

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MVA118120738**

Date In: 17/1/18-18:05	Job description	Date & Time Completed	Done by
Ref No: NA/NC18016929/24	SAS e-filing		
Veh No: JUD 6937E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/1/18-17:00	i-Motor Claim Form	MT/101813-001	17/1/18-18:17
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: NW6810K	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

NA1805937	Invoice Preparation Checklist		Amt (\$) Inc 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			
	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:-			
	OD:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Ref 1:	9) N12: Idac Mobile \$0			
Ref 2 / 3:	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	17/09/2018 18:05
Date Of Accident	15/09/2018 17:00
Exact Location Of Accident	JUNC GEYLANG RD & PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD6933E
Insured/Policyholder	
Name Of Registered Owner	JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG
NRIC No	S1138945G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97372789
Alternative Phone No	OFFICE-97372789
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE NB 1.4D 6AT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085027975-01
Cover Note Number	
Driver	
Name of Driver	JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG
NRIC No	S1138945G
Date Of Birth	29/01/1939
Occupation	INDOOR
Date Of Driving Pass	01/01/1964
Driving Experience	54 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97372789
Fax Number	
Contact Number	OFFICE-97372789
EMail Address	NOEMAIL

Address	989 BUKIT TIMAH ROAD #03-14
Postcode	589629
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 - CHANGE/CROSS LANE
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	GW6810K
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	JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG
------	---

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLD6933E

YES

NO

SKETCH PLAN

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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:

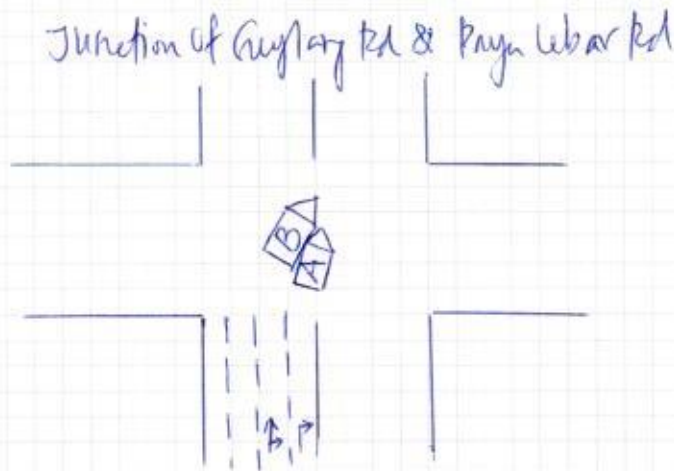
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) SLD 6933E
(B) GW 6810K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle at junction of Geylang Road and Paya Lebar Road about to turn.

Suddenly vehicle B cut into my lane and hit onto the left portion of my vehicle.

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.:

Effective Date: 1/11/2017

Expiry Date: 27/10/2018

Date of Accident : 15/11/2018 Accident Time: 17:00 (24-HR-Format)
Accident Place : Junction of Geylang Rd & Paya Ubar Rd
Vehicle Reg. No. (Car Plate No.) : SLD 6933E
Vehicle Make/Model : Chevrolet
Insurance Company : NTUC Policy No. :
Owner or Company Name / IC No. : JOHANNA WONG QUEE HENG @ JOHANNE WONG QUEE HENG
Owner or Company Contact No. : 97372789 Owner's Hp : 811389456 Company Tel :
DRIVER'S Name / IC No. : As Owner
DRIVER'S Date Of Birth : 20/11/1939 DRIVER'S License Pass Date :
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 989 Bukit Timah Rd #03-14 (S) 589629
DRIVER'S Contact No./ Alt No. : 1) 97372789 2) :
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 driver only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: ⑥ GW 6810K

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

Injured Person ① Driver: JOHANNA WONG QUEE HENG / 811389456



Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

S1138945G

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

Expiry Date

Valid for life unless revoked, suspended or disqualified

Provisional Driving Licence

You are not a valid Provisional Driving Licence Holder.

[HOME \(https://www.police.gov.sg/\)](https://www.police.gov.sg/)

[ABOUT US \(https://www.police.gov.sg/about-us\)](https://www.police.gov.sg/about-us)

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[FAQS \(https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx\)](https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx)

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5663314



NRIC No. S1138945G

Date of issue

05-10-2016

Address

989 BUKIT TIMAH ROAD
#03-14
SINGAPORE 589629

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1138945G



Name

JOANNA WONG QUEE HENG
@JOANNA WOO QUEE HENG
胡桂馨

Race

CHINESE

Date of birth

29-01-1939

Sex

F

Country/Place of birth

MALAYSIA



S1138945G

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="15/09/2018 17:00"/>
Vehicle No. (For Motor)	<input type="text" value="SLD6933E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	50B5027975-01		JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG	S1138945G	GPC	drive CLASSIC	SLD6933E	SLD6933E	01/11/2017	27/10/2018

Policy Information

Policy No.

5085027975-01

Policyholder Name

JOANNA WONG QUEE HENG @Ji

Policyholder NRIC

S1138945G

Certificate No.

Address

989 BUKIT TIMAH ROAD #03-14 MAPLEWOODS SINGAPORE 589629

Product Name

PRIVATE CAR INSURANCE

Plan

Group Policy Flag

N

Policy issue Date

01/11/2017

Effective Date

01/11/2017 00:00

Expiry Date

27/10/2018 23:59

Excess Type

All Claims Excess

Third Party Excess

0

Windscreen Excess

100

Additional Excess

0

OS Premium

0

Outside Singapore OD Excess

600

Outside Singapore TP Excess

0

Young/Inexperience Driver Excess

Agent

GI-SHOP

Agent Tel.

68411279

GST Flag

Y

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Mailing Address

Address 1

989 BUKIT TIMAH ROAD

Address 2

#03-14 MAPLEWOODS

Address 3

SINGAPORE 589629

Address 4

Address Type

Singapore address

Post Code

589629

Unit No.

Related Policy Number

5085027975-01

Insured Object: SLD6933E

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5085027975-0...> 17/9/2018

Claim Handling

[Exit](#)

Accident MT/1011813

Policy No.	5085027975-01	Vehicle No.	SLD6933E	GST Registration No.	
Certificate No.					
Policyholder Name	JOANNA WONG QUEE HENG @JOANNA WOO QUEE HENG			Policyholder NRIC	S1138945G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97372789	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	17/09/2018 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/09/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG GEYLANG RD & PAYA LEBAR RD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	989 BUKIT TIMAH ROAD	Address 2	#03-14 MAPLEWOODS	Address 3	SINGAPORE 589629
Address 4		Address Type	Singapore address	Post Code	589629
Unit No.		Related Policy Number	5085027975-01		

OI Driver Info

Driver Name	JOANNA WONG QUEE HENG	Driver Type	Main Driver	Driver DOB	29/01/1939
Unnamed driver Name		Driver NRIC	S1138945G	Driving Experience	54
Register Date of Driver License	01/01/1964	Driver Age	79	Contact No.(Home)	0
Contact No.(Mobile)	97372789	Contact No.(Office)	0	Address 3	SINGAPORE 589629
Address 1	989 BUKIT TIMAH ROAD	Address 2	MAPLEWOODS	Post Code	589629
Address 4		Address Type	Singapore address		
Unit No.	03-14				
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-MK	Insured Name	JOANNA WONG QUEE HENG @J	Insured NRIC	S1138945G
Contact No.(Mobile)	97372789	Contact No.(Home)	64692136	Contact No.(Office)	
Email Address	joannawongqn@yahoo.com	OI Vehicle Number	SLD6933E	TP Vehicle Number	GW6810K
Claimant Type Claimant *	Please Select	Type of benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	SLD6933E / GW6810K ON 15 Sept 2018			Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	17/09/2018 18:17	Claim Close Date	<input type="text"/>	Date Received	17/09/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1011813	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2018 18:18

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

Browse...

Clear

Please Select

1/0

Normal

Browse...

Clear

Please Select

1/0

Normal

☐ Send Message

Upload

Attachment List

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

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in new window</div> <div>Scan and uploading</div>				