

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MND 118105 098

Date In: 14/8/18 - 16:39	Job description	Date & Time Completed	Done by
Ref No: NA/NC18014324/24	SAS e-filing		
Veh No: P053542C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/8/18 - 11:3	i-Motor Claim Form	M71007168-001	14/8/18 17:12
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:	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

NA 1805061	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) 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		
	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 / 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		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-
Ref 1:
Ref 2:

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	14/08/2018 16:39
Date Of Accident	08/08/2018 11:30
Exact Location Of Accident	JUNC YUAN CHING RD & LAKESIDE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3542C
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN YUSAK
NRIC No	S2003262F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96685846
Alternative Phone No	OFFICE-96685846

Vehicle Particulars

Manufacturer	SYM
Model	JOYMAX 300 A
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086544046-01
Cover Note Number	

Driver

Name of Driver	JOHARI BIN YUSAK
NRIC No	S2003262F
Date Of Birth	25/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96685846
Fax Number	
Contact Number	OFFICE-96685846
Email Address	NOEMAIL

Address	BLK 513 JELAPANG ROAD #05-219
Postcode	670513
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	COLLISION - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SITI WUDARI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180810/2096.

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	YL6427D
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)
Passenger 1

2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name JOHARI BIN YUSAK
Approximate Age
Injuries Sustain LEG
Injured person in which vehicle? FBF3542C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SITI WUDARI
Approximate Age
Injuries Sustain BODY & LEG
Injured person in which vehicle? FBF3542C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.:

A: FBF3542C
B: YL6427D

B: YL6427D

Refer to police report - 7/20180510/2096.

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

are the foregoing part

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

Personnel's Signature



SINGAPORE POLICE FORCE



T/20180810/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180810/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 16:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JOHARI BIN YUSAK			Address: APT BLK 513 JELAPANG RD #05-219 HDB-BT PANJANG SINGAPORE 670513		
ID Type / ID No.: NRIC NO / S2003262F			Contact No.: Home/Office: Mobile: 96685846		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 25/06/1954	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2018 11:30	Type of Location:
Location: Along Road 1 YUAN CHING ROAD JUNCTION OF LAKESIDE DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3542C	Motorcycle	SYM	JOYMAX 300 A	White		1
YL6427D	Lorry	MITSUBISHI	FE639ETOS RDE			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3542C	NTUC Income Insurance Co-Operative Limited	5086544046-01	01/12/2017	30/11/2018



**SINGAPORE
POLICE FORCE**



T/20180810/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180810/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JOHARI BIN YUSAK	ID No.	S2003262F
Related Vehicle	FBF3542C (Motorcycle)	Contact No.	96685846
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	08/08/2018
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

ON 8/08/2018 AT ABOUT 1130 HRS AT SAID LOCATION,
I WAS ON THE RIGHT OF 2 LANE TOWARDS JURONG WEST APPROACHING A LIGHT JUNCTION
WHEN SUDDENLY A VEHICLE FROM THE LEFT LANE MADE A SUDDEN LANE CHANGE TO MY
LANE AND CAUSED ME TO SWERVE TO MY RIGHT AND OVERTOOK HIS CAR. WHEN THE LIGHT
TURN AMBER, THE SAID VEHICLE STOP HIS VEHICLE BUT I PROCEEDED TOWARDS THE
JUNCTION. AS I WAS ABOUT TO CLEAR THE YELLOW BOX, I HIT ONTO A LORRY ON THE DRIVER
SIDE FROM THE OTHER DIRECTION WHO WAS ABOUT TO MAKE A RIGHT TURN INTO LAKE SIDE
DRIVE. I THEN WENT TO THE SIDE OF THE ROAD AND CALLED FOR THE AMBULANCE WHILE
THE LORRY DRIVER AND THE PASSENGER PUSHED MY BIKE TO THE SIDE OF THE ROAD.
RESOURCE CAME SOON AFTER AND CONVEYED ME TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20180810/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180810/2096

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/08/2018 16:02


Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2003262F



Name
JOHARI BIN YUSAK
جوهري بن يوسف

Race
MALAY

Date of birth
25-06-1954 M

Country of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2003262F

Name
JOHARI BIN YUSAK

Birth Date 25 Jun 1954

Issue Date 21 Nov 2008

001676764A

3781492



NRIC No. S2003262F



Date of issue
27-09-2005

Address
APT BLK 513 JELAPANG ROAD
#05-219
SINGAPORE 670513

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles <= 200 CC	01 Mar 1985
Class 2A	Motorcycles between 201 CC and 400 CC	16 Aug 2005
Class 2	Motorcycles > 400 CC	02 Dec 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Feb 1999

S / No. 9000097853

S2003262F

NP 428A

License No: S2003262F

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086544046-01		JOHARI BIN YUSAK	S2003262F	GMC	Third Party	FBF3542C	FBF3542C	01/12/2017	30/11/2018

 Policy Information

Policy No.	5086544046-01	Policyholder Name	JOHARI BIN YUSAK	Policyholder NRIC	S2003262F
Certificate No.					
Address	BLK 513 #05-219 JELAPANG ROAD SINGAPORE 670513				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/11/2017	Effective Date	01/12/2017 00:00	Expiry Date	30/11/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		<div>Young/Inexperience Driver Excess</div>	
Agent	VIJAYAKUMARI ANIL SABANNAV	Agent Tel.	92351621	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 513 #05-219	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670513
Address 4		Address Type	Singapore address	Post Code	670513
Unit No.		Related Policy Number	5086544046-01		

 Insured Object: FBF3542C

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 01 Dec 2017, the following amendment(s) is/are made to this policy: PREMIUM: S\$156.36 (inclusive of GST) In view of this amendment, a cheque refund of \$8.23 (inclusive of GST) will be mailed to you separately.

Continue

Cancel

Claim Handling

Exit

Accident MT/1007168

Policy No.	508544046-01	Vehicle No.	FBF3542C	GST Registration No.	
Certificate No.					
Policyholder Name	JOHARI BIN YUSAK	Cover Type	Third Party	Policyholder NRIC	S2003262F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96685846	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/08/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	08/08/2018	Time of Accident (h:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG YUAN CHONG RD & LAKESIDE DR				

Benefits

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 513 #05-219	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670513
Address 4		Address Type	Singapore address	Post Code	670513
Unit No.		Related Policy Number	508544046-01		

DI Driver Info

Driver Name	JOHARI BIN YUSAK	Driver Type	Main Driver	Driver DOB	25/06/1954
Unnamed driver Name		Driver NRIC	S2003262F	Driving Experience	12
Register Date of Driver License	16/08/2005	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	96685846	Contact No.(Office)	0	Address 3	SINGAPORE 670513
Address 1	BLK 513	Address 2	JELAPANG ROAD	Post Code	670513
Address 4		Address Type	Singapore address		
Unit No.	05-219				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JOHARI BIN YUSAK	Insured NRIC	S2003262F
Contact No.(Mobile)	96229717	Contact No.(Home)	68924045	Contact No.(Office)	
Email Address	wudan@singnet.com.sg	DI Vehicle Number	FBF3542C	TP Vehicle Number	YL6427D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	FBF3542C / YL6427D ON 8 Aug 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	14/08/2018 17:17	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	14/08/2018 00:00

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1007168	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2018 17:19

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select

▼

NO






















▼

Normal

▼

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:19	SAS	Normal	SAS 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:18	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Aug 2018 17:17	Photos	Normal	Photos 2018-8-14		Edit

Video List

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