

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005) **MNA18136566-01**

Date In: 22/10/18-10:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18019201/24	SAS e-filing		
Veh No: J676572X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/10/18-07:50	i-Motor Claim Form	M71016676-001	22/10/18 20:07
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: dmc 3810P 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: 30-100%]

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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2 / 3:	6) TR: Re-inspection \$75		
	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 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. 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	22/10/2018 10:54
Date Of Accident	22/10/2018 07:50
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6570X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH CHUHAN, RAYMOND
NRIC No	S8404512H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98318342
Alternative Phone No	OFFICE-98318342

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098138736
Cover Note Number	

### Driver

Name of Driver	SEAH CHUHAN, RAYMOND
NRIC No	S8404512H
Date Of Birth	13/02/1984
Occupation	INDOOR
Date Of Driving Pass	14/01/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-98318342
Fax Number	
Contact Number	OFFICE-98318342
EMail Address	NOEMAIL

Address	BLK 776 YISHUN AVENUE 2 #07-1593
Postcode	760776
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	
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: : GUO FEIXIAN
	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	SMC3810P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	SEAH CHUHAN, RAYMOND
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGJ6570X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	GUO FEIXIAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGJ6570X
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



DCA: 22/10/18  
A: SGB 6570X  
B: SMC 3810P


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit, but veh  
B failed to brake in time hit onto my veh  
rear portion.

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: 22/10/18 Time of Accident: 7.50 am
Exact Location of Accident: CTE 64 AMK Ave 1 exit
Owner's Name: Seah Chuan Raymond/ NRIC No: 584045214 HP No: 98318342
Driver's Name: u NRIC No: c HP No: u
Date of Birth: 13/2/1984 Driving Licence Passing Date: 14/1/2006 Occupation: Indoor / Outdoor
Address: 776 Yishun Ave 2 #07-1593 (760776)
Relationship of Driver with Insured: Driver Email Address:
Vehicle No: SGJ 657UX Make & Model: Honda Civic
Insurance Co: NTUC Coverage: Policy No:

\*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / No 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 (female) B: 1 + 0 C: D:

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Guo Feixian, Raymond Seah neck & back

\*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: SMC 3810 P Make & Model:

Driver's Name: NRIC No: 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. S8404512H



Name

SEAH CHUHAN, RAYMOND

谢楚韩

Race

CHINESE

Date of birth

13-02-1984

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 8404512H

Name:

SEAH CHUHAN, RAYMOND

Birth Date: 13 Feb 1984

Issue Date: 18 Mar 2004

001167472D



5283364

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES



SPIC No. S8404512H



Date of issue  
21-03-2014

Address  
APT BLK 776 YISHUN AVENUE 2  
#07-1593  
SINGAPORE 760776

- Class 2B Motorcycles <= 200 CC
- Class 2A Motorcycles between 201 CC and 400 CC
- Class 2 Motorcycles > 400 CC
- Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg
- Class 4 Heavy motor cars and motor tractors > 2500 kg
- Class 5 Motor vehicles > 7250 kg not constructed to carry any load

18 Mar 2004  
03 May 2005  
07 Nov 2006  
14 Jan 2008  
04 Oct 2010  
09 Dec 2010

S8404512H

S / No. 9000104309



NP 428A

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"/>	5098138736		SEAH CHIHAN, RAYMOND	S8404512H	GPC	Third Party	SGJ6570X	SGJ6570X	26/02/2018	17/01/2019

**Policy Information**

Policy No.	5098138736	Policyholder Name	SEAH CHUHAN, RAYMOND	Policyholder NRIC	S8404512H
Certificate No.					
Address	BLK 776 #07-1593 YISHUN AVENUE 2 SINGAPORE 760776				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/02/2018	Effective Date	26/02/2018 00:00	Expiry Date	17/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	JZ ASSURE PTE. LTD.	Agent Tel.	64434443	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 776 #07-1593	Address 2	YISHUN AVENUE 2	Address 3	SINGAPORE 760776
Address 4		Address Type	Singapore address	Post Code	760776
Unit No.		Related Policy Number	5098138736		

**Insured Object: SGJ6570X**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1016676

Policy No.	5098138736	Vehicle No.	SG36570X	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH CHUHAN, RAYMOND			Policyholder NRIC	S8404512H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98318342	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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(%)	50	Private Hire	Yes
<b>Accident Details</b>					
Report Date	22/10/2018 20:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/10/2018	Time of Accident h:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE BEFORE ANG MO KIO AVE 1 EXIT				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 776 #07-1993	Address 2	YISHUN AVENUE 2	Address 3	SINGAPORE 760776
Address 4		Address Type	Singapore address	Post Code	760776
Unit No.		Related Policy Number	5098138736		

DI Driver Info

Driver Name	Seah Chu Han Raymond	Driver Type	Main Driver	Driver DOB	13/02/1984
Unnamed driver Name		Driver NRIC	S8404512H	Driving Experience	12
Register Date of Driver License	14/01/2006	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	98318342	Contact No.(Office)	0	Address 3	SINGAPORE 760776
Address 1	BLK 776	Address 2	YISHUN AVENUE 2	Post Code	760776
Address 4		Address Type	Singapore address		
Unit No.	07-1993				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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	SEAH CHUHAN, RAYMOND	Insured NRIC	S8404512H
Contact No.(Mobile)	98318342	Contact No.(Home)	57566030	Contact No.(Office)	
Email Address		DI Vehicle Number	SG36570X	TP Vehicle Number	SMC3810P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SG36570X / SMC3810P ON 22 Oct 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	22/10/2018 20:07	Claim Close Date		Date Received	22/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1016676	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/10/2018 20:09

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	

Please Select

Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	SAS	Normal	SAS 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:09	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:08	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:08	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:08	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:08	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:08	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Oct 2018 20:07	Photos	Normal	Photos 2018-10-22		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action