NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA1812831b

Date In: 3/10/18 - 14:24	Job description	Date & Time Completed	Done by
Ref No: NA/INCIP 17967/24	SAS e-filing		
Veh No: SJZ8930J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 3/10/18 - 09:05	i-Motor Claim Form	MT/1014245-001	3/10/18 14:23
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: SHD709C 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

NA1806303

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
QD*			
*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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	03/10/2018 14:24
Date Of Accident	03/10/2018 09:05
Exact Location Of Accident	NG TENG FONG GENERAL HOSPITAL TOWER A TAXI STAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ8930J
Insured/Policyholder	
Name Of Registered Owner	TTS COMMUNICATION
Co Reg No	53098129K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91458855
Alternative Phone No	OFFICE-91458855
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100547050
Cover Note Number	
Driver	
Name of Driver	SEAH BOON TING @HENG HUAT JEE
NRIC No	S1574710B
Date Of Birth	13/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91458855
Fax Number	
Contact Number	OFFICE-91458855
EMail Address	NOEMAIL

Address	BLK 791 WOODLANDS AVENUE 6 #05-603
Postcode	730791
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 - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7090C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG CHIEW NAM
NRIC/Passport Number	S1537613I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SEAH BOON TING @HENG HUAT JEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ8930J
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 (a) 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.

TTS Communication

Policyholder's Signature
Date & Time:

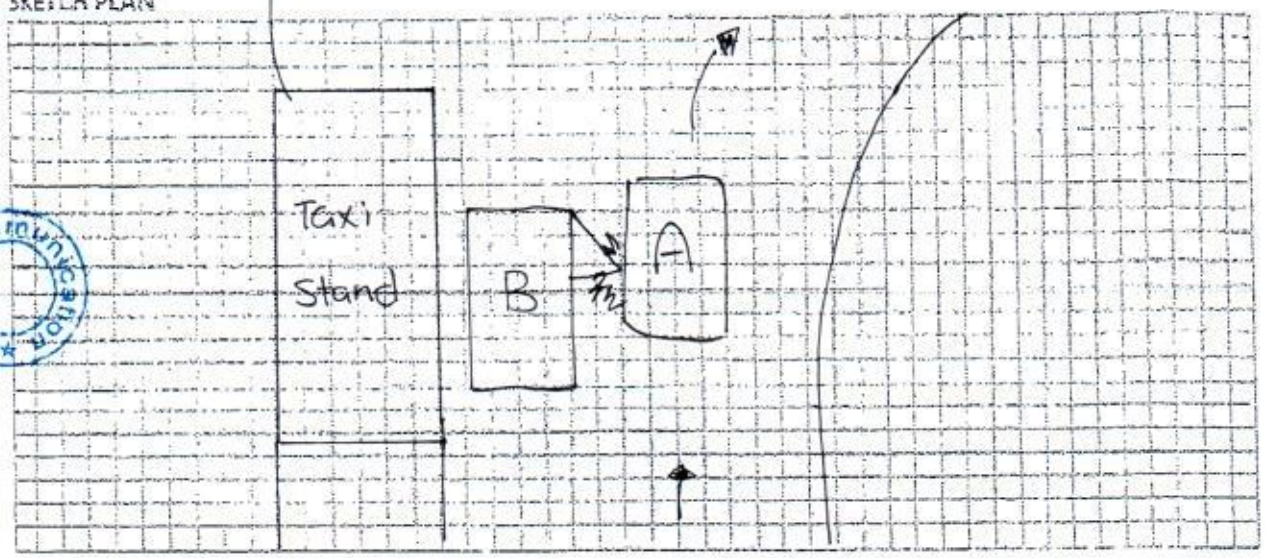
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Ng Teng Fong General Hospital
TOWER A, Taxi Stand

VEHICLE A: SLZ8930J
VEHICLE B: SHD7090C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is moving on lane. Vehicle B is stationary on taxi stand. Approaching, Vehicle B ~~car door~~ driver open car door and caused the accident and impact to Vehicle A.

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.:

Date of Accident : 03 Oct 2018 Accident Time: 0905 (24-HR-Format)

Accident Place : Ng Teng Fong General Hospital, TOWER A, Taxi Stand

Vehicle Reg. No. (Car Plate No.) : SLZ 8930J

Vehicle Make/Model : HONDA SHUTTLE

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : TTS COMMUNICATION

Owner or Company Contact No. : 9145 8855 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : SEAH BOON TING

DRIVER'S Date Of Birth : 13/09/1963 DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : APT BLK 791 WOODLANDS AVENUE 6, #05-603, S730791

DRIVER'S Contact No./ Alt No. :1) 9145 8855 2) _____

DRIVER'S Occupation : INDOOR \ (OUTDOOR) (e.g. working inside or outside office)

Email Address : weiyuan0312@gmail.com

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): 2 male. passenger.

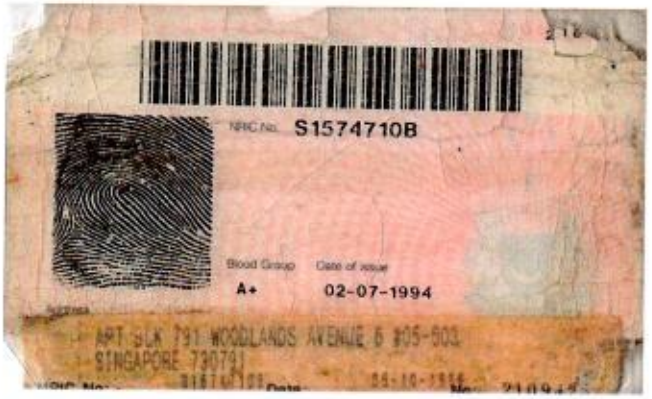
Was there any video Captured by car camera: (YES) \ NO

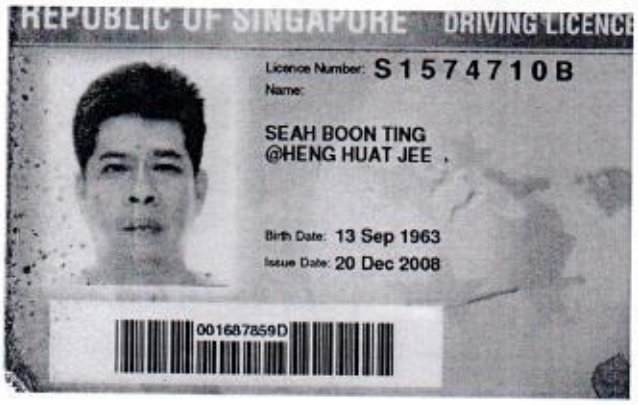
Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHD 7090C	Vehicle Reg. No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: TENG CHIEW NAM	Name Driver: _____
IC No. Driver: S1537613I	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1574710B
Name
SEAH BOON TING
@HENG HUAT JEE
谢汶廷
Race
CHINESE
Date of Birth
13-09-1963
Sex
M
Country of Birth
SINGAPORE


NRIC No. S1574710B
Blood Group
A+
Date of issue
02-07-1994
BLK 791 WOODLANDS AVENUE 6 #05-803
SINGAPORE 730791


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S1574710B
Name:
SEAH BOON TING
@HENG HUAT JEE
Birth Date: 13 Sep 1963
Issue Date: 20 Dec 2008
001687859D


ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
14 May 1983
Licence No: S1574710B
NP 428A

income
made different

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: 5100547050 **Cover** : drivo CLASSIC

1.	Index mark and Registration Number of Vehicle	: SLZ8930J
	Chassis Number	: GP71207469
2.	Name of Policyholder	: TTS COMMUNICATION
3.	Effective Date of Insurance	: 22 May 2018
4.	Expiry Date of Insurance	: 21 May 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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$2,000
EXCESS (SECTION 2)	: S$1,500
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	: SEAH BOON TING@HENG HUAT JEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : TAN WEI AUTO PTE. LTD. (00000572075)
Date of Issue : 21 May 2018 11:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 03/10/2018 09:05
Vehicle No.(For Motor): SLZ8930J | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S100547050		TTS COMMUNICATION	53098129K	GPC	drivo CLASSIC	SLZ8930J	SLZ8930J	22/05/2018	21/05/2019

Continue

Policy Information

Policy No.	5100547050	Policyholder Name	TTS COMMUNICATION	Policyholder NRIC	53098129K
Certificate No.					
Address	BLK 791 #05-603 WOODLANDS AVENUE 6 SINGAPORE 730791				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/05/2018	Effective Date	22/05/2018 00:00	Expiry Date	21/05/2019 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	TAN WEI AUTO PTE. LTD.	Agent Tel.	64535535	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 791 #05-603	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730791
Address 4		Address Type	Singapore address	Post Code	730791
Unit No.		Related Policy Number	5100547050		

Insured Object: SLZ8930J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: GP71207469 ENGINE NUMBER: LEB6549194 VEHICLE REGISTRATION NUMBER: SLZ8930J ORIGINAL REGISTRATION DATE: 22 May 2018

Continue Cancel

Claim Handling

Exit

Accident MT/1014245

Policy No.	5100547050	Vehicle No.	SLZ8930J	GST Registration No.	
Certificate No.					
Policyholder Name	TTS COMMUNICATION			Policyholder NRIC	S3098129K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91458855	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	03/10/2018 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/10/2018	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NG TENG FONG GENERAL HOSPITAL TOWER A TAXI STAND				

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 791 #05-603	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730791
Address 4		Address Type	Singapore address	Post Code	730791
Unit No.		Related Policy Number	5100547050		

OI Driver Info

Driver Name	SEAH BOON TING@HENG HUAT JEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1574710B	Driver DOB	13/09/1963
Register Date of Driver License	14/05/1983	Driver Age	55	Driving Experience	35
Contact No.(Mobile)	91458855	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 791	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730791
Address 4		Address Type	Singapore address	Post Code	730791
Unit No.	05-603				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TTS COMMUNICATION	Insured NRIC	S3098129K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLZ8930J	TP Vehicle Number	SHD7090C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLZ8930J / SHD7090C ON 3 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/10/2018 19:23	Claim Close Date		Date Received	03/10/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1014245	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	03/10/2018 19:24

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:24	SAS	Normal	SAS 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2018 19:23	Photos	Normal	Photos 2018-10-3		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading