

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA18124525**

Date In: 25/9/18 16:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC18124525/24	SAS e-filing		
Veh No: 04 7548R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/9/18-1650	i-Motor Claim Form	MT 101322-001	25/9/18 16:43
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: Vch No: **5169N6A** 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
NA1806020			
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)		
Date 1:	6) TR: Re-inspection \$75		
Date 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	* 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 \$0		
	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	25/09/2018 16:25
Date Of Accident	24/09/2018 16:50
Exact Location Of Accident	PAYA LEBAR RD BEFORE JUNC SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7548R
Insured/Policyholder	
Name Of Registered Owner	MY CAR CONSULTANT PTE LTD
Co Reg No	201605878Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5084994520-01
Cover Note Number	

Driver

Name of Driver	LEE JEROME
NRIC No	S9901345A
Date Of Birth	02/01/1999
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91917299
Fax Number	
Contact Number	OFFICE-91917299
EMail Address	NOEMAIL

Address BLK 667B JURONG WEST STREET 65
#03-161

Postcode 642667

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 - 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? 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) 2

Passenger 1
NAME: : LOKE MEI WAN PETRINA
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MOUNTBATTEN NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180924/2116.

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 SJL6946A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SEVAIYAH S/O SEVOO VAITHYALINGAM

NRIC/Passport Number S1040543B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

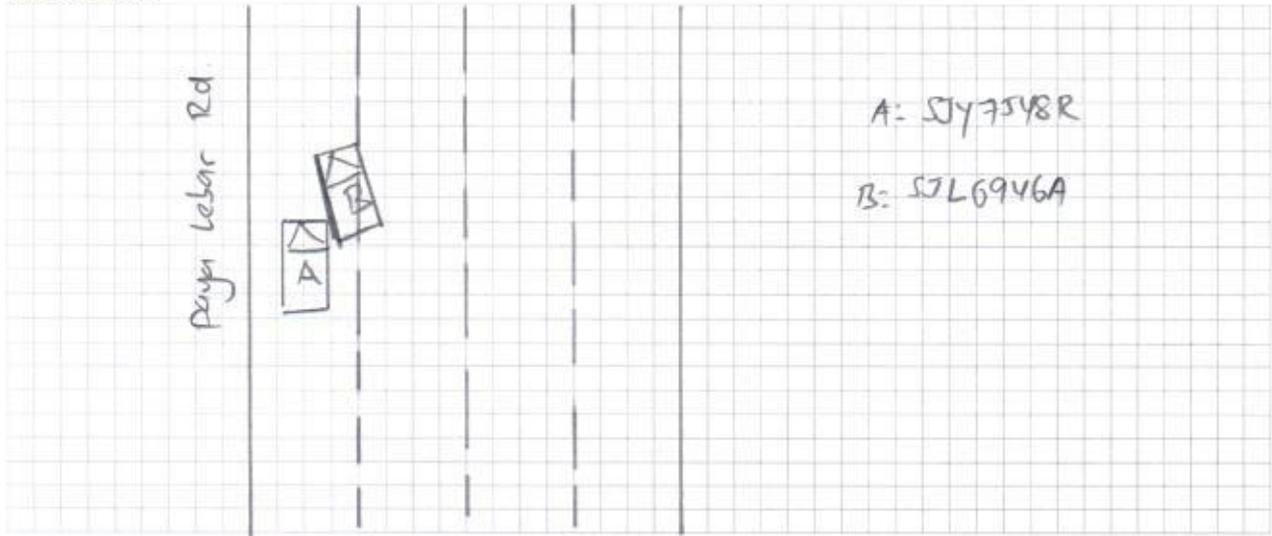


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180924/2116.

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.:



Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20180924/2116

CONTINUATION OF REPORT

Driver			
Name	SEVAIYAH S/O SEVOO VAITHYALINGAM	ID No.	S1040543B
Related Vehicle	SJL6946A (Car)	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
Driver			
Name	LEE JEROME	ID No.	S9901345A
Related Vehicle	SJY7548R (Car)	Contact No.	91917299
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LOKE MEI WAN PETRINA	ID No.	S9801588D
Related Vehicle	SJY7548R (Car)	Contact No.	88669409
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 24/09/2018 at about 04:50pm, I was travelling on the left most lane along Paya Lebar Road heading towards Sims Avenue. As I was approaching the slip road turning left towards Sims Avenue, suddenly one vehicle (SJL6946A, Toyota/Silver) was about to switch into my lane from the right side. As such, I slowed down and went to a complete stop. During which the said vehicle then switched into my lane and drove forward. At that point of time, the said car's rear left bumper side swipe against the front right side of my vehicle's bumper as I heard a sound while he was driving his vehicle.

I then honk and high beam towards the said vehicle signaling to stop however he continued to move and turn for a few meters. We then stopped along Sims Avenue however, was told to move off as we were blocking a few construction site vehicles. We then stopped along Eunos Road 5 and exchanged particulars. I am lodging this report as required by the rental company of the vehicle I was driving. That is



**SINGAPORE
POLICE FORCE**



T/20180924/2116

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

3 of 4

Report No. T/20180924/2116

CONTINUATION OF REPORT

all.



**SINGAPORE
POLICE FORCE**



T/20180924/2116

4 of 4

Report No. T/20180924/2116

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

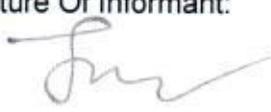
CONTINUATION OF REPORT

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:
G /
Sgt 2 MUHAMMAD KASYIDI BIN KADIR 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
24/09/2018 17:47

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

Classification Of Case:

 SINGAPORE
POLICE FORCE

SIGNATURE

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9 L 1345A**

Name: **LEE JEROME**

Birth Date: **02 Jan 1999**

Issue Date: **11 Apr 2017**

002674245D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9901345A**

Name: **LEE JEROME**

李承剛

Race: **CHINESE**

Date of birth: **02-01-1999**

Sex: **M**

Country/Place of birth: **SINGAPORE**






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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \geq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 Apr 2017

NP 428A

Licence No: S9901345A



5300409

NRIC No: **S9901345A**

Date of issue: **29-04-2014**

Address: **APT BLK 667B JURONG WEST STREET 65 #03-161 SINGAPORE 642667**

9191 7299





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"/>	5084994520-01		MY CAR CONSULTANT PTE LTD	201605878Z	GFT	drive CLASSIC	SJY7548R	SJY7548R	07/03/2018	

Continue

Policy Information

Policy No.	5084994520-01	Policyholder Name	MY CAR CONSULTANT PTE LTD	Policyholder NRIC	201605878Z	
Certificate No.						
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N
Policy Issue Date	16/10/2017	Effective Date	13/10/2017 00:00	Expiry Date	12/10/2018 23:59	
Excess Type	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5100443502		

Insured Object: SJY7548R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/10/2017 00:00	Basic Information Endorsement	000001286679529	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 9 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH3018U 13-10-2017 \$1,574.21 2. SJH6324R 13-10-2017 \$1,308.42 3. SJK781C 13-10-2017 \$1,655.29 4. SJM3248X 13-10-2017 \$1,560.70 5. SJP5789Y 13-10-2017 \$1,430.65 6. SJS3199Y 13-10-2017 \$1,430.65 7. SJX5276T 13-10-2017 \$1,430.65 8. SLC7773Z 13-10-2017 \$1,560.70 9. SLJ7537C 13-10-2017 \$1,560.70 In view of this amendment, an additional premium of \$13,511.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as</p>

Claim Handling

• Exit

Accident MT/1013022

Policy No.	5084994520-01	Vehicle No.	5JY7548R	GST Registration No.	
Certificate No.					
Policyholder Name	MY CAR CONSULTANT PTE LTD			Policyholder NRIC	201605878Z
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	25/09/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	24/09/2018	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD BEFORE JUNG SIMS AVE				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA USJ INDUSTRIAL 1	Address 3	SINGAPORE 408934
Address 4	Singapore address	Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5100443502		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/01/1999
Unnamed driver Name	LEE JEROME	Driver NRIC	59901345A	Driving Experience	1
Register Date of Driver License	11/04/2017	Driver Age	19	Contact No.(Home)	0
Contact No.(Mobile)	91917299	Contact No.(Office)	0	Address 3	SINGAPORE 642667
Address 1	BLK 667B	Address 2	JURONG WEST STREET 05	Post Code	642667
Address 4		Address Type	Singapore address		
Unit No.	03-161				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MY CAR CONSULTANT PTE LTD	Insured NRIC	201605878Z
Contact No.(Mobile)	83687767	Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	5JY7548R	TP Vehicle Number	5L6946A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	5JY7548R / 5L6946A ON 24 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	25/09/2018 16:43	Claim Close Date		Date Received	25/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1013022	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2018 16:44
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Please Select

Please Select

Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	SAS	Normal	SAS 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 16:43	Photos	Normal	Photos 2018-9-25		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"/>				