

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA/18094004

Date In: 20/1/18 - 17:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013266/24	SAS e-filing		
Veh No: SBP18187	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 20/1/18 - 13:05	i-Motor Claim Form	M7/1003914-001	20/1/18 19:00
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: 56013964	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:-	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

NA1804596	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) RT : 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:-		
	ON*		
	*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 (N=1 INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors Comments:-			
Dat. 1:			
Dat. 2 / 3:			

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	20/07/2018 17:23
Date Of Accident	20/07/2018 13:05
Exact Location Of Accident	ALONG CTE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP1818T
Insured/Policyholder	
Name Of Registered Owner	ANG BOON KIM
NRIC No	S7039593B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91002355
Alternative Phone No	OFFICE-91002355

Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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	5099361980
Cover Note Number	

Driver

Name of Driver	KAMSATON BINTE ROHANI
NRIC No	S1734006I
Date Of Birth	24/03/1966
Occupation	INDOOR
Date Of Driving Pass	06/03/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91002355
Fax Number	
Contact Number	OFFICE-91002355
EMail Address	NOEMAIL

Address	BLK 104B CANBERRA STREET #05-507
Postcode	752104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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	SGU1396H
Vehicle Make/Model/Colour	TOTOTA VIOS 1.5E/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD RIDHWAN BIN SHAHRIL
NRIC/Passport Number	S8900439Z
Contact Number	98247227
Address	BLK 509A YISHUN AVE 4 #11-12
Postcode	761509
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW5562Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 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.

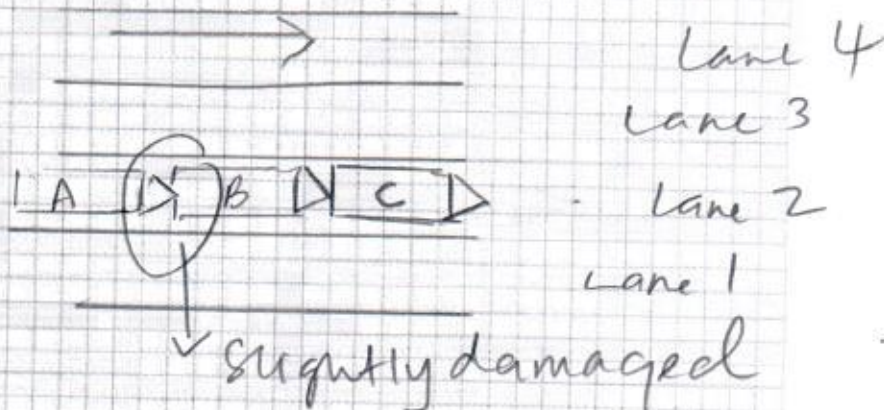
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CTE/SLE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Very fast on 20 July 2018 @ 1.03 pm. CTE/SLE

Suddenly I hit blue car vious car plate SGU 1396H
The back of the vious car badly damaged.

Release the brake, thought, the blue car (Please see attachment)
more forward, then hit twice the blue car.

My front part of my car SBP 1818 T damaged
badly. (See attachment.)

The vious car hit slightly the front car Lexus
car plate SLW 5562 Z. Driver NRIC S1570704F
Name: Ang See Kiat.

My car BWW SBP 1818 T - CAR A

Blue vious SGU 1396H - CAR B

Black Lexus SLW 5562Z - CAR C

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.:

20 July 2018

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 20 JULY 2018 Time 1306 Hrs

Exact Location Of Accident * CTE / SLE

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SDP 1818 T

Insured / Policyholder

Name of Registered Owner * ANG BOON KIM

NRIC/FIN/Passport Number * 57039593B

Vehicle Particulars

Manufacturer

Model BMW 520i

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☐ No ☒ Others

If No, please state action to be taken

* Third Party Claim ☐ Reporting Only ☒

Vehicle Category

* Private ☒ Commercial ☐ Motorcycle ☐

Insurer/Insurance Company

Name of Insurance Company * NTUC

Type of Coverage * compressible

Fleet Policy

Yes ☐ No ☐

Policy Number * 5099361980

Cover Note Number

Driver

Name of Driver * Kamsaton Binte Rohani

NRIC/FIN/Passport Number * S17340061

Date of Birth * 24 mar - 1966

Occupation * Real Estate

Date of Driving Pass * 05 march 2003

Gender

* Male ☐ Female ☒

Mobile Number 91002355

Address Blk 104 B Canberra Street
#105-507 (752-104)

Email Address kamsatonrohani@yahoo.com.sg

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

* friend

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident *
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☒ No ☐

Details of Injured Persons

Name *
Address *
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☐ No ☒
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☒

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☒
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☒
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number *
Vehicle Make / Model / Colour
Detail Of Properties
Name of Driver *
NRIC/Passport Number
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

(761509)

Details Of Witness

Name
Phone Number
Email Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1734006I



Name

KAMSATON BINTE ROHANI

كيماتون بنت روحاني

Race

MALAY

Date of birth

24-03-1966

Sex

F

Country of birth

SINGAPORE

S1734006I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1734006I

Name

KAMSATON BINTE ROHANI

Birth Date: 24 Mar 1966

Issue Date: 05 Mar 2003



4305220

NRIC No. S1734006I



Date of issue
11-11-2008

APT BLK 104B CANBERRA STREET #05-507
SINGAPORE 752104

NRIC No. S1734006I

Date: 12/06/2018

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

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE
06 Mar 1999

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099361980

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBP1818T**
Chassis Number : WBANT12070CX29656
2. Name of Policyholder : ANG BOON KIM
3. Effective Date of Insurance : 29 Mar 2018
4. Expiry Date of Insurance : 28 Mar 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

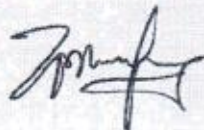
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG BOON KIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

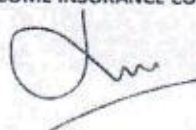
Agency : SOON WAN YONG (00000573605)
Date of Issue : 29 Mar 2018 13:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5099361980	ANG BOON KIM	S7039593B	GPC	drive CLASSIC	SBP1818T	SBP1818T	29/03/2018	28/03/2019

 Policy Information

Policy No.	5099361980	Policyholder Name	ANG BOON KIM	Policyholder NRIC	S7039593B
Address	BLK 8 #27-108 TANJONG PAGAR PLAZA SINGAPORE 080008				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/03/2018	Effective Date	29/03/2018 00:00	Expiry Date	28/03/2019 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	SOON WAN YONG	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 8 #27-108	Address 2	TANJONG PAGAR PLAZA	Address 3	SINGAPORE 080008
Address 4		Address Type	Singapore address	Post Code	080008
Unit No.		Related Policy Number	5099361980		

 Insured Object: SBP1818T

 Endorsements

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

Claim Handling

Exit

Accident MT/1003914

Policy No.	S099361980	Vehicle No.	SBP1818T	GST Registration No.	
Policyholder Name	ANG BOON KIM			Policyholder NRIC	S7039593B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91002355	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	40	Private Hire	No

Accident Details

Report Date	20/07/2018 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	20/07/2018	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE (SLE)				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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 8 #27-108	Address 2	TANJONG PAGAR PLAZA	Address 3	SINGAPORE 080008
Address 4		Address Type	Singapore address	Post Code	080008
Unit No.		Related Policy Number	S099361980		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/03/1966
Unnamed driver Name	KAMSATON BINTE ROHANI	Driver NRIC	S17340061	Driving Experience	19
Register Date of Driver License	06/03/1999	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	91002355	Contact No.(Office)	0	Address 3	EASTBROOK @ CANBERRA
Address 1	BLK 104B	Address 2	CANBERRA STREET	Post Code	752104
Address 4	SINGAPORE 752104	Address Type	Singapore address		
Unit No.	05-507				
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	ANG BOON KIM	Insured NRIC	S7039593B
Contact No.(Mobile)	93895939	Contact No.(Home)	87263897	Contact No.(Office)	
Email Address	abkxpres@singnet.com.sg	OI Vehicle Number	SBP1818T	TP Vehicle Number	SGU1396H
Claim Description	SBP1818T / SGU1396H ON 20 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	GSA report	Received
Date Registered	20/07/2018 19:00	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Path *

Accident No.	MT/1003914	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/07/2018 19:01

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	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	SAS		Normal	SAS 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:01	Photos		Normal	Photos 2018-7-20		Edit
 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							