

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MN/A11819771**

Date In: 15/1/18 - 12.21	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016856/24	SAS e-filing		
Veh No: JKR 6775U	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/18 - 13:45	i-Motor Claim Form	M7/1011600-001	15/1/18 11:16
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: JKR 6775U	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

NA1805891	Invoice Preparation Checklist	Am't (\$) In 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:-		
	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-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
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	15/09/2018 10:01
Date Of Accident	14/09/2018 13:45
Exact Location Of Accident	ECP TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6775U
Insured/Policyholder	
Name Of Registered Owner	EVEREST SCAFFOLDING PTE LTD
Co Reg No	201326221N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 7 SEATER CVT
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	5100223519
Cover Note Number	

Driver

Name of Driver	KARUPPIAH SENTHILKUMAR
Passport No/FIN	G8112913X
Date Of Birth	06/07/1985
Occupation	INDOOR
Date Of Driving Pass	09/02/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98113705
Fax Number	
Contact Number	OFFICE-98113705
Email Address	NOEMAIL

Address	1 NORTH BRIDGE ROAD #07-10 HIGH STREET CENTRE
Postcode	179094
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	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	5
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	SLF7981Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE CHEE FAH
NRIC/Passport Number	S1492688G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC1163K
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD9503R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJU8956K

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

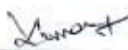
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

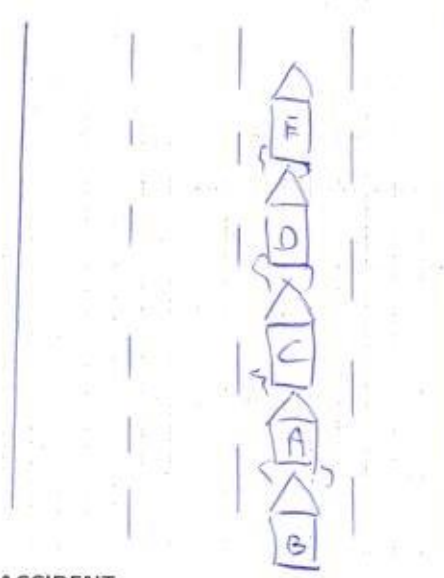
A: SKK 6775U

B: SLF 7981Z

C: SKC 1163K

D: SHD 9503R

E: SJU 8956K



ECP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was chain collision in frt. I stopped stationary but veh B failed to brake in time hit onto my veh rear portion & due to the strong impact my car moved forward & hit veh 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.:

Personal Particulars

Date of Accident: 14/9/18

Time of Accident: 1.45 pm

Exact Location of Accident: FCP towards Cheng i

Owner's Name: Everest Scaffolding Pte Ltd NRIC No: _____ HP No: _____

Driver's Name: Kanupiah Senthikumar NRIC No: G811293X HP No: 98113765

Date of Birth: 6/7/1985 Driving Licence Passing Date: 9/2/2011 Occupation: Indoor / Outdoor

Address: 1 North Bridge Rd # 07-10 High St Centre (179094)

Relationship of Driver with Insured: Employee Email Address: _____

Vehicle No: SKK 6775V Make & Model: Toyota

Insurance Co: NTUC Coverage: Comprehensive Policy No: 510022-3159

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ ☐ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SLF 7981Z Make & Model: _____

Driver's Name: Yee Che Fah NRIC No: 5149268P6 HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

L7499815

100

YOU ARE ELIGIBLE TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/trailers <= 2500 kg
Class 31	
Class 4	

NP 428A

GB11291JX

S / No. 9000268089

GB11291JX

License No:GB11291JX

VISIT PASS
Immigration Regulations

Name
KARUPPIAH SETHILKUMAR

Date of Birth Sex
06-07-1905 M

Date of Issue
FIN
G812913X 23-12-2016

MULTIPLE JOURNEY VISA IS
YOU ARE TO SUBRENDER THIS CARD
OR HAS EXPIRED, OR WHEN A NEW





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: 5100223519

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKK6775U**
Chassis Number : JTEGD54M10A039697
2. Name of Policyholder : EVEREST SCAFFOLDING PTE LTD
3. Effective Date of Insurance : 26 Apr 2018
4. Expiry Date of Insurance : 25 Apr 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	: KARUPPIAH SENTHILKUMAR
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: 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 : THONG LEE TRADING PTE LTD (00000613251)
Date of Issue : 26 Apr 2018 09:17 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.	<input type="text"/>	Date of Accident	<input type="text" value="14/09/2018 13:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SKK6775U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100223519		EVEREST SCAFFOLDING PTE LTD	201326221N	GPC	drivo CLASSIC	SKK6775U	SKK6775U	26/04/2018	25/04/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5100223519	Policyholder Name	EVEREST SCAFFOLDING PTE LTD	Policyholder NRIC	201326221N
Certificate No.					
Address	1 NORTH BRIDGE ROAD #07-10 HIGH STREET CENTRE SINGAPORE 179094				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Excess Type		All Claims 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	THONG LEE TRADING PTE LTD	Agent Tel.	62569655	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	#07-10 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.		Related Policy Number	5082691124-02		

Insured Object: SKK6775U

Endorsements

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

Claim Handling

Exit

Accident MT/1011600

Policy No.	S100223519	Vehicle No.	SKK6775U	GST Registration No.	
Certificate No.					
Policyholder Name	EVEREST SCAFFOLDING PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201326221N
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	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	1
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	15/09/2018 11:15	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	14/09/2018	Time of Accident (h:mm)	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BCP TWOS CHANGE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	1 NORTH BRIDGE ROAD	Address 2	#07-10 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.		Related Policy Number	5082691124-02		
OT Driver Info					
Driver Name	KARUPPIAH SENTHILKUMAR	Driver Type	Main Driver	Driver DOB	06/07/1985
Unnamed driver Name		Driver NRIC	G8112913X	Driving Experience	7
Register Date of Driver License	09/02/2011	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	98113705	Contact No. (Office)	0	Address 3	SINGAPORE 179094
Address 1	1 NORTH BRIDGE ROAD	Address 2	HIGH STREET CENTRE	Post Code	179094
Address 4		Address Type	Singapore address		
Unit No.	07-10				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	EVEREST SCAFFOLDING PTE LTD	Insured NRIC	201326221N
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SKK6775U	TP Vehicle Number	SLF7981Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKK6775U / SLF7981Z ON 14 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	15/09/2018 11:16	Claim Close Date		Date Received	15/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1011600	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/09/2018 11:18
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:18	SAS	Normal	SAS 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Sep 2018 11:17	Photos	Normal	Photos 2018-9-15		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"/>	