

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18074269

Date In: 7/6/18-18:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010433/24	SAS e-filing		
Veh No: 6BE95196	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 7/6/18-12:00	i-Motor Claim Form	MT/0997760-001	7/6/18 19:07
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: 6BE7337	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

NA1803575	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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:-		
	QN*		
	*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		
	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	07/06/2018 18:46
Date Of Accident	07/06/2018 12:00
Exact Location Of Accident	SUNGEI KADUT ST 3 TWDS SUNGEI KADUT ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9519G
Insured/Policyholder	
Name Of Registered Owner	SING MAH HUP KEE TRADING CO PTE LTD
Co Reg No	198000051M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67477538

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
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	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	5100456527
Cover Note Number	

Driver

Name of Driver	SONG XIN
Passport No/FIN	G2691429P
Date Of Birth	14/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82511246
Fax Number	
Contact Number	OFFICE-82511246
EMail Address	NOEMAIL

Address	BLK 30 SIN MING DRIVE #01-251/253
Postcode	575704
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	SIDE SWIPE
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	GBE733T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHING AH MOY
NRIC/Passport Number	S1128694A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1 /

SKETCH PLAN

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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

— Refer to attached 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:

Signature of Driver

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

Signature of Reporting Centre Personnel

No. 17

No. 15

GBF
9519G

GBE
733T

Mercedes
Benz
CITAN
109 CDZ

Sungei Kedut Street 3
to wards
Sungei Kadut Street 1

I was driving along Sungei Kadut Street 3 towards Sungei Kadut Street 1, near Unit No.15. Just in front of Unit No.15, a lorry wanted to exit from Unit No.15 but upon seeing that my lorry was approaching, the driver stopped his lorry in a position that was obstructing part of the lane I was driving through. So I stopped and signalled my right signal light, in the attempt to avoid the stationary lorry. However, a van of car plate GBE733T was driving quite fast pass the lane on my right, causing me to collide into the left side of the van by accident.

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 6 / 18) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Sungai Kadut H 3 tws sungai kadut st 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6BF95196
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5100456527
 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: Sing Mah Hup Lee Trading Co Pte Ltd (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 198000051M CONTACT: 67477538
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Song Xin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2641429P CONTACT: 82511246
 c) ADDRESS: _____

*d) DATE OF BIRTH: (14 / 8 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/11/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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: 6BE7337 MODEL: _____
 b) DRIVER'S NAME: Ching Ah May
 c) NRIC/FIN/PASSPORT: 51128644A CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

email = Singmah@singnet.com.sg

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Name: **G2691429P**

Name: **SONG XIN**

Birth Date: **14 Aug 1981**

Issue Date: **03 Nov 2015**

Valid Till: **02/11/2020**

002489900E

SG 50

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SING MAH HUP KEE TRADING CO PTE LTD

Name:
SONG XIN

Work Permit No.:
0 76800286

Sector:
MANUFACTURING

0 76800286

K0298864

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

C Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

EFFECTIVE DATE
24 Nov 2015

G2691429P

S / No. 9000226442

Licence No: G2691429P

NP 428A

VISIT PASS
Immigration Regulations

20-04-2018

Name:
SONG XIN

FIN:
G2691429P

Date of Birth:
14-08-1981

Sex:
M

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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"/>	5100456527	SING MAH HUP KEE TRADING CO PTE LTD	198000051M	GCV	Comprehensive	GBF9519G	GBF9519G	15/05/2018	14/05/2019

▼ Policy Information

Policy No.	5100456527	Policyholder Name	SING MAH HUP KEE TRADING C	Policyholder NRIC	198000051M
Address	BLK 30 #01-251/253 SIN MING DRIVE SINGAPORE 575704				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	14/05/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	UNION MOTOR TRADING CO PT	Agent Tel.	63385142	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 30 #01-251/253	Address 2	SIN MING DRIVE	Address 3	SINGAPORE 575704
Address 4		Address Type	Singapore address	Post Code	575704
Unit No.		Related Policy Number	5100456527		

▶ Insured Object: GBF9519G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

- Exit

Accident MT/0997760

Policy No.	\$100456527	Vehicle No.	GBF9519G	GST Registration No.	M200371658
Policyholder Name	SING MAH HUP KEE TRADING CO PTE LTD			Policyholder NRIC	198000051M
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67477538	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div>OK</div></div>
ICM	<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
<div><div></div> Accident Details</div>					
Report Date	07/06/2018 19:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/06/2018	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNGEI KADUT ST 3 TWDS SUNGEI KADUT ST 1				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore DO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<div><div></div> GST Registered Information</div>					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	M200371658	GST Status Verified	No		
Modification History					

Policyholder Mailing Address

Address 1	BLK 10 #01-251/252	Address 2	SIN MING DRIVE	Address 3	SINGAPORE 575704
Address 4		Address Type	Singapore address	Post Code	575704
Unit No.		Related Policy Number	5100456527		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SONG XIN	Driver NRIC	G2691429P	Driver DOB	14/08/1981
Register Date of Driver License	24/11/2015	Driver Age	36	Driving Experience	2
Contact No.(Mobile)	62511246	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 30	Address 2	SIN MING DRIVE	Address 3	SIN MING INDUSTRIAL ESTATE
Address 4	SINGAPORE 575704	Address Type	Singapore address	Post Code	575704
UIN No.	01-251/253				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

News

Claim Type *	OG-MX	Insured Name	SING MAH HUP KEE TRADING C	Insured NRIC	19800051M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DJ Vehicle Number	GBF9519G	TP Vehicle Number	GBF732T
Claim Description	GBF9519G / GBF732T ON 7 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 19:07	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0997760	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/06/2018 19:08

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:08	SAS	Normal	SAS 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jun 2018 19:07	Photos	Normal	Photos 2018-6-7	Edit

Video List

Uploads By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading