

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA11806946

Date In: 28/5/18-13:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009626/24	SAS e-filing		
Veh No: J253646	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/5/18-00:10	i-Motor Claim Form	MT10996201-001	28/5/18 14:49
OD: <u>TP</u> 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: JSP2291	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

NA1803335	Invoice Preparation Checklist	Amf (\$) Tst Bill	Amf (\$) 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:-		
	OD:		
	*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 \$0		
	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	28/05/2018 13:57
Date Of Accident	28/05/2018 00:10
Exact Location Of Accident	SLIP RD PIE (TUAS) TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5364L
Insured/Policyholder	
Name Of Registered Owner	NOR ASIQ BIN KAMAL
NRIC No	S9026725F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98710543
Alternative Phone No	OFFICE-98710543

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084808145-01
Cover Note Number	

Driver

Name of Driver	NOR ASIQ BIN KAMAL
NRIC No	S9026725F
Date Of Birth	04/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/04/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98710543
Fax Number	
Contact Number	OFFICE-98710543
Email Address	NOEMAIL

Address	BLK 133 EDGEDALE PLAINS #01-50
Postcode	820133
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSP7291 (MOTORCYCLE)
Number of vehicles involved in the accident	
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180528/2007.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSP7291
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE


SKETCH PLAN


IMPORTANT NOTICE

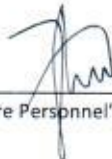
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

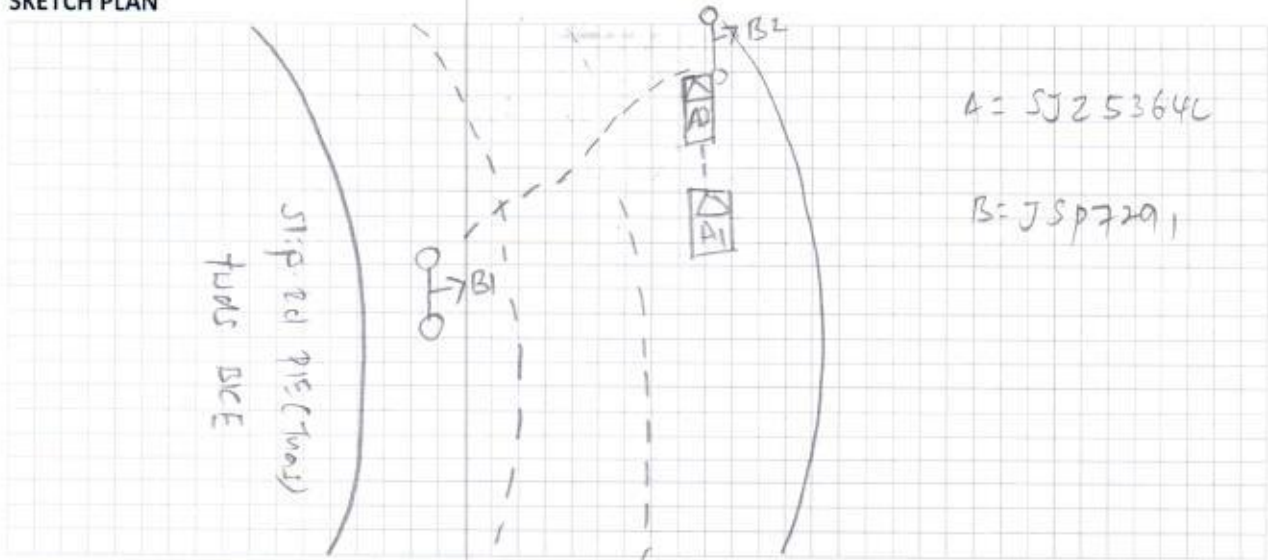
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 police report - 1/20180528/2007.

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.:



SINGAPORE POLICE FORCE



T/20180528/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180528/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 02:42		Vide Report No.: E/20180528/0002		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: NOR ASIQ BIN KAMAL			Address: APT BLK 133 EDGEDALE PLAINS #01-50 SINGAPORE 820133		
ID Type / ID No.: NRIC NO / S9026725F			Contact No.: Home/Office: Mobile: 98710543		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/08/1990	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: EVENTS MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2018 00:10	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY At the bend of PIE towards BKE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSP7291	Motorcycle					0
SJZ5364L	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180528/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180528/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ5364L	NTUC Income Insurance Co-Operative Limited	5084808145-01	13/12/2017	01/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOR ASIQ BIN KAMAL	ID No.	S9026725F
Related Vehicle	NIL	Contact No.	98710543
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 28/05/2018 at about 0010hrs, while I was driving my vehicle bearing registration number SJZ5346L at the bend from PIE towards BKE, suddenly one Malaysian registered motorcycle bearing registration number JSP7291 self skidded from lane 2 to lane one which was the lane that I was in.

While the rider was already lying somewhere at the grass patch on the right side of the road, his motorcycle was still left lying at the first lane. I then applied emergency brake but could not avoid hitting the motorcycle and my vehicle sustained some deep scratches on the right front bumper. There were 3 passengers on board my vehicle but none of us sustain any injury.

There was no in-car dash cam install in my vehicle. However, there were some witnesses who had their in-car dash cam recorded of the incident. Traffic Police officer then attended to the incident and the rider was then conveyed to hospital by an ambulance. That is all.



**SINGAPORE
POLICE FORCE**



T/20180528/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180528/2007

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: F / Staff Sgt FARHAN BIN ABU
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 28/05/2018 02:42
Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9026725F



Name
NOR ASIQ BIN KAMAL

Race
MALAY

Date of birth
04-08-1990

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING

License Number **S9026725F**

Name
NOR ASIQ BIN KAMAL

Expiry Date **04 Aug 1990**

Issue Date **18 Jun 2009**

001754815B



4184408



NRIC No. **S9026725F**



Date of issue
18-02-2008

Address
**APT BLK 133 EDGEDALE PLAINS
#01-50
SINGAPORE 820133**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


CLASS	VEHICLE CLASS	VALID DATE
Class 2B	Motorcycles <= 200 CC	18 Jun 2009
Class 2A	Motorcycles between 201 CC and 400 CC	16 Nov 2019
Class 2	Motorcycles > 400 CC	16 Apr 2013
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	17 Apr 2015

S9026725F

S / No. 9000172244

NP 428A

License No. S9026725F



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

28/05/2018 00:10

Vehicle No. (For Motor)

SJZ5364L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084808145-01	NOR ASIQ BIN KAMAL	S9026725F	GPC	drive CLASSIC	SJZ5364L	SJZ5364L	13/12/2017	01/12/2018

 Policy Information

Policy No.	5084808145-01	Policyholder Name	NOR ASIQ BIN KAMAL	Policyholder NRIC	S9026725F
Address	BLK 133 #01-50 EDGEDALE PLAINS SINGAPORE 820133				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/12/2017	Effective Date	13/12/2017 00:00	Expiry Date	01/12/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 62865551	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 133 #01-50	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 820133
Address 4		Address Type	Singapore address	Post Code	820133
Unit No.		Related Policy Number	5084808145-01		

 Insured Object: SJZ5364L

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

[Exit](#)

Accident MT/0996201

Policy No.	5084808145-01	Vehicle No.	S1Z5364L	GST Registration No.	
Policyholder Name	NOR ASIQ BIN KAMAL			Policyholder NRIC	S9026725F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98710543	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TL
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(%)	20	Private Hire	No

Accident Details

Report Date	28/05/2018 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	28/05/2018	Time of Accident h:mmm	00:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	5LIP RD PIE (TUAS) TWDS BKE				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 133 #01-50	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 820133
Address 4		Address Type	Singapore address	Post Code	820133
Unit No.		Related Policy Number	5084808145-01		

OI Driver Info

Driver Name	NOR ASIQ BIN KAMAL	Driver Type	Main Driver	Driver DOB	04/08/1990
Unnamed driver Name		Driver NRIC	S9026725F	Driving Experience	3
Register Date of Driver License	17/04/2015	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	98710543	Contact No.(Office)	0	Address 1	SINGAPORE 820133
Address 1	BLK 133	Address 2	EDGE DALE PLAINS	Address 3	SINGAPORE 820133
Address 4		Address Type	Singapore address	Post Code	820133
Unit No.	01-50				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

[New](#)

Claim Type *	CD-MX	Insured Name	NOR ASIQ BIN KAMAL	Insured NRIC	S9026725F
Contact No.(Mobile)	98710543	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	sq@hotmail.com	OS Vehicle Number	S1Z5364L	TP Vehicle Number	J5P7291
Claim Description	S1Z5364L / J5P7291 ON 28 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/05/2018 14:49	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	Jackson				

☒ Print Aik letter

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

Attachment

Accident No.	MT/0996201	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 14:50

Path *

	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	

[Show All](#)

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:50	SAS	Normal	SAS 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 14:49	Photos	Normal	Photos 2018-5-28	Edit
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
Display in New Window Scan and uploading					