

NATIONAL Assessment Centre Services. Wef 1 Jan 2005 **NA18059308-01**

Date In: 7/5/18-17:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008349/24	SAS e-filing		
Veh No: ABC142SL	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/5/18-16:30	i-Motor Claim Form	MT10993341-001	7/5/18 21:06
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: **SL58226X** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1802867	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QP*			
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			
Auditors' Comments :-	TP (N11): TP (N:n INC) against INC \$20			
	9) N12: Idac Mobile 30			
Stat. 1:	Invoice dated	Fee Charged		
Stat. 2 / 3:	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	07/05/2018 17:32
Date Of Accident	05/05/2018 16:30
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1425L
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Insured/Policyholder

Name Of Registered Owner	H&H AUTO SERVICING
Co Reg No	53293425C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO 1.3MJTD (225.2L20)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096927851
Cover Note Number	

Driver

Name of Driver	NG KIN KOK
NRIC No	S0018906E
Date Of Birth	05/02/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81179261
Fax Number	
Contact Number	OFFICE-81179261
EEmail Address	NOEMAIL

Address BLK 492F TAMPINES STREET 45
 #12-702
 Postcode 526492
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles 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) 2
 Passenger 1 NAME: : DUONG THI MAI HUONG
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name EUNOS NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2060.

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 SLS8226X
 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) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP1671E
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

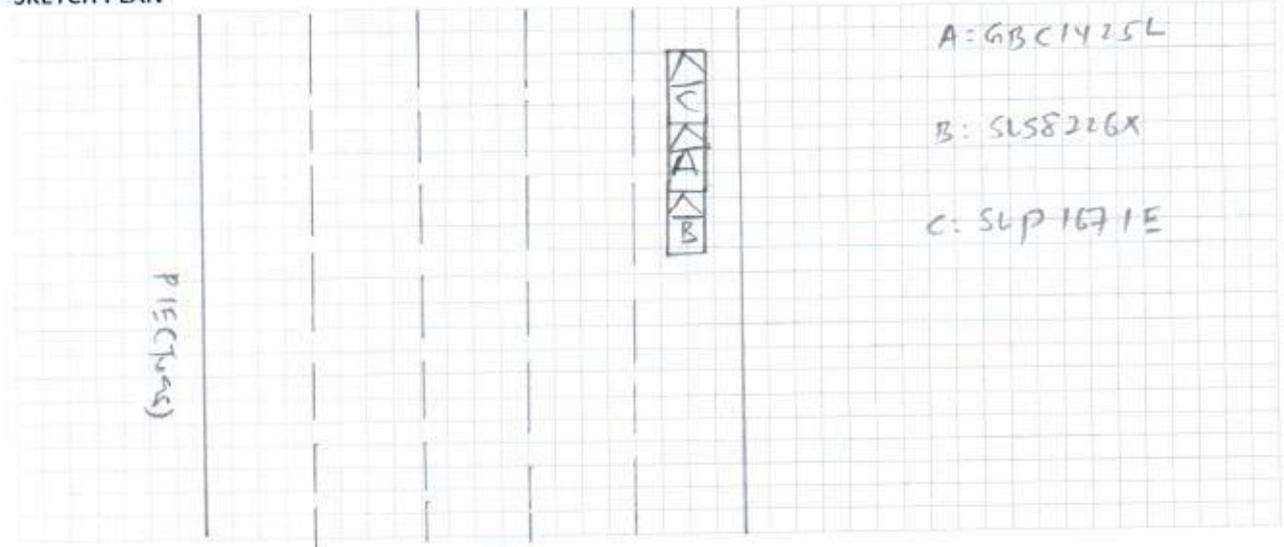
DETAILS OF INJURED PERSON 1

Name NG KIN KOK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBC1425L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DUONG THI MAI HUONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBC1425L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180507/2060.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 5 / 18) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: PIE LTAAS) after Kallang Bahon Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: * GBC1425L
b) INSURANCE COMPANY: NJC
c) POLICY NUMBER: 5096937851
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: H&H Auto Servicing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53293425E CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ng Kin Lok (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0018906E CONTACT: 81179261
c) ADDRESS: B11c 492F Tampines St 45, # 12-202, (526492)

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

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 9/20 1998

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

- a) VEHICLE NUMBER: SLS8226X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 5LP1671E MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including d) (2)

* female

* No of passenger (including d) (2)

* No of passenger (including d) (1)

Email = hh.auto.servicing@gmail.com

fax = 6384 7231

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118059558 Vehicle Registration No: GBC1425L
 Name(as shown in NRIC) : Ng Kin Kok NRIC/FIN/Passport No : 50018906E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 492F Tampines Street 45 #12-702 Singapore 526492
 Contact (Tel) : _____ Mobile No. : 8179261
 Email Address : _____
 Date of Accident : 5/5/18 Time of Accident : 16:30
 Place of Accident : PELTONS) after Kallang Bahru exit.
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend name of driver (Ng Kin Kok)

 Policyholder / Driver's Signature
 Date:

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



**SINGAPORE
POLICE FORCE**



T/20180507/2060

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Police Station Of Origin: .
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180507/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	DUONG THI MAI HUONG	ID No.	S7965449C
Related Vehicle	GBC1425L (Van)	Contact No.	86062728
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG KIN KOK	ID No.	S0018906E
Related Vehicle	GBC1425L (Van)	Contact No.	81179261
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NEO CHIN CHYE	ID No.	S8518752Z
Related Vehicle	SLP1671E (Car)	Contact No.	98898261
Hospital/Clinic	NIL	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	NIL



**SINGAPORE
POLICE FORCE**



T/20180507/2060

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Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180507/2060

CONTINUATION OF REPORT

Driver			
Name	ONG JUN KAI SIMON	ID No.	S8637709H
Related Vehicle	SLS8226X (Car)	Contact No.	98327045
Hospital/Clinic	NIL	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	NIL

Brief Details:

On the 05/05/2018 at about 1630hrs, I was driving my vehicle bearing registration GBC1425L along Pan Island Expressway (PIE) towards Tuas. After Kallang Bahru exit, the vehicle bearing registration SLP1671E in front of me stopped as the traffic was heavy. I then slowed down and completely stopped my vehicle and all of a sudden, I felt a bang on the rear of my vehicle and my vehicle surged forward and collided on the vehicle in front of me. I then came out from my vehicle to make a check on my vehicle and I discovered that one car bearing registration number SLS8226X had collided onto the rear of my vehicle. No one was conveyed during the said accident. The car in front of me and the car that collided onto my rear was still able to drive off.

All parties then took photos of the damages and the accident and all of us took particulars of each other and left the location as not to obstruct the traffic flow. The rear of my vehicle was badly damaged and could not start after the impact. EMAS recovery assisted me to tow my vehicle to the nearest heavy vehicle car park. After the accident, on the 07/05/2018, my passenger and I felt pain and both of us went to the Finest Health Medical Centre and both of us was given 5 days of medical leave.

I wish to state that during the time of accident, there was no government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20180507/2060

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Report No. T/20180507/2060

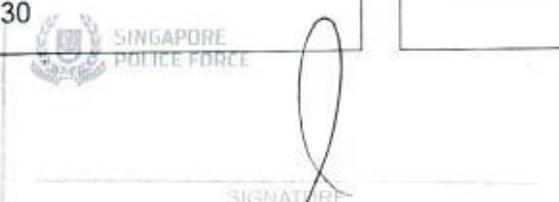
Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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 SHAHRIN AZHAR BIN JUMADI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2018 13:37
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0018906E



Name
NG KIN KOK
黄金国
Race
CHINESE
Date of Birth
05-02-1949 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0018906E
Name
NG KIN KOK
Birth Date: 05 Feb 1949
Issue Date: 13 Feb 2003




2451820



NRIC No. S0018906E



Blood Group: A+ Date of Issue: 04-10-1994

APT BLK 492F TAMPINES STREET 45 #12-702
SINGAPORE 526492
NRIC No: S0018906E Date: 12/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	30 Mar 1998
Class 2A	Motorcycles between 201 CC and 400 CC	30 Mar 1998
Class 2	Motorcycles > 400 CC	30 Mar 1998
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	09 Feb 1998

S/N No. 9000192425

NP 429A

Licence No: S0018906E



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096927851	H&M AUTO SERVICING	53293425C	GCV	Third Party	GBC1425L	GBC1425L	22/12/2017	14/07/2018

Continue

Policy Information

Policy No.	5096927851	Policyholder Name	H&H AUTO SERVICING	Policyholder NRIC	53293425C
Address	25 KAKI BUKIT ROAD 4 #07-47 SYNERGY @ KB SINGAPORE 417800				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	22/12/2017	Effective Date	22/12/2017 00:00	Expiry Date	14/07/2018 23:59
Excess Type	All Claim Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-47	Related Policy Number	5096927851		

Insured Object: GBC1425L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/0993341

Policy No.	5096927851 ✓	Vehicle No.	GBC1425L ✓	GST Registration No.	
Policyholder Name	H&H AUTO SERVICING ✓	Cover Type	Third Party	Policyholder NRIC	53293425C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1% ▾
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details			Accident Type	Chain Collision	
Report Date	07/05/2018 21:04	Time of Accident (Minimum)	16:30	Country of Accident	Singapore
Date of Accident	05/05/2018 ✓	Orange Force		ICM No.	
Reporting Centre					
Accident Location	PIE (TUAS) AFTER KALLANG BAHRU EXIT				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	25 KAKI BUKIT ROAD 4	Address 2	407-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-47	Related Policy Number	5096927851		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/02/1949
Unnamed driver name	NO KORN BOK	Driver NRIC	S0018906E	Driving Experience	20
Register Date of Driver License	09/02/1998	Driver Age	69	Contact No. (Home)	0
Contact No. (Mobile)	61179261	Contact No. (Office)	0	Address 3	SINGAPORE 526492
Address 1	BLK 492F	Address 2	TAMPINES STREET 45	Post Code	526492
Address 4		Address Type	Singapore address		
Unit No.	12-752	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
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 *	DD-MX ▾	Insured Name	H&H AUTO SERVICING	Insured NRIC	53293425C
Contact No. (Mobile)	96373533	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	GBC1425L	TP Vehicle Number	SL58226X
Claim Description	GBC1425L / SL58226X ON 5 May 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	07/05/2018 00:00
Date Registered	07/05/2018 21:06	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

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

Attachment

Accident No.	MT/0993341 ✓	Claim No.	001 ✓
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload date	07/05/2018 21:08

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	
Browse... Clear	Please Select ▾	NO ▾	Normal ▾	

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	SAS	Normal	SAS 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:07	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:06	Photos	Normal	Photos 2018-5-7		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)