

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118059525

Date In: 7/5/18 - 17:10	Job description	Date & Time Completed	Done by
Ref No: NA/NC18008350/24	SAS e-filing		
Veh No: PA73527	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/5/18 - 21:00	i-Motor Claim Form	MT/099 3342-001	7/6/18 21:14
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: JHD63135	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

NA1802864	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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 2005)		
	6) TR: Re-inspection \$75		
	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	07/05/2018 17:10
Date Of Accident	03/05/2018 21:00
Exact Location Of Accident	ALONG GATEWAY AVE BEFORE SENTOSA GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7352T
Insured/Policyholder	
Name Of Registered Owner	KUMAR LIMOUSINE AND COACH SERVICES PTE LTD
Co Reg No	200707442H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92322463
Alternative Phone No	OFFICE-92322463

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 A
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5087168906-01
Cover Note Number	

Driver

Name of Driver	MOHAMED RAFI S/O SYED SULTAN
NRIC No	S1472397H
Date Of Birth	09/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86660391
Fax Number	
Contact Number	OFFICE-86660391
Email Address	NOEMAIL

Address	BLK 103 BEDOK RESERVOIR ROAD #06-410
Postcode	470103
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	SHD6313S
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)	2
Passenger 1	NAME: : GENDER: :

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:

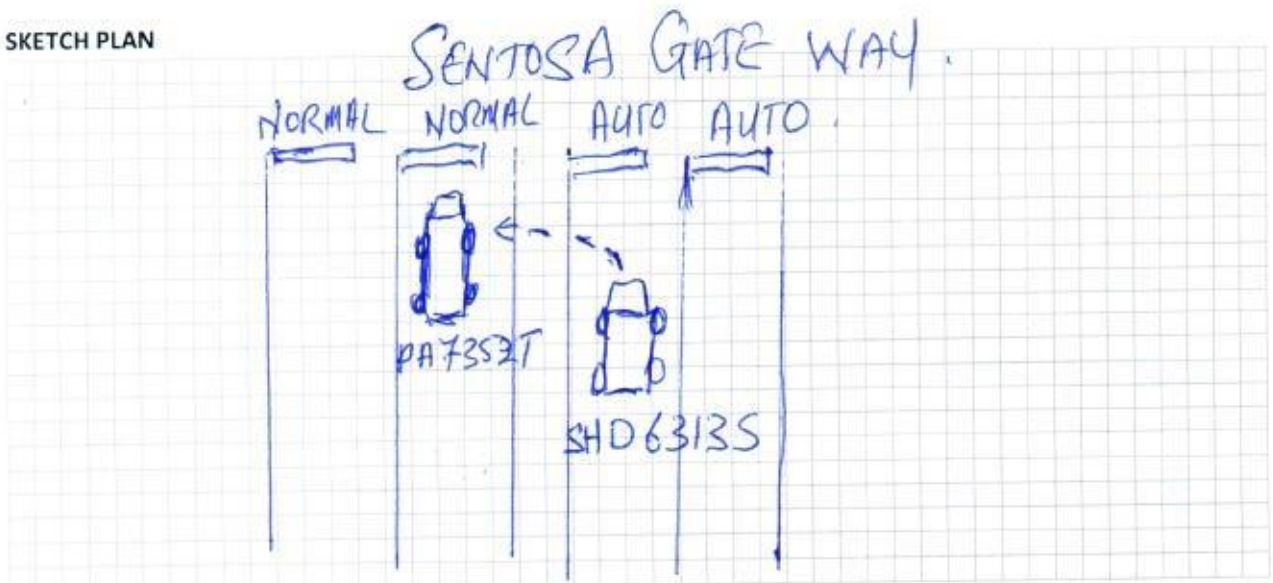
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 LANE 5 GATEWAY AVE
APPROCHING SENTOSA GANTRY. SUDDENLY VEHICLE B REVERSED FROM LANE
3 AND CUT ONTO MY LANE RESULTING MY VEHICLE RIGHT PORTION
DAMAGED.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 5 / 18) (DD/MM/YYYY), TIME: (21 : 00) (HH:MM)

LOCATION: Sentosa Gantry

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 1352T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087168906-01
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Kumar Limousine and coach (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200707424 CONTACT: 92322463
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Rafi sp Syed Sultan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 514723974 CONTACT: 86660391
c) ADDRESS: Ap Bk 103 # 06410 Bedok Res Rd

*d) DATE OF BIRTH: (9 / 1 / 1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20

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: EMAS NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD63135 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: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

NOTICE OF REPORTING

This is to confirm that Mohamed Rafi S/O Syed Sultan, NRIC: S1472397H, has reported to the Police a non-injury traffic accident which occurred at main entrance of Sentosa on 03/05/2018 at 9.00pm involving the following vehicles:
PA7352T (Toyota Hiace / White)
SHD6313S (Toyota / Maroon)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



Rank / Name of Issuing officer: **SGT ANWAR**

Date: 04/05/2018

Time: 1400hrs

S/D Ref: 10

Police Post/ Unit: EUNOS NPP



Eunos NPP

Block 629 Bedok Reservoir Road
#01-1620 Singapore 470629
Tel: 1800-4439999

Original - To be issued to informant
Duplicate - to be submitted to Traffic Police

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S1472397H

MOHAMED RAFI S/O SYED SULTAN

Birth Date: 09 Jan 1961

Issue Date: 07 May 2003

00045926

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1472397H

Name: MOHAMED RAFI S/O SYED SULTAN

Race: INDIAN

Date of birth: 09-01-1961

Country/Place of birth: SINGAPORE

Sex: M

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1472397H

Name: MOHAMED RAFI S/O SYED SULTAN

Issue Date: 8/4/2013

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	1-2
Class 2A	Motorcycles between 201 CC and 400 CC	1-2
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2700 kg	1-2

S1472397H

S/No. 9000058896

LICENCE NO: S1472397H

5320978

Barcode

NRIC No. S1472397H

Fingerprint

Date of issue: 26-06-2014

Address: APT BLK 103 BEDOK RESERVOIR ROAD #06-410 SINGAPORE 470103

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	12/03/2010
04	BUS ATTENDANT	12/03/2010

Barcode

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"/>	5087168906-01	KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.	200707442H	GFT	Third Party, Fire & Theft	PA7352T	PA7352T	05/02/2018	

Policy Information

Policy No.	5087168906-01	Policyholder Name	KUMAR LIMOUSINE AND COACH	Policyholder NRIC	200707442H
Address	BLK 771 #07-157 BEDOK RESERVOIR VIEW SINGAPORE 470771				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2018	Effective Date	05/02/2018 00:00	Expiry Date	04/02/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	3000.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 771 #07-157	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470771
Address 4		Address Type	Singapore address	Post Code	470771
Unit No.		Related Policy Number	5087168906-01		

Insured Object: PA7352T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/04/2018 00:00	Basic Information Endorsement	000001286802085	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PA6592Z 24-04-2018 \$1,135.82 In view of this amendment, an additional premium of \$1,135.82 (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.

Continue

Cancel

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/0993342

Policy No.	5087168906-01	Vehicle No.	PA7352T	GST Registration No.	200707442H
Policyholder Name	KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.			Policyholder NRIC	NIL
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92322463	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	---
STK	<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(%)	0	Private Hire	No

Accident Details

Report Date	07/05/2018 21:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	03/05/2018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GATEWAY AVE BEFORE SENTOSA GANTRY.				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 773 #07-157	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470771
Address 4		Address Type	Singapore address	Post Code	470771
Unit No.		Related Policy Number	5087168906-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD RAPI S/O SYED SULI	Driver NRIC	S1472397H	Driver DOB	09/01/1961
Register Date of Driver License	12/03/2010	Driver Age	57	Driving Experience	8
Contact No.(Mobile)	86660391	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 103	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
Address 4	SINGAPORE 470103	Address Type	Singapore address	Post Code	470103
Unit No.	06-410				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KUMAR LIMOUSINE AND COACH	Insured NRIC	200707442H
Contact No.(Mobile)	90062973	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		DI Vehicle Number	PA7352T	TP Vehicle Number	SHD63135
Claim Description	PA7352T / SHD63135 ON 3 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 21:14	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					















Attachment

Accident No.	MT/0993342	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 21:16

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Normal	

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? Actor (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:16	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:15	SAS		Normal	SAS 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:14	Photos		Normal	Photos 2018-5-7		Edit
Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							