

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA18082518

Date In: 9/7/18-17:38	Job description	Date & Time Completed	Done by
Ref No: NA/IN (8012486/24	SAS e-filing		
Veh No: SDE146P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/7/18-14:20	i-Motor Claim Form	M7/1002263-001	9/7/18 20:49
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: 68A2831B	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

NA1804334	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			In Bill	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			
Pat. 1:	7) N1: Idac DA + SMRT Survey \$160			
Pat. 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	*N5: Courtesy Car / Tpl 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			
	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	09/07/2018 17:38
Date Of Accident	06/07/2018 14:20
Exact Location Of Accident	JALAN KEBUN LIMAU TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE146P
Insured/Policyholder	
Name Of Registered Owner	NG CHIN SENG SANDY
NRIC No	S0018121H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96213296
Alternative Phone No	OFFICE-96213296

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5 AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091890322-01
Cover Note Number	

Driver

Name of Driver	NG CHIN SENG
NRIC No	S0018121H
Date Of Birth	09/03/1953
Occupation	INDOOR
Date Of Driving Pass	10/09/1970
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96213296
Fax Number	
Contact Number	OFFICE-96213296
EMail Address	NOEMAIL

Address	BLK 526 SERANGOON NORTH AVENUE 4 #02-128
Postcode	550526
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	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	GBA2831B
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 willful 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:

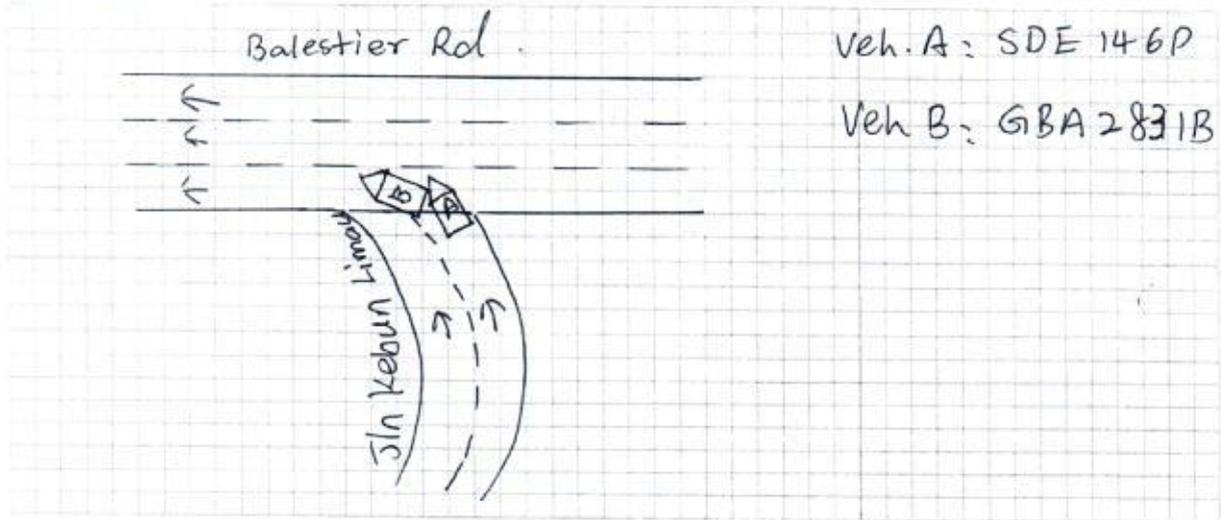


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date and time of the accident, I was driving my car (SDE 146P) along Jalan kebun Limau towards Balestier Road. Upon reaching junction of the slip road I slow down and stationary ~~with~~ waiting the on coming traffic from main road clearance. After road traffic cleared vehicle in front of me moving forwards so I follow too. Suddenly vehicle in front of me jammed brake and causing my car front left portion dented. That's all.

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.:

VEHICLE NO : SDE146P

MAKE & MODEL : Toyota Camry

Date of Accident	06/07/18		
Time of Accident	1:20 AM / PM		
Location of Accident	Salan Kebun Limau Towards Balestier Rd		
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	Ng Chin Seng Sandy		
Contact No.	96213296		
Nric No	S00181211		
Type Of Claim	Third Party / Own Damage / Reporting only		
Insurance Co.	NTUC Income		
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft		
Policy No	5091840322-01		
NAME OF DRIVER :	As above / If No :		
Nric No			Any Passenger: 0
Date Of Birth	09/03/1953		
Occupation	Outdoor / Indoor		
Date Of Driving Pass	10/09/1970		
Gender	Male / Female		
Contact no	96213296	Office :	Home :
Address	Blk 526 Serangoon North Avenue 4 #02-128		
Driver Have Any Own Vehicle	NO / If Yes (Reg no) :		SC550526
Relationship	Employee / If No :		
Weather Condition	Clear / Raining / Other :		
Road Surface	Dry / Wet / Other :		
Any Injuries	NO / If Yes Who?		
Name			Contact :
Name			Contact :
Police Report	No / If Yes : Where?		
Vehicle B No :	GBA2831B		Any Passenger:
Name Of Driver			
Contact No :			
Vehicle C No :			Any Passenger:
Vehicle D No :			Any Passenger:
Vehicle E No :			Any Passenger:
Vehicle F No :			Any Passenger:
Any Witness			
Witness Contact No			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?			YES / NO
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email : Sandy_dage2002@yahoo.com.sg	Tel : 6745 7367	Fax : 6841 3390	



**SINGAPORE
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20180709/2000

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 /
Sr Staff Sgt ELRENO BIN SUBARI 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
09/07/2018 00:01

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:
 SN 066

Authentication Stamp
NP168


Signature: _____
Singapore Police Force





**SINGAPORE
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180709/2000

CONTINUATION OF REPORT

Driver			
Name	VIJAY KUMAR SACHDEV	ID No.	S1430799J
Related Vehicle	SLG8880U (Car)	Contact No.	81321017
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 08/07/2018 at around 10.15pm, I had parked my car, SLG8880U at the car park lot no. 63, in-front of Blk 431B Yishun Avenue 1. I then proceeded to the nearby coffee shop to drink coffee together with my friends.

At about 11pm, I then proceeded back to my car, when a Malay lady from the 2nd floor of Blk 431B Yishun unit #02-599 had called out to me. The said lady Malay lady had then asked me to check on the left side of my car on whether it had any damages. I then made a checked and discovered that there was a dent on the left front side of my car.

The said Malay lady then told me that earlier, she had noticed a dark colored car driving with registration plate number SLJ4392Z, stopping in-front of my car at the said carpark. Subsequently, a lorry which was behind the said car had honked at the dark colored car. The said car had then reverse towards the empty lot on the left side of my car. The said car had then hit onto the left side of my car. The male driver had then went out of his car and check on the damage done and subsequently left the carpark. My car does not have any in-car camera installed.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0018121H**



Name



NG CHIN SENG

Race

CHINESE

Date of Birth

09-03-1953

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S0018121H**

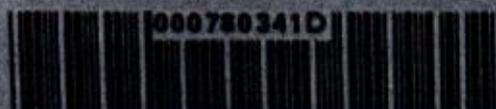
Name:

NG CHIN SENG



Birth Date: **09 Mar 1953**

Issue Date: **29 Aug 2003**



2212208



NRIC No. S0018121H



Blood Group Date of issue
O+ 21-07-1994

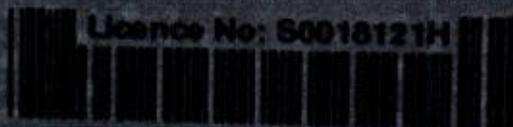
Address

APT BLK 526 SERANGOON NORTH AVENUE 4
#02-128
SINGAPORE 1955

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Sep 1970

NP 428A



Licence No: S0018121H

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091890322-01	NG CHIN SENG SANDY	S0018121H	GPC	drive PREMIUM	SDE146P	SDE146P	01/07/2018	30/06/2019

Continue

Policy Information

Policy No.	5091890322-01	Policyholder Name	NG CHIN SENG SANDY	Policyholder NRIC	S0018121H
Address	BLK 526 #02-128 SERANGOON NORTH AVENUE 4 SINGAPORE 550526				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CREDENTIAL MOTOR PTE LTD	Agent Tel.	62569288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 526 #02-128	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550526
Address 4		Address Type	Singapore address	Post Code	550526
Unit No.	02-128	Related Policy Number	5091890322-01		

Insured Object: SDE146P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1002263

Policy No.	5091890322-01	Vehicle No.	SDE146P	GST Registration No.	
Policyholder Name	NG CHN SENG SANDY	Cover Type	drive PREMIUM	Policyholder NRIC	S0018121H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96213296	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	Yes	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details		Time of Accident hh:mm	14:20	Accident Type	Side Swipe
Report Date	09/07/2018 20:46	Orange Force		Country of Accident	Singapore
Date of Accident	06/07/2018			ICM No.	
Reporting Centre					
Accident Location	JALAN KESUN LIMAU TWDS BALESTIER RD				

Benefits	
Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 526 #02-128	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550526
Address 4		Address Type	Singapore address	Post Code	550526
Unit No.	02-128	Related Policy Number	5091890322-01		

01 Driver Info					
Driver Name	NG CHN SENG SANDY	Driver Type	Main Driver	Driver DOB	09/03/1953
Unnamed driver Name		Driver NRIC	S0018121H	Driving Experience	47
Register Date of Driver License	10/09/1970	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	96213296	Contact No.(Office)	0	Address 1	SINGAPORE 550526
Address 1	BLK 526	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550526
Address 4		Address Type	Singapore address	Post Code	550526
Unit No.	02-128				
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

Modification History

Claim 001 New

Claim Type *	OD-HX	Insured Name	NG CHN SENG SANDY	Insured NRIC	S0018121H
Contact No.(Mobile)	96213296	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SDE146P	TP Vehicle Number	GBA2831B
Claim Description	SDE146P / GBA2831B ON 6 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/07/2018 00:00
Date Registered	09/07/2018 20:49	Claim Close Date			
Report Taken By	Jackson				

Attachment

Accident No.	MT/1002263	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 20:50

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

Browse...
Clear
Please Select
NO
Normal

Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	SAS	Normal	SAS 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:49	Photos	Normal	Photos 2018-7-9	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>				