was nearing the zebra crossing at the slip road I was then started to slow down my van before the zebra crossing. As I approached the zebra crossing there was no cyclist seen at the front, left and right side of my van as such I then carried on driving at slow speed.

Suddenly I spotted something appeared out of the left side of my view as such I immediately sounded my horn and applied my brakes and brought my van to a stop. After stopping the van, I then got out of the van to make a check and discovered a female cyclist sitting at the side of my van. The bicycle was observed to not be damaged and the cyclist was seen to have suffered slight injuries to the left knee cap area. I then asked the cyclist if she needed ambulance and also offered to bring her to the nearest clinic which she agreed. As such the cyclist then got on to my van and placed her bicycle on my van and I drove her to Access Medical Clinic located along B/18 Bedok South Road.

After I had arrived at Bedok South, I went with the cyclist to the clinic to see a doctor, half way through the waiting period to see the doctor I told the cyclist that I needed to attend to some matters which she acknowledge. I then exchanged contact number with the cyclist and left the clinic.

At around 1940hrs as I was proceeding back to the clinic I received a call from the cyclist who informed



**SINGAPORE
POLICE FORCE**



T/20180307/2186

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 4

Report No. T/20180307/2186

CONTINUATION OF REPORT

me that the doctor had advised to Changi General Hospital as such she told will be going to Changi General Hospital and asked me to proceed back to the clinic which I acknowledge. A few minutes later I received a call from the Traffic Police and was informed by the officer that the traffic police investigator would be proceeding to the clinic and for me to also proceed back to the clinic which I acknowledge.

At around 2005hrs I then arrived at the clinic however I could not find the cyclist and was informed by the clinic staff that the female cyclist left. I then asked if the Traffic police investigator was around and was told by the clinic staff that the investigator had also left. However I decided to wait around the clinic and few moments later I spotted a traffic police officer and went over to him and informed him that I was supposed to meet with the traffic police with regards to the incident. The traffic police officer then interviewed me and took a look at my van, my van did not sustain any damaged to it. I was also informed by the traffic police officer to lodge a traffic accident report at the nearest police station.

This is the first time that this had happened to me, there is no camera installed in the van.

The name and contact number of the cyclist is namely Catherine(HP: 85461727)

That is all.



**SINGAPORE
POLICE FORCE**



T/20180307/2186

4 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180307/2186

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/03/2018 21:15

Officer In Charge Of Case:
TP / AEIT /

Classification Of Case:

Staff Sgt WONG SIEU LUI

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9241728Z



Name

TOH TIAO LI

卓 挑 莉

Race

CHINESE

Date of birth

05-11-1992

Sex

F

Country of birth

SINGAPORE

S9241728Z



4128744



NRIC No. S9241728Z

Date of issue

12-11-2007

APT BLK 87 CIRCUIT ROAD #06-987
SINGAPORE 370087

NRIC No: S9241728Z

Date: 07/06/2012

No: 4359028

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9241728Z**

Name:

TOH TIAO LI

Birth Date: **05 Nov 1992**

Issue Date: **27 Apr 2011**



001959123J



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

EFFECTIVE DATE

Class 3A

MOTOR CARS AND MOTOR TRACTORS WITHOUT
CLUTCH PEDALS THE WEIGH OF WHICH UNLADEN
DOES NOT EXCEED 2500 KILOGRAMS

27 Apr 2011

Class 3

MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF
WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

12 May 2016

S9241728Z

S / No. 9000232474

Licence No: S9241728Z



8A

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

07/03/2018 09:11

Vehicle No.(For Motor)

GX6533E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084646985-01	CCESS	53292706X	GCV	Third Party, Fire & Theft	GX6533E	GX6533E	03/08/2017	02/08/2018

Claim Handling

Accident MT/0986676

Policy No.	5084646985-01	Vehicle No.	GX6533E	GST Registration No.	
Policyholder Name	CCESS			Policyholder NRIC	5329
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	68055211	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	10	Private Hire	No

Accident Details					
Report Date	19/03/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	07/03/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN EUNOS EXIT TOWARDS PIE(CHANGI)				

Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	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 87 #06-987	Address 2	CIRCUIT ROAD	Address 3	MACP
Address 4	SINGAPORE 370087	Address Type	Singapore address	Post Code	37001
Unit No.	06-987	Related Policy Number	5084646985-01		

01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/11
Unnamed driver Name	TOH TIAO LI	Driver NRIC	S9241728Z	Driving Experience	2
Register Date of Driver License	01/01/2016	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	96660090	Contact No.(Office)		Address 3	MACP
Address 1	BLK 87 #06-987	Address 2	CIRCUIT ROAD	Post Code	37001
Address 4	SINGAPORE 370087	Address Type	Singapore address		
Unit No.	06-987				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CCESS	Insured NRIC	5329
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	GX6533E	TP Vehicle Number	CYCL
Claim Description	GX6533E / CYCLIST ON 7 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/03
Date Registered	19/03/2018 18:39	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985676	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2018 18:40

Path *	Category *	Confidential	Urgency *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:40	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Mar 2018 18:39	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>