

NATIONAL Assessment Centre Services MMA 118069205.

Date In: 28/15/18 14:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC18009632144	E-mail (within 3hrs, A/C 2hrs):		
Veh No: SL5 3242	i-Motor Claim Form: MT/0996273 ⁰⁰¹		28/15/18 17:23.
D.O.A: 26/15/18 14:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: GBE 4377 L INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

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

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

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

General Remarks:-

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

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

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

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

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QH:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	IP (N11): TP (Non INC) against INC \$20		
	9) N12: Idea Mobile \$0		
	Invoice date / Fee Charged		
	Invoice date / 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 willful 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 14:32
Date Of Accident	26/05/2018 14:40
Exact Location Of Accident	BLK 124 HOUGANG AVE 1 CARPARK LOT NO 294
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS324Z
Insured/Policyholder	
Name Of Registered Owner	TAN CHUAN CHOON
NRIC No	S8102505C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90995265
Alternative Phone No	OFFICE-90995265

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5094379384
Cover Note Number	-

Driver

Name of Driver	TAN CHUAN SHENG
NRIC No	S8845819B
Date Of Birth	19/10/1988
Occupation	INDOOR
Date Of Driving Pass	20/11/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90995265
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 297B COMPASSVALE ST #06-18
 Postcode 542297
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SIBLING
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions RAINING
 Road Surface WET

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? 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

Details of Witness 1

Name LAMBERT
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE4377L
 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)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

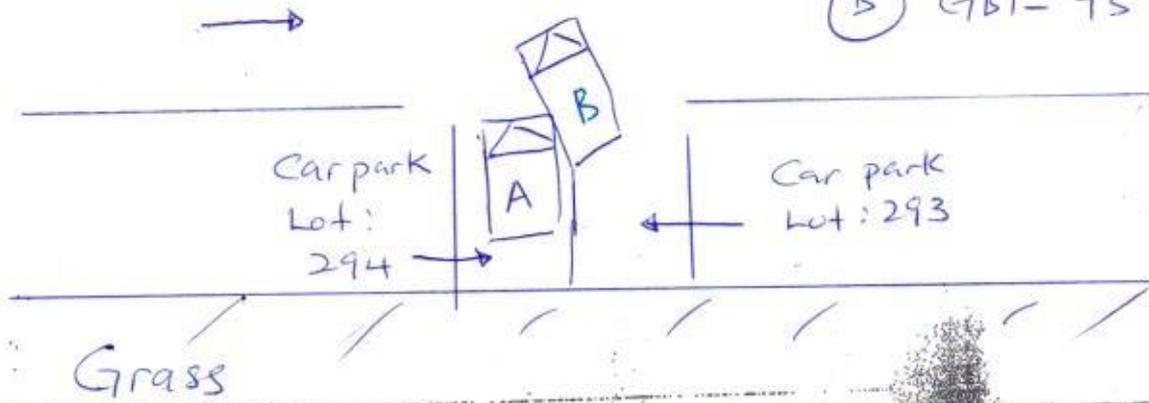
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 124, Hougang Ave 1 Carpark Lot No: 294.

(A) SLS 324 R

(B) GBE 4377 L



Describe Circumstances of the Accident

Refer To police Report No: F/2018 0527/7017

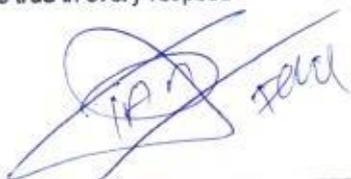
I wish to highlight my vehicle SLS 324Z have a video footage in my vehicle.

Declaration

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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 5 / 2018 (DD/MM/YYYY), TIME: 14 : 40 (HH:MM)

LOCATION: BK 124 Hougang Ave 1 Carpark Lot NO: 294.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 324 Z
b) INSURANCE COMPANY: ~~50~~ 5094379384 NTUC
c) POLICY NUMBER: 5094379384
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: M/B. C200
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: Tan Chuan Choon (MALE) FEMALE
B) NRIC/FIN/PASSPORT: S8102505-C CONTACT: 90995265
C) ADDRESS: 213 Bedok South Ave 1
#03-06, Spore 469337

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Chuan Sheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8545819-B CONTACT: 90995265
c) ADDRESS: BK 297 B, Compassvale Street
#06-18, Spore 542297

*d) DATE OF BIRTH: 19 / 10 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 20 / 11 / 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: brother

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: Ang Mo Kio Police Divisional HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 4377 L MODEL: Lorry
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: _____

Witness: Lambert

email =

fax = 6844 2641

* No of passenger
(Including driver)
(0)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

6532 2007

1 / 4



F/20180527/7017

1 of 2

Report No. F/20180527/7017

Date/Time Report Made 27/05/2018 14:18		Vide Report No.		Station Diary No.	
Name Of Informant TAN CHUAN SHENG		Address APT BLK 297B COMPASSVALE STREET #06-18 SINGAPORE 542297			
ID Type / ID No. NRIC NO / S8845819B		Contact No. Home/Office:		Mobile: 90995265	
Nationality SINGAPORE CITIZEN		Email Address im.hymenbreaker@hotmail.com			
Occupation Self-Employed		Sex Male	Age 29	Date of Birth 19/10/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 26/05/2018 14:39 - 26/05/2018 14:45		Location Of Incident 124 HOUGANG AVENUE 1 #01-1446 HDB-HOUGANG SINGAPORE 530124			

Brief details.

On 26/05/18 approximately 1320hrs , I parked my vehicle s/s324z at the carpark in front of the said address, in the lot of 294 , next to me in the lot 293 was a blue lorry GBE4377L . I left the vehicle after it's was parked properly within the lot .

At about 1446hrs I was informed by my neighbours that they heard a loud crash and followed by the lorry trying to maneuver out of the lot of 293 and eventually turned right (instead of left) to exit . The driver did

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 27/05/2018 14:18 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20180527/7017

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. F/20180527/7017

not alight and proceed to drive away .

The lorry damaged my front right side and my bonnet of my vehicle .

Subjects Involved			
Victim			
Person Name	TAN CHUAN SHENG		
ID Type	NRIC NO	ID No	S8845819B
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Self-Employed	Address Type	
Address	APT BLK 297B	Mobile No	90995265
	COMPASSVALE STREET #06-18 SINGAPORE 542297		
Is Informant A Victim?	Yes		
Person Name	TAN CHUAN SHENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/05/2018 14:18

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8845819B



Name
TAN CHUAN SHENG

陈传胜

Race
CHINESE

Date of birth
19-10-1988

Sex
M

Country of birth
SINGAPORE

S8845819B

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8845819B



TAN CHUAN SHENG

Birth Date 19 Oct 1988

Issue Date 29 Nov 2013

002242371K

2861906



NRIC No. S8845819B



Date of issue
10-03-2006

Address
APT BLK 297B COMPASSVALE STREET
#06-18
SINGAPORE 542297

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	31 Jan 2008
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	20 Nov 2009

NP 428A

License No: S8845819B



H/P
Driver ^ 9099 5265

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"/>	5094379384	TAN CHUAN CHOON	S8102505C	GPC	drivo CLASSIC	SLS324Z	SLS324Z	21/09/2017	20/09/2018

Claim Handling

Accident MT/0996273

Policy No.	5094379384	Vehicle No.	SLS324Z	GST Registration No.	
Policyholder Name	TAN CHUAN CHOON			Policyholder NRIC	S8102505C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90995265	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▾
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

▼ Accident Details

Report Date	28/05/2018 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	26/05/2018	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 124 HOUGANG AVE 1 CARPARK LOT NO 294				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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	213 BEDOK SOUTH AVENUE 1	Address 2	#03-06 CASAFINA	Address 3	SINGAPORE 469337
Address 4		Address Type	Singapore address	Post Code	469337
Unit No.		Related Policy Number	5094379384		

▼ OI Driver Info

Driver Name	TAN CHUAN SHENG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8845819B	Driver DOB	19/10/1988
Register Date of Driver License	20/11/2009	Driver Age	29	Driving Experience	8
Contact No.(Mobile)	90995265	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 297B #06-18	Address 2	COMPASSVALE STREET	Address 3	COMPASSVALE GREEN
Address 4	SINGAPORE 542297	Address Type	Singapore address	Post Code	542297
Unit No.	06-18				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *	OD-MX ▾	Insured Name	TAN CHUAN CHOON	Insured NRIC	S8102505C	
Contact No.(Mobile)	96877334	Contact No.(Home)	66181369	Contact No.(Office)		
Email Address	chuanjun_jerry@hotmail.com	OI Vehicle Number	SLS324Z	TP Vehicle Number	GBE4377L	
Claim Description	SLS324Z / GBE4377L ON 26 May 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▾	GIA report	Received	
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop, Name unknown ▾	Date Received	28/05/2018 00:00	
Date Registered	28/05/2018 17:21	Claim Close Date				
Report Taken By	LIEW SHAN HUI					

 Print AK letter

Save Submit

Attachment

Accident No.	MT/0996273	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2018 17:23

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select ▾	NO ▾	Normal ▾	
Clear Please Select ▾	NO ▾	Normal ▾	
Clear Please Select ▾	NO ▾	Normal ▾	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	SAS	Normal	SAS 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:23	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:22	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:22	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:22	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:22	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:21	Photos	Normal	Photos 2018-5-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:21	Photos	Normal	Photos 2018-5-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 May 2018 17:21	Photos	Normal	Photos 2018-5-28

Video List

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