

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA 118091821

Date In: 14/7/18 - 17:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC 802899/24	SAS e-filing		
Veh No: SLCS 156	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/7/18 - 11:50	i-Motor Claim Form	M7/1003249-221	14/7/18 20:13
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: E710X17	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

NA1804475	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) TP: 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:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments :-	9) N12: Idac Mobile \$0		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	16/07/2018 17:42
Date Of Accident	14/07/2018 11:50
Exact Location Of Accident	PIE (TUAS) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5215G
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E GRADE 1.5 A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5098649458
Cover Note Number	

Driver

Name of Driver	LI CHENGJUN
Passport No/FIN	G7555074Q
Date Of Birth	20/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97699749
Fax Number	
Contact Number	OFFICE-97699749
Email Address	NOEMAIL

Address	10 KAKI BUKIT ROAD 1 #03-08 KB INDUSTRIAL BUILDING
Postcode	416175
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	ET1021T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM POH LAI
NRIC/Passport Number	S1177459H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU2059C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LE TZE
NRIC/Passport Number	S8623473D
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

PIEC TAGS)

A: SLCSJKH
B: ETIOJIT
C: SKUJOS9C

A
C
B
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

DECLARATION

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

Policyholder's Signature

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

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

EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5989 Fax: 6883 2418
Email: easydrivesg@gmail.com
UEN: 53375868L

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VANUE.
SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN
TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER THE IMPACT, I ALIGHT
FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO VEHICLE C REAR
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 7 / 18) (DD/MM/YYYY), TIME: (11 : 50) (HH:MM)

LOCATION: PIE (Tuas) before Lorne Rd Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG52KH
b) INSURANCE COMPANY: LTJC
c) POLICY NUMBER: 569867948
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: Commercial use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Easy drive Car Rental (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53375868L CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Li Chenglin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 625580740 CONTACT: 97649749
c) ADDRESS: 10 Bala Bulky Road / #03-08KB Industrial Building (416175)

*d) DATE OF BIRTH: (20 / 8 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/1/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1st driver

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: ET10217 MODEL: _____
b) DRIVER'S NAME: Lim Poh Lai
c) NRIC/FIN/PASSPORT: S11724594 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKU2059C MODEL: _____
e) DRIVER'S NAME: Yeo Le Tze
f) NRIC/FIN/PASSPORT: 58627430 CONTACT: _____

Email =

fax =

VIDEO =

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

Employer
H K CLASSIC INTERIOR DESIGN PTE. LTD.

Name
LI CHENGJUN

Work Permit No.
Q 56644954

Sector
CONSTRUCTION

 **K0110007**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G7555074Q**

Name
LI CHENGJUN

Birth Date: **20 Aug 1973**
Issue Date: **14 Nov 2017**
Valid Till **13/11/2022**

 **002743605A**

VISIT PASS
Immigration Regulations

Name
LI CHENGJUN

FIN
G7555074Q

Date of Birth: **20-08-1973** Sex: **M**

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

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



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

EFFECTIVE DATE
Class 3C Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver 14 Nov 2017

NP 428A



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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098649458	EASYDRIVE CAR RENTAL	53375868L	GFT	drive CLASSIC	SLC5215G	SLC5215G	02/05/2018	

Policy Information

Policy No.	5098649458	Policyholder Name	EASYDRIVE CAR RENTAL	Policyholder NRIC	53375868L
Address	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/03/2018	Effective Date	06/03/2018 00:00	Expiry Date	05/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	5098649458		

Insured Object: SLC5215G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/03/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 06 Mar 2018, the following amendment(s) is/are made to this policy:</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLD5564T 12-03-2018 \$1,662.81 In view of this amendment, an additional premium of \$1,662.81(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLD6445Y 14-03-2018 \$1,653.55 In view of this amendment, an additional premium</p>
2	09/03/2018 00:00	Basic Information Endorsement	000001286771847	Endorsement Take Effective	

Claim Handling

Exit

Accident MT/1003249

Policy No.	509649458	Vehicle No.	SLC5215G	GST Registration No.	
Policyholder Name	EASYDRIVE CAR RENTAL			Policyholder NRIC	53375868L
Product Code	FLEET INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
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(%)	0	Private Hire	No

Accident Details

Report Date	16/07/2018 20:10	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/07/2018	Time of Accident (hh:mm)	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE LORNE RD EXIT				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	509649458		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LI CHENGJUN	Driver NRIC	G7555074Q	Driver DOB	20/08/1973
Register Date of Driver License	14/11/2017	Driver Age	44	Driving Experience	0
Contact No.(Mobile)	97699749	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	10 KAKI BUKIT ROAD 1	Address 2	KB INDUSTRIAL BUILDING	Address 3	SINGAPORE 416175
Address 4		Address Type	Singapore address	Post Code	416175
Unit No.	03-08				
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 *	OD-MX	Insured Name	EASYDRIVE CAR RENTAL	Insured NRIC	53375868L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	*
Email Address		OI Vehicle Number	SLC5215G	TP Vehicle Number	ET1021T
Claim Description	SLC5215G / ET1021T ON 14 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/07/2018 20:13	Claim Close Date		Date Received	16/07/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1003249	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2018 20:14

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	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	SAS		Normal	SAS 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edit
 Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						