

NATIONAL Assessment Centre Services [ref 1 Jan'05] MNA11815965

Date In: 7/9/8-12:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC1896354/24	SAS e-filing		
Veh No: 6DF52702	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/9/8-10:05	i-Motor Claim Form	M/10/484-201	7/9/8 14:16
OD : (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 6DF52702 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

NA180527	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) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		

## 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	07/09/2018 12:24
Date Of Accident	06/09/2018 10:05
Exact Location Of Accident	BLK 537 SERANGOON NORTH AVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5270Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE FUNERAL SOLUTIONS
Co Reg No	53140217K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67555550

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	5096015034
Cover Note Number	

### Driver

Name of Driver	CHEW YIJIE KENNETH
NRIC No	S9448956C
Date Of Birth	28/02/1994
Occupation	INDOOR
Date Of Driving Pass	06/02/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93204209
Fax Number	
Contact Number	OFFICE-93204209
EMail Address	NOEMAIL

Address BLK 488B TAMPINES STREET 45  
#06-139  
Postcode 521488  
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 SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident 2  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? NO  
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 GBD5251P  
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)

**DETAILS OF INJURED PERSON 1**

Name CHEW YIJIE KENNETH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBF5270Z

YES

NO

## 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.



 SINGAPORE FUNERAL SOLUTIONS   
Policyholder's Signature 宏仁生命保險有限公司 Driver's Signature

Date & Time: Reg No.: 53140217 (if driver is not the policyholder)  
24 Hours: 6755 5550 Date & Time:

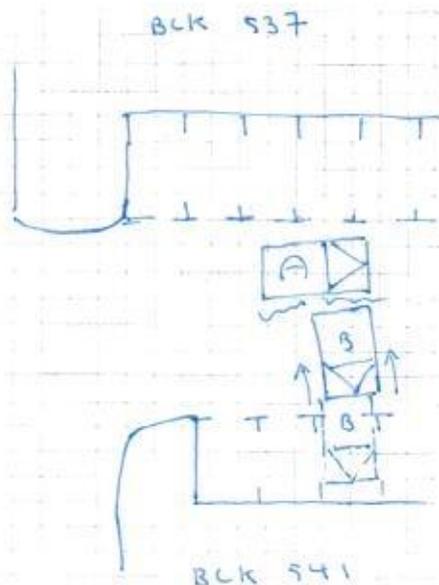
[www.FuneralSolutions.com.sg](http://www.FuneralSolutions.com.sg)

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

SKETCH PLAN

VEHICLE A - G8F 5270 Z

VEHICLE B - G8D 5251 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG THE OPEN CARPARK IN THE VICINITY OF SERANNOON NORTH AVE 4 (BLK 537-542).

WHILE TRAVELLING STRAIGHT IN-BETWEEN OF BLK 537 AND BLK 541, SUDDENLY A VEHICLE REVERSE OUT FROM FROM A PARKING LOT AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

FLIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (G8D 5251 P) THAT COLLIDED TO THE RIGHT SIDE OF MY VEHICLE WHILE HE WAS REVERSING OUT FROM A CAR PARK LOT.

VEHICLE A - G8F 5270 Z  
VEHICLE B - G8D 5251 P

DECLARATION

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



SINGAPORE FUNERAL SOLUTIONS  
新加坡宏仁生命禮儀  
Reg No.: 53140274K  
24 Hours: 6755 5550  
www.FuneralSolutions.com.sg

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.:

<b>Vehicle No.</b>	6BF5270Z	<b>Model / Make</b>	TOYOTA HIACE
<b>Date of Accident</b>	6/9/18		
<b>Time of Accident</b>	1:05	<b>HRS</b>	
<b>Location of Accident</b>	OPEN CARPARK AREA IN-BETWEEN BLK 537-541 (SERANGOON NORTH AVE 4)		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	SINGAPORE FUNERAL SOLUTIONS		
<b>Telephone No.</b>	H/P :	Home :	Office : 6755 5550
<b>NRIC</b>	S3140217K		
<b>Address</b>	1 KISHAN ST 23 #07-35 YS-ONE S(76841)		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire /Theft
<b>Policy No.</b>	509 6015 034		
<b>Name of Driver</b>	As Above If NO, CHEW YI JIE KENNETH		
<b>NRIC</b>	S9448956C	<b>Any Passengers :</b>	NL
<b>Date of birth</b>	28 FEB 1994		
<b>Occupation</b>	Outdoor	/	<u>Indoor</u>
<b>Driving License Pass Date</b>	06 FEB 2015		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P : 93204209	Home :	Office :
<b>Address</b>	BLK 488 TAMANES ST 45 #06-139 S(721488)		
<b>Driver have any own vehicle</b>	<u>No</u>	If yes, Reg No.	
<b>Relationship</b>	<u>Employee,</u>	If no, state	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	No,	If <u>Yes</u> , Who?	
<b>Name And Contact No.</b>	CHEW YI JIE KENNETH, 9320 4209		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	63D 5251 P	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>	Yes / No		
<b>PARTICULAR WORKSHOP</b>	N51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S9448956C



CHEW YIJIE KENNETH

周以傑

CHINESE  
Date of Birth: 28-02-1994 Sex: M  
Country of Birth: INDONESIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9448956C  
Name:

CHEW YIJIE KENNETH

Birth Date: 28 Feb 1994  
Issue Date: 05 Feb 2015



SG  
50



4389208



NRIC No. S9448956C

Date of Issue  
16-04-2009

Address

APT BLK 488B TAMPINES STREET 45  
#06-139  
SINGAPORE 521488

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 06 Feb 2015



Licence No: S9448956C

NP 428A



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096015034		SINGAPORE FUNERAL SOLUTIONS	53140217K	GCV	Comprehensive	GBF5270Z	GBF5270Z	02/12/2017	29/11/2018

Continue

**Policy Information**

Policy No.	5096015034	Policyholder Name	SINGAPORE FUNERAL SOLUTION	Policyholder NRIC	53140217K
Certificate No.					
Address	1 YISHUN STREET 23 #07-35 YS-ONE SINGAPORE 768441				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	29/11/2017	Effective Date	02/12/2017 00:00	Expiry Date	29/11/2018 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	<b>Young/Inexperience Driver Excess</b>			
Agent	VICOM LTD	Agent Tel.	66975221	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	1 YISHUN STREET 23	Address 2	#07-35 YS-ONE	Address 3	SINGAPORE 768441
Address 4		Address Type	Singapore address	Post Code	768441
Unit No.	07-35	Related Policy Number	5096015034		

**Insured Object: GBF5270Z**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1010484

Policy No.	5096015034	Vehicle No.	GBF5270Z	GST Registration No.	
Certificate No.					
Policyholder Name	SINGAPORE FUNERAL SOLUTIONS	Cover Type	Comprehensive	Policyholder NRIC	53140217K
Product Code	COMMERCIAL VEHICLE (NSURAL)	Contact No.(Office)	67555550	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	07/09/2018 14:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/09/2018	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BLK 527 SERANGOON NORTH AVE 4 OPEN SPACE CARPARK				

Excess

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

Policyholder Mailing Address

Address 1	1 YISHUN STREET 23	Address 2	#07-35 YS-ONE	Address 3	SINGAPORE 768441
Address 4		Address Type	Singapore address	Post Code	768441
Unit No.	07-35	Related Policy Number	5096015034		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEW YIJIE KENNETH	Driver NRIC	S9448956C	Driver DOB	28/02/1994
Register Date of Driver License	06/02/2015	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	93204209	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 488B	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 521488
Address 4		Address Type	Singapore address	Post Code	521488
Unit No.	05-139				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	SINGAPORE FUNERAL SOLUTIONS	Insured NRIC	53140217K	
Contact No.(Mobile)	N/A	Contact No.(Home)		Contact No.(Office)		
Email Address		01 Vehicle Number	GBF5270Z	TP Vehicle Number	GBD5251P	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBF5270Z / GBD5251P ON 6 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	07/09/2018 14:16	Claim Close Date		Date Received	07/09/2018 00:00	
Report Taken By	Jackson					

Save Submit

Attachment

Accident No.	MT/1010484	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/09/2018 14:16

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

Browse...

Clear

Please Select

NIC

Normal

Browse...

Clear

Please Select

NIC

Normal

Send Message Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	SAS	Normal	SAS 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 14:16	Photos	Normal	Photos 2018-9-7		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action

Display In New Window
Scan and uploading