

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA118123130**

Date In: 22/01/18-15:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801200124	SAS e-filing		
Veh No: UL99662	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 22/01/18-06:45	i-Motor Claim Form	M/1012573-001	22/01/18 16:47
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: UL99662	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 1806016	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	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)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idao 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: Idao Mobile 30		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	22/09/2018 15:19
Date Of Accident	22/09/2018 06:45
Exact Location Of Accident	JUNC JURONG TOWN HALL RD & JURONG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9966Z
Insured/Policyholder	
Name Of Registered Owner	KWOK SIEW FOONG
NRIC No	S7925491F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88089688
Alternative Phone No	OFFICE-88089688

Vehicle Particulars

Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
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	5085737903-01
Cover Note Number	

Driver

Name of Driver	KWOK SIEW FOONG (GUO SHAOFENG)
NRIC No	S7925491F
Date Of Birth	24/08/1979
Occupation	INDOOR
Date Of Driving Pass	09/12/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88089688
Fax Number	
Contact Number	OFFICE-88089688
EEmail Address	NOEMAIL

Address	BLK 413 PANDAN GARDENS #20-134
Postcode	600413
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : TAY KEE YAN GWYN GENDER: : FEMALE

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	SLJ7327S
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHUM LAI HING
NRIC/Passport Number	S1264529E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KWOK SIEW FOONG (GUO SHAOFENG)
Approximate Age	
Injuries Sustain	HEAD, NECK, BACK & SHOULDER
Injured person in which vehicle?	SLL9966Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAY KEE YAN GWYN
Approximate Age	
Injuries Sustain	FACE
Injured person in which vehicle?	SLL9966Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

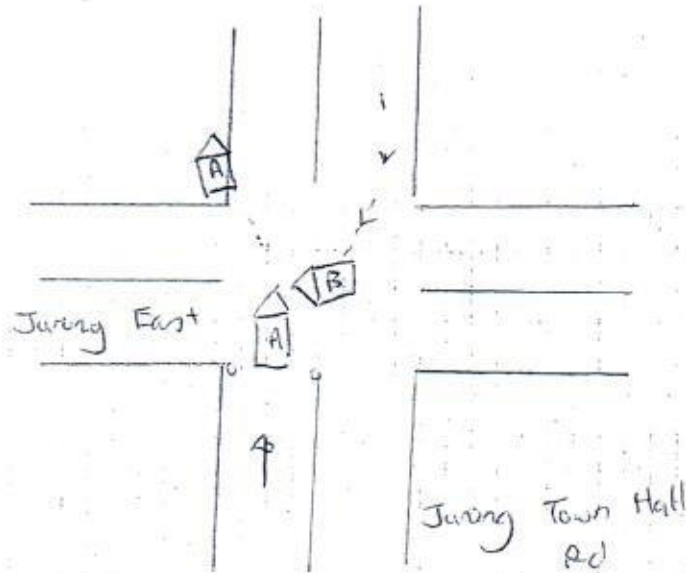


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DOA: 22/9/18
 A: SLL 9966 Z
 B: SLJ 7327J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Jurong Town Hall Rd, traffic light was on my favour, suddenly veh B wanted to turn right into Jurong East collided into my veh frt RH portion & due to the strong impact, my car swerved & mount the kerb.

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: 22/9/18 Time of Accident: 6:45 am
Exact Location of Accident: Junny Town Hall Rd & Junny East
Owner's Name: Kwok Siu Fong NRIC No: 57925491F HP No: 88089688
Driver's Name: " NRIC No: " HP No: "
Date of Birth: 24/8/1979 Driving Licence Passing Date: 9/12/2024 Occupation: Indoor / Outdoor
Address: 413 Pandan Gardens #20-134 (600413)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SLL 9966Z Make & Model: BMW
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5085737903-1

*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 + 1 B: 1 + 0 C: _____ D: _____
girl

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

Name / NRIC / In Vehicle: Kwok Siu Fong neck, back & shoulder
Tay Kee Yan Gwyn face

*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: SLJ 73275 Make & Model: Toyota Alhs
Driver's Name: Shum Lai Hing NRIC No: S1264529 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7925491F



NAME
KWOK SIEW FOONG
(GUO SHAO FENG)

RACE
郭少凤
CHINESE

DATE OF BIRTH
24-08-1979

SEX
F

COUNTRY OF BIRTH
SINGAPORE

7 23549 1

REPUBLIC OF SINGAPORE DRIVING LIC

Office Number: S7925491F



NAME
KWOK SIEW FOONG
(GUO SHAO FENG)

Issue Date: 24 Aug 1979

Valid Date: 09 Dec 2004



901304809J

4460590



NRIC No: S7925491F



Date of issue

10-09-2009

APT BLK 413 PANDAN GARDENS #20-134
SINGAPORE 600413

MRC No: S7925491F

Date: 18/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3B Motorcycles < 200 CC
Class 3 Motor cars < 2000 kg with < 7 passengers, exclusive of the driver, and gross front/side/rear axle < 2500 kg

PASS DATE

13 Jul 2018

08 Dec 2004

S7925491F

S / No. 900012792Q

NF 428A



License No: S7925491F

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: 5085737903-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLL9966Z

Chassis Number

: WBAFR720XC580570

2. Name of Policyholder

: KWOK SIEW FOONG

3. Effective Date of Insurance

: 14 Dec 2017

4. Expiry Date of Insurance

: 13 Dec 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.

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

THEFT PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: KWOK SIEW FOONG

UNNAMED DRIVER (1)

: N/A

UNNAMED DRIVER (2)

: N/A

INTEREST PURCHASE COMPANY

: SKYWAY CREDIT & LEASING 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue : 13 Dec 2017 15:40 hrs

Reprint : 13 Dec 2017 15:40 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="22/09/2018 06:45"/>
Vehicle No. (For Motor)	<input type="text" value="SLL9966Z"/>	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"/>	5085737903-01		KWOK SIEW FOONG	S7925491F	GPC	drive CLASSIC	SLL9966Z	SLL9966Z	14/12/2017	13/12/2018

 Policy Information

Policy No.	5085737903-01	Policyholder Name	KWOK SIEW FOONG	Policyholder NRIC	S7925491F
Certificate No.					
Address	BLK 5 #16-05 TANJONG PAGAR PLAZA SINGAPORE 081005				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/12/2017	Effective Date	14/12/2017 00:00	Expiry Date	13/12/2018 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	VV INSURANCE AGENCY PTE, L1	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 413 #20-134	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600413
Address 4		Address Type	Singapore address	Post Code	600413
Unit No.	20-134	Related Policy Number	5102710711		

 Insured Object: SLL9966Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

[Exit](#)

Claim Handling

Accident MT/1012573

Policy No.	5085737903-01	Vehicle No.	SLL9966Z	GST Registration No.	
Certificate No.					
Policyholder Name	KWOK SIEW POONG	Cover Type	drivo CLASSIC	Policyholder NRIC	S7925491F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	88089688	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	22/09/2018 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	22/09/2018	Time of Accident (hh:mm)	06:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC JURONG TOWN HALL RD & JURONG EAST				

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

Coverage	Sum Insured
Accessory	2000

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 413 #20-134	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600413
Address 4		Address Type	Singapore address	Post Code	600413
Unit No.	20-134	Related Policy Number	5102710711		

01 Driver Info

Driver Name	KWOK SIEW POONG	Driver Type	Main Driver	Driver DOB	24/08/1979
Unnamed driver Name		Driver NRIC	S7925491F	Driving Experience	13
Register Date of Driver License	09/12/2004	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	88089688	Contact No.(Office)	0	Address 3	SINGAPORE 600413
Address 1	BLK 413	Address 2	PANDAN GARDENS	Post Code	600413
Address 4		Address Type	Singapore address		
Unit No.	20-134				
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-MX	Insured Name	KWOK SIEW POONG	Insured NRIC	S7925491F
Contact No.(Mobile)	90039959	Contact No.(Home)	62243260	Contact No.(Office)	
Email Address	elaine.kwok@kuethne-nigel.com	OT Vehicle Number	SLL9966Z	TP Vehicle Number	SLJ73275
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLL9966Z / SLJ73275 ON 22 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	GIA report	Received
Date Registered	22/09/2018 16:47	Claim Close Date		Date Received	22/09/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1012573	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2018 16:48

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"/>

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	SAS	Normal	SAS 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:48	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:47	Photos	Normal	Photos 2018-9-22		Edit

Video List

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