

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA118128952

Date In: 4/10/18-16:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18053/24	SAS e-filing		
Veh No: JDWR3107	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 3/12/18-2:05	i-Motor Claim Form	MT/1014396-001	4/10/18 17:55
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: JD464164	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:- (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

NA1806316	Invoice Preparation Checklist	Am't (\$) for Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$50)		
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)		
	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 \$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	04/10/2018 16:35
Date Of Accident	03/10/2018 21:05
Exact Location Of Accident	JUNC TAMPINES AVE 2 & TAMPINES ST 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW8310J
Insured/Policyholder	
Name Of Registered Owner	KOH KING KOON (KE JINKUN)
Passport No/FIN	S7421275A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96916985
Alternative Phone No	OFFICE-96916985

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G A
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	5101780880
Cover Note Number	

Driver

Name of Driver	KOH KING KOON (KE JINKUN)
Passport No/FIN	S7421275A
Date Of Birth	02/07/1974
Occupation	INDOOR
Date Of Driving Pass	04/08/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96916985
Fax Number	
Contact Number	OFFICE-96916985
Email Address	NOEMAIL

Address	BLK 496C TAMPINES STREET 43 #10-245
Postcode	526496
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 - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181004/2094.

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	SKH6416Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI SHING SIONG
NRIC/Passport Number	S1201057E
Contact Number	97305661
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name KOH KING KOON (KE JINKUN)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SDW8310J

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.



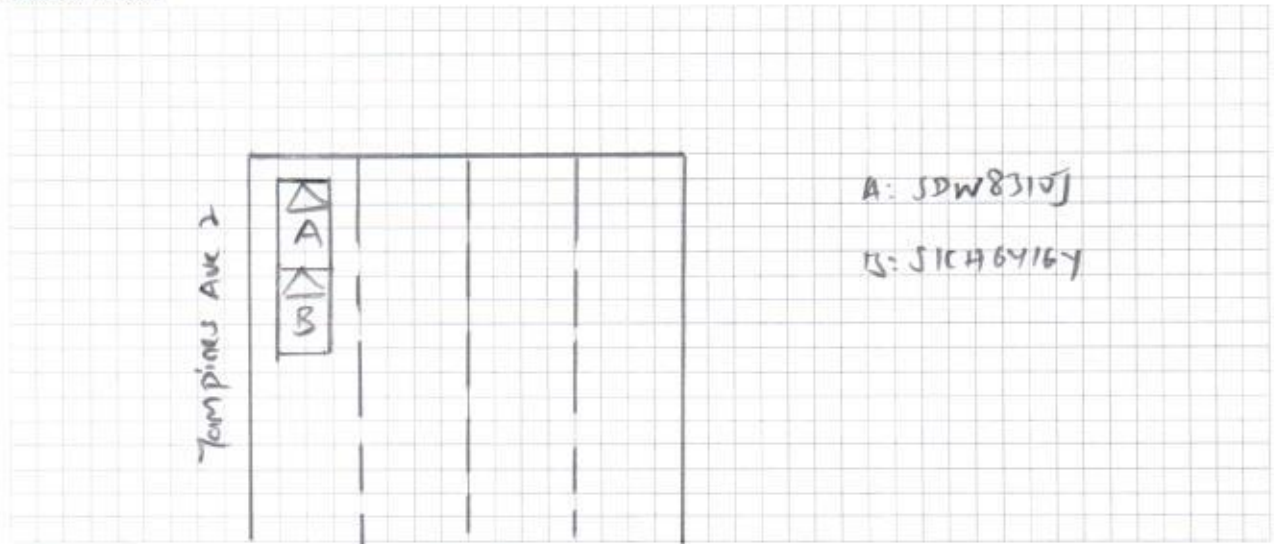
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2018/004/2094.

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.:



SINGAPORE POLICE FORCE



T/20181004/2094

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

1 of 3

Report No. T/20181004/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 14:50	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: KOH KING KOON			Address: APT BLK 496C TAMPINES STREET 43 #10-245 SINGAPORE 526496		
ID Type / ID No.: NRIC NO / S7421275A			Contact No.: Home/Office: Mobile: 96916985		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 02/07/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2018 21:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES STREET 31 JUNCTION OF TAMPINES ST 31 & AVE 2 NEAR BLOCK 201D				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDW8310J	Car	HONDA	SHUTTLE 1.5G A	Red	Slightly Damaged	0
SKH6416Y	Car	BMW		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDW8310J	NTUC Income Insurance Co-Operative Limited	5101780880	12/07/2018	11/07/2019



SINGAPORE POLICE FORCE



T/20181004/2094

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181004/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KING KOON	ID No.	S7421275A
Related Vehicle	SDW8310J (Car)	Contact No.	96916985
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/10/2018	Date Discharge	04/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LAI SHING SIONG	ID No.	S1201057E
Related Vehicle	SKH6416Y (Car)	Contact No.	97305661
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 above mentioned date, time and location, I was driving my vehicle, SDW8310J, along Tampines Ave 2 on the left most lane near the junction of Tampines St 31 and the traffic light was red. I then stopped at the junction. While my vehicle was stationary, another vehicle, SKH6416Y, suddenly collided to the rear of my vehicle. We both then went out of our vehicles to take pictures of the accident and exchange particulars. Damages to my vehicle are dents and scratches to the rear bumper. There was no traffic police or ambulance at scene.

I then went to Viva medical clinic and received 3 days of mc dated from the 04/10/18 till the 06/10/18. Injuries are stiff neck and back sprain. I have an inbuilt car camera but it is only pointing to the front.



**SINGAPORE
POLICE FORCE**



T/20181004/2094

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20181004/2094

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 ABDUL RAHMAN BIN MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/10/2018 14:50

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7421275A



NAME
KOH KING KOON
(KE JINKUN)
柯锦坤

RACE
CHINESE

Date of Birth 02-07-1974 Sex M

Country of Birth
SINGAPORE



2347080



NRIC No. S7421275A



Blood Group A+ Date of issue 05-09-1994

Address
APT BLK 496C TAMPINES STREET 43 #10-245
SINGAPORE 526496

NRIC No: S7421275A Date: 05-09-2000 No: 8864244

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7421275A

Name: KOH KING KOON
(KE JINKUN)

Birth Date: 02 Jul 1974

Issue Date: 30 Jul 2003

000701938C

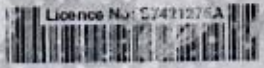


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	Pass Date
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Aug 992

NP 420A

Licence No: S7421275A



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

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101780880		KOH KING KOON (KE JINKUN)	S7421275A	GPC	drive CLASSIC	SDW8310J	SDW8310J	12/07/2018	11/07/2019

 Policy Information

Policy No.	5101780880	Policyholder Name	KOH KING KOON (KE JINKUN)	Policyholder NRIC	S7421275A
Certificate No.					
Address	BLK 496C #10-245 TAMPINES STREET 43 SINGAPORE 526496				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/07/2018	Effective Date	12/07/2018 00:00	Expiry Date	11/07/2019 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	INSMART (INSURANCE) AGENC'	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 496C #10-245	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 526496
Address 4		Address Type	Singapore address	Post Code	526496
Unit No.		Related Policy Number	5101780880		

 Insured Object: SDW8310J

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

Accident MT/1014376

Policy No.	S101780880	Vehicle No.	SDW83103	GST Registration No.	
Certificate No.					
Policyholder Name	KOH KING KOON (KE JINKUN)			Policyholder NRIC	S7421275A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96916965	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KPK	<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(%)	30	Private Hire	No

Accident Details

Report Date	04/10/2018 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/10/2018	Time of Accident (hh:mm)	21:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG TAMPINES AVE 2 & TAMPINES ST 31				

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	BLK 496C #10-245	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 526496
Address 4		Address Type	Singapore address	Post Code	526496
Unit No.		Related Policy Number	S101780880		

DI Driver Info

Driver Name	KOH KING KOON	Driver Type	Main Driver	Driver DOB	02/07/1974
Unnamed driver Name		Driver NRIC	S7421275A	Driving Experience	26
Register Date of Driver License	04/05/1992	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	96916965	Contact No.(Office)	0	Address 3	SINGAPORE 526496
Address 1	BLK 496C	Address 2	TAMPINES STREET 43	Post Code	526496
Address 4		Address Type	Singapore address		
Unit No.	10-245				
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	KOH KING KOON (KE JINKUN)	Insured NRIC	S7421275A
Contact No.(Mobile)	96916965	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	sc40002@yahoo.com	DI Vehicle Number	SDW83103	TP Vehicle Number	SKH6416Y
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDW83103 / SKH6416Y ON 3 Oct 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/10/2018 17:55	Claim Close Date		Date Received	04/10/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1014376	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/10/2018 17:57

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
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Browse...
Clear
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☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:57	SAS	Normal	SAS 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Oct 2018 17:56	Photos	Normal	Photos 2018-10-4		Edit

Video List

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