

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118115375.

Date In: 6/9/18 09:05	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 18016256144	SAS e-filing		
Veh No: YP 77912	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 51918 18:15	i-Motor Claim Form	6/9/18 17:07	
OD: <input checked="" type="checkbox"/> 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: WLG. 9178.	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

NA1805702

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	30.00	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Ref 1:

Ref 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	06/09/2018 09:06
Date Of Accident	05/09/2018 18:15
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP7791Z
Insured/Policyholder	
Name Of Registered Owner	SRI AMBIKAS PTE LTD
Co Reg No	200509816W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63923926
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087321921-01
Cover Note Number	-
Driver	
Name of Driver	S KUMARASAMY
NRIC No	S1509076F
Date Of Birth	17/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96221686
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 289 CHOA CHU KANG AVE 3 #05-270
Postcode	680289
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WLG9178 (PRIVATE CAR)
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	WLG9178
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENG BENG YEAW
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.:

Lornie Exit

A = YP 7791Z
 B = WLG 9178

PIE +wds Changi B4 Lorne Exit

Please Refer to Police Report

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

Holder's Signature
& Time:

5

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180905/2147

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 4

Report No. T/20180905/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 20:31	Vide Report No.:	Station Diary No.: 133
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Informant's Particulars

Name of Informant: S KUMARASAMY			Address: APT BLK 289 CHOA CHU KANG AVENUE 3 #05-270 SINGAPORE 680289	
ID Type / ID No.: NRIC NO / S1509076F			Contact No.:	Mobile: 96221686
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 57	Date of Birth: 17/05/1961	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2018 18:10	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Changi Airport				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WLG9178	Car				Slightly Damaged	3
YP7791Z	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180905/2147

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180905/2147

CONTINUATION OF REPORT

Driver			
Name	S KUMARASAMY		ID No. S1509076F
Related Vehicle	YP7791Z (Lorry)		Contact No. 96221686
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Teng BEng yeaw		ID No. 720901016081
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 05/09/2018 at about 1810hrs, while I was driving in the 1st lane from the left, a M'sian registered vehicle, hit my lorry from the rear. The traffic was quite heavy and all vehicles were moving quite slowly. I had already pass the Eng Neo exit along the PIE and was almost at the Lornie Rd exit when the accident happened. My lorry was not moving when the M'sian registered vehicle hit my lorry. I heard a loud sound coming from the rear and I stepped out from my lorry to check. I saw the M'sian registered vehicle's front bumper already badly dented after hitting my lorry.

Nobody was injured in the incident but there were damages to my lorry and the M'sian registered vehicle. The damages are as follows:

YP7791Z (Lorry)

Rear bumper slightly dented, plate number dented, metal frame at rear of lorry and side of lorry dented, wood panel at rear of lorry near to rear door broken.

WLG9178 (Car)

Front bonnet badly dented, front bumper broken and dented, plate number broken, right side headlight broken.

That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180905/2147

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Report No. T/20180905/2147

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180905/2147

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180905/2147

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:
A /
Sgt 2 SAADIAH BTE HAMZAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/09/2018 20:31

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SP1 17

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1509076F



Name

S KUMARASAMY

சி குமாரசாமி

Race

INDIAN

Date of birth

17-05-1961

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1509076F

Name

S KUMARASAMY

Birth Date: 17 May 1961

Issue Date: 29 Oct 2003



4444091

NRIC No. S1509076F



Date of issue

11-08-2009

Address

APT BLK 289 CHOA CHU KANG AVENUE 3
#05-270
SINGAPORE 680289

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	17 May 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Jul 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	14 Aug 1984



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 : 5087321921-01

Cover : Comprehensive

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP7791Z |
| Chassis Number | : JAANPR75HF7106864 |
| 2. Name of Policyholder | : SRI AMBIKAS PTE LTD |
| 3. Effective Date of Insurance | : 13 Oct 2017 |
| 4. Expiry Date of Insurance | : 12 Oct 2018 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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 : JUN SHI INSURANCE AGENCY (00000572596)
Date of Issue : 06 Sep 2017 10:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1010408

Policy No.	5087321921-01	Vehicle No.	YP7791Z	GST Registration No.	200501
Certificate No.					
Policyholder Name	SRI AMBIKAS PTE LTD			Policyholder NRIC	200501
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	63923926	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	06/09/2018 17:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	05/09/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 LORNE EXIT				
▼ Excess					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	15/08/2005		
GST Registration No.	200509816W	GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI FU INDUSTRIAL BUI	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	536211
Unit No.		Related Policy Number	5084986984-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	S KUMARASAMY	Driver NRIC	S1509076F	Driver DOB	17/05/1983
Register Date of Driver License	15/07/1983	Driver Age	57	Driving Experience	35
Contact No.(Mobile)	96221686	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 289 #05-270	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	680281
Unit No.	05-270				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SRI AMBIKAS PTE LTD
Contact No.(Mobile)	91985274	Contact No. (Home)	
Email Address		Vehicle Number	YP7791Z
Claim Description	YP7791Z / WLG9178 ON 5 Sept 2018		
Preferred Workshop No.	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	06/09/2018 17:05	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
Print AK letter			
Save Submit			

Attachment			
▼			
Accident No.	MT/1010408	Claim No.	001

Last Doc: Received

* Yes ☐ No ☐

Upload Date:

06/09/2018 17:07

Path *

Choose File No file chosen

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Choose File No file chosen

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Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:07	SAS	Normal	SAS 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:07	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:07	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:07	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:06	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:06	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:06	Photos	Normal	Photos 2018-9-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:06	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:05	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:05	Photos	Normal	Photos 2018-9-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:05	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 17:05	Photos	Normal	Photos 2018-9-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading