

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA/1806420

Date In: 12/5/18-15:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009009/24	SAS e-filing		
Veh No: YN5440K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/3/18-14:15	i-Motor Claim Form	MT/0990985-002	17/5/18 19:17
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: 6886325P	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

NA1803125	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		
	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:-		
QC Checked by (Engr-In-Charge):	QD:		
	*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 (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 2/3:	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	17/05/2018 15:26
Date Of Accident	30/03/2018 14:15
Exact Location Of Accident	YISHUN INDUSTRIAL PARK A NEAR BLK 1019
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN5440K
Insured/Policyholder	
Name Of Registered Owner	LIQUORLAND DISTRIBUTION PTE LTD
Co Reg No	200810278K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC (CBU)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090705066
Cover Note Number	
Driver	
Name of Driver	SARAN RAJ S/O SELVARAJOO
NRIC No	S9739429F
Date Of Birth	16/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91469549
Fax Number	
Contact Number	OFFICE-91469549
EEmail Address	NOEMAIL

Address	BLK 944 JURONG WEST STREET 91 #05-499
Postcode	640944
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180414/2014.

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	GBB6325P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

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

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

SKETCH PLAN

No sketch plan provided

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

x

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.:

Email: bl@idac.com.sg

Tel no: 6555 6111 Fax no: 6515 5215

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/03/2018 (dd/mm/yy) Time of Accident: 14 : 15 (24-HR-FORMAT)

Vehicle No.: YN5440K Vehicle Make & Model: MITSUBISHI

Exact location of Accident: 55 Yishun Industrial Park A - Near blk 1019

Policyholder's Name / IC No.: LIQUORLAND DISTRIBUTION PTE LTD 200810218K

Driver's Name / IC No.: Saran Raj S(9738429)F (As Above) ☐

Driver's Contact No.: 91469549 Company Contact No: _____

Driver's Address: Blk 944 Jurong West St 91 #05-499

Insurance Company: NTUC INCOME Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name: Saran Raj

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Jurong West N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: NA

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

rajboi97@gmail.com



SINGAPORE POLICE FORCE



T/20180414/2014

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180414/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 02:28	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: SARAN RAJ S/O SELVARAJOO			Address: APT BLK 944 JURONG WEST STREET 91 #05-499 SINGAPORE 640944	
ID Type / ID No.: NRIC NO / S9739429F			Contact No.: Home/Office:	Mobile: 91469549
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 20	Date of Birth: 16/10/1997	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2018 14:15	Type of Location: Straight Road
Location: Along Road 1 YISHUN INDUSTRIAL PARK A 55 YISHUN INDUSTRIAL PARK A				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Detail of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6325P	Car	CITROEN		Red	Slightly Damaged	0
YN5440K	Lorry	MITSUBISHI		White	No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180414/2014

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180414/2014

CONTINUATION OF REPORT

Driver			
Name	SARAN RAJ S/O SELVARAJOO	ID No.	S9739429F
Related Vehicle	YN5440K (Lorry)	Contact No.	91469549
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

Brief Details.

On 4/04/2018, a male Chinese subject came to my company and informed my boss that one of the driver from Celebration had collided against his vehicle in a hit and run accident. Subsequently, we established that I was the driver on that day.

The said male subject then informed me that he had a CCTV footage of a white lorry had driven past his vehicle and it had caused his vehicle to shake thus, he assumed that I had collided against his vehicle's left rear body panel. He had also seen my company's contact number which was on the side of my vehicle and had subsequently discovered the contact number belongs to Celebration.

I then agreed to compensate the driver and tried to liaised with him but I informed him that I would like to see the footage however, he refuses. He then insisted to know my vehicle license plate number but I did not provide him. He has also informed me that he had lodged a hit and run accident report.

On 13/03/2018 at 1415hrs, I was driving , a Mitsubishi lorry, YN5440K along 55 Yishun Industrial Park A. I did not feel any collision while driving along the road.

I do not have any dash camera.

I am lodging this report for my own record purpose to safeguard against any allegations that I did not want to compensate the driver and will not be compensating the said driver as of now.



**SINGAPORE
POLICE FORCE**



T/20180414/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180414/2014

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:
J /
Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/04/2018 02:28

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168




Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: T/20180414/2014 Name: SEKHAR S/O SELVARAJOO
Accident Date/Time: 13/3/2018 11:15 Address: 8/940 Selegie Road St 91
Vehicle(s) involved: QBBG35F #05-4417
4N5440R NRIC No: S9739429F
Tel No: 91469549
Date: 7 5 2018


Dear Sir / Madam

I wish to amend as follows:

I would like to state that the date
of the accident is 30 3 2018 not
as stated in the report.



Yours faithfully

Queensway
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 149073

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
**SARAN RAJ S/O
SELVARAJOO**

NRIC No
S9739429F



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 **S9739429F**

SARAN RAJ S/O SELVARAJOO

Birth Date: **16 Oct 1997**
Valid Until: **15 Sep 2016**

 002009608G

000000002-7283

NRIC No / Colour
S9739429F/ PINK

Race
INDIAN

Date Of Birth
16/10/1997

Service Status
NSF

Address
**Blk 944 JURONG WEST STREET 91
#05-459 SINGAPORE 640944**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M




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

Class	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	EFFECTIVE DATE
Class 3		15 Sep 2016

NP 428A

Licence No: S9739429F



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"/>	5090705066	LIQUORLAND DISTRIBUTION PTE LTD	200810278K	GCV	Preferred Workshop Plan	YN5440K	YN5440K	26/05/2017	25/05/2018

Claim Handling

Exit

Accident MT/0990985

Policy No.	5090705066	Vehicle No.	YN5440K	GST Registration No.	200810278K
Policyholder Name	LIQUORLAND DISTRIBUTION PTE LTD			Policyholder NRIC	200810278K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	20	Private Hire	Not available

Accident Details

Report Date	19/04/2018 10:17	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/03/2018	Time of Accident (H:mm)	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YISHUN INDUSTRIAL PARK A NEAR BLK 1019				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2008
GST Registration No.	200810278K	GST Status Verified	Yes
Modification History	23/04/2018 15:28:32 Carol Wan changed GST Registered from No to Yes 23/04/2018 15:28:32 Carol Wan changed GST Registration No. from null to 200810278K 23/04/2018 15:28:32 Carol Wan changed GST Registration Date from null to 01/07/2008		

Policyholder Mailing Address

Address 1	301 UBI ROAD 3	Address 2	#04-00 OCTOPUS BUILDING	Address 3	SINGAPORE 408664
Address 4		Address Type	Singapore address	Post Code	408664
Unit No.		Related Policy Number	5099009994		

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	LIQUORLAND DISTRIBUTION PT	Insured NRIC	200810278K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65333312
Email Address		OT Vehicle Number	YN5440K	TP Vehicle Number	GBB6325P
Claim Description	YN5440K / GBB6325P ON 30 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	17/05/2018 00:00
Date Registered	17/05/2018 19:17	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0990985	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/05/2018 19:19

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? Action (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma					

y 2018 19:19		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	SAS	Normal	SAS 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:18	Photos	Normal	Photos 2018-5-17	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		