

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **NA18138781**

Date In: 25/12/18-18:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18019460/24	SAS e-filing		
Veh No: JDF 7485	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/10/18-10:30	i-Motor Claim Form	M7/10/2010-001	25/12/18 19:20
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: JHC 35153 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

NA 1806891	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
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 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	25/10/2018 15:23
Date Of Accident	24/10/2018 10:30
Exact Location Of Accident	SLIP RD JLN TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF7448S
Insured/Policyholder	
Name Of Registered Owner	AZLINA BINTI MUSTAPHA
NRIC No	S6876492J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554284
Alternative Phone No	OFFICE-91554284

Vehicle Particulars

Manufacturer	BMW
Model	318IA/4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5078055478-02
Cover Note Number	

Driver

Name of Driver	AZLINA BINTI MUSTAPHA
NRIC No	S6876492J
Date Of Birth	09/04/1968
Occupation	INDOOR
Date Of Driving Pass	26/05/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91554284
Fax Number	
Contact Number	OFFICE-91554284
EMail Address	NOEMAIL

Address	BLK 665 JALAN DAMAI #02-113
Postcode	410665
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?	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	SHC3512J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO TIAN HUAT
NRIC/Passport Number	S0073808E
Contact Number	91835633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	AZLINA BINTI MUSTAPHA
------	-----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SDF7448S

YES

NO

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:



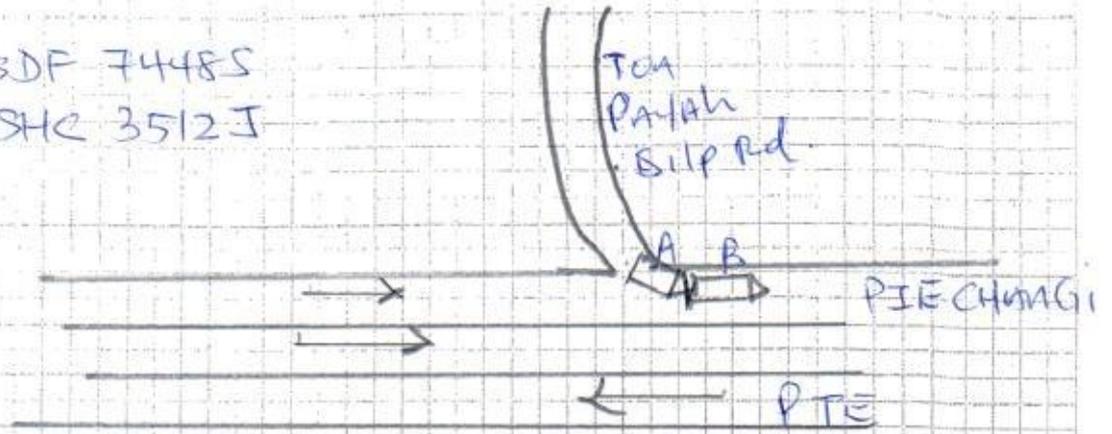
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

A SDF 7448S
B SHC 3512J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On date, time I was driving along slip road jalan Tca Payoh towards PIE Changi.

A taxi in front of me moved off from the slip road into PIE. I checked my right for oncoming traffic, it was clear and I moved off. The said taxi has passed the give way line and suddenly stopped. Due to this I hit the rear bumper of the said taxi.

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.:

VEHICLE NO: SDF 7448 S

MAKE & MODEL: BMW.

DATE OF ACCIDENT	24 / 10 / 18	
TIME OF ACCIDENT	10:30 AM/PM	
LOCATION OF ACCIDENT	SILP Rd TOA PAYOH to into PIE Exit	
Exact Purpose use during accident		
NAME OF OWNER	AZLINA BINTI MUSTAPHA	
TELP NO	91554284	
NRIC	S6876492 J	
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>	
PRIVATE HIRE	YES / <u>NO</u>	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	5078055478 - 02	
NAME OF DRIVER	<u>As above</u> / If No:	
NRIC	S6876492 J - Any passengers: No.	
DATE OF BIRTH	09 / 04 / 1968	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	26 / 05 / 2007	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Office:	Home:
ADDRESS	665 JALAN DAMAI #02-113 (410665)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / (if yes) Who? AZLINA BINTI MUSTAPHA	
CONTACT NO.	as above	
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	SHC 3512 J Any Passenger: No.	
NAME	TEO TIAN HUAT. 50073808 E	
CONTACT NO.	91835633	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>(NO)</u>	
	linmustapha@hotmail.com	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit 6 Speed Autowerkz Pte Ltd	
FAX NO.	Singapore 417883 #02-05 ARK @ KB, Singapore 417886	
	Telp: 67476106 (6 lines) Tel: 6384 7037 Fax: 6384 7039	
	Fax: 67442368 Email: 6speedautowerkz@gmail.com	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 6 8 7 6 4 9 2 J**

Name:

AZLINA BINTI MUSTAPHA

Birth Date: **09 Apr 1968**

Issue Date: **26 May 2007**



001502594B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6876492J**



Name:

AZLINA BINTI MUSTAPHA

ازلينا بنتي مصطفىا

Race:

MALAY

Date of birth:

09-04-1968 F

Country of birth:

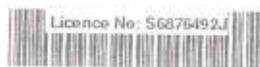
MALAYSIA

S6876492J

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg **26 May 2007**



Licence No: S6876492J

NP 428A



8741416

NRIC No: **S6876492J**

Citizenship:

MALAYSIAN

Date of issue:

24-10-2005

**APT BLK 665 JALAN DAMAI #02-113
SINGAPORE 410665**

NRIC No: **S6876492J**

Date: **07/01/2009**

No: **6114330**

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: 5078055478-02	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	: SDF74485
Chassis Number	: WBAAN92030NA99763
2. Name of Policyholder	: AZINA BINTI MUSTAPHA
3. Effective Date of Insurance	: 07 May 2018
4. Expiry Date of Insurance	: 27 Apr 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 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: AZLINA BINTI MUSTAPHA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT 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 : B.A.S. INSURANCE AGENCY (D0000573236)
 Date of Issue : 07 May 2018 10:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive

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="24/10/2018 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="SDF7448S"/>	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"/>	5078055478-02		AZLINA BINTI MUSTAPHA	S6876492J	GPC	Third Party, Fire & Theft	SDF7448S	SDF7448S	07/05/2018	27/04/2019

Policy Information

Policy No.	5078055478-02	Policyholder Name	AZLINA BINTI MUSTAPHA	Policyholder NRIC	S6876492J	
Certificate No.						
Address	BLK 665 #02-113 JALAN DAMAI EUNOS DAMAI VILLE SINGAPORE 410665					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	07/05/2018	Effective Date	07/05/2018 00:00	Expiry Date	27/04/2019 23:59	
Excess Type	All Claims Excess					
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess	
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	BLK 665 #02-113	Address 2	JALAN DAMAI	Address 3	EUNOS DAMAI VILLE
Address 4	SINGAPORE 410665	Address Type	Singapore address	Post Code	410665
Unit No.	02-113	Related Policy Number	5078055478-02		

Insured Object: SDF7448S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

Exit

Accident MT/1017210

Policy No.	5078055478-02	Vehicle No.	SDF74485	GST Registration No.	
Certificate No.					
Policyholder Name	AZLINA BINTI MUSTAPHA			Policyholder NRIC	56876492J
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91554284	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(%)	20	Private Hire	No

Accident Details

Report Date	25/10/2018 19:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/10/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLIP RD JUN TOA PAYOH TWDS PIE (CHANGI)				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 665 #02-113	Address 2	JALAN DAMAI	Address 3	BUNDS DAMAI VILLE
Address 4	SINGAPORE 410665	Address Type	Singapore address	Post Code	410665
Unit No.	02-113	Related Policy Number	5078055478-02		

DI Driver Info

Driver Name	AZLINA BINTI MUSTAPHA	Driver Type	Main Driver	Driver DOB	09/04/1968
Unnamed driver Name		Driver NRIC	56876492J	Driving Experience	11
Register Date of Driver License	26/05/2007	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	91554284	Contact No.(Office)	0	Address 3	BUNDS DAMAI VILLE
Address 1	BLK 665	Address 2	JALAN DAMAI	Post Code	410665
Address 4	SINGAPORE 410665	Address Type	Singapore address		
Unit No.	02-113				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	AZLINA BINTI MUSTAPHA	Insured NRIC	56876492J
Contact No.(Mobile)	91554284	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SDF74485	TP Vehicle Number	SHC3512J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDF74485 / SHC3512J ON 24 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/10/2018 19:20	Claim Close Date		Date Received	25/10/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017210	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/10/2018 19:21

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Upload Photo

Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	SAS	Normal	SAS 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Oct 2018 19:20	Photos	Normal	Photos 2018-10-25		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px; background-color: #f0f0f0;">Display in new Window</div> <div style="border: 1px solid #ccc; padding: 2px; background-color: #f0f0f0;">Scan and uploading</div> </div>				