

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 118143911

Date In: 7/11/18-14:33	Job description	Date & Time Completed	Done by
Ref No: NA/14C18 020140/24	SAS e-filing		
Veh No: 5H1030	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/11/18-11:35	i-Motor Claim Form	M7/1018718-001	7/11/18 16:04
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: 40D4770M

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

NA1807265

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 2 / 3:

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
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:-

Q1:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in 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 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	07/11/2018 14:33
Date Of Accident	07/11/2018 11:35
Exact Location Of Accident	YORK HILL RD TWDS CHIN SWEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN103U
Insured/Policyholder	
Name Of Registered Owner	MAZNI BINTE MAHBOB
NRIC No	S7241211G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93210355
Alternative Phone No	OFFICE-93210355

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5105229404
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN SUHLI
NRIC No	S6932781H
Date Of Birth	06/10/1969
Occupation	INDOOR
Date Of Driving Pass	03/05/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90933578
Fax Number	
Contact Number	OFFICE-90933578
Email Address	NOEMAIL

Address	BLK 611 WOODLANDS RING ROAD #06-205
Postcode	730611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : MAZNI BINTE MAHBOB 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	GBD4710M
Vehicle Make/Model/Colour	NISSAN NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK KIM SENG
NRIC/Passport Number	S1689469I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZULKIFLI BIN SUHLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN103U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MAZNI BINTE MAHBOB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN103U
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 lodging 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.

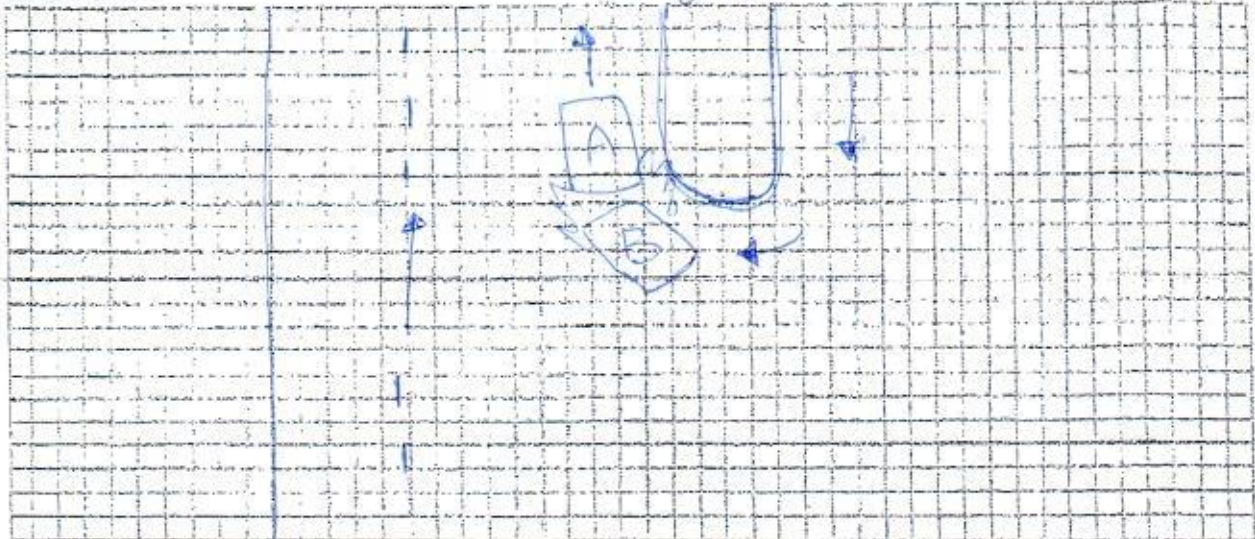
Policyholder's Signature
Date & Time:

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

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

Vehicle A: SJN103LJ
Vehicle B: GBD4710M

SKETCH PLAN

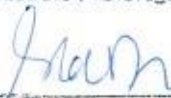


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/11/2018, 11.35am along York Hill Road toward Chin Swee Road, vehicle A is moving on lane, vehicle A slow down U turn, suddenly vehicle B (GBD4710M) rear-ended vehicle A (SJN103LJ).

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.:

6272C

Date of Accident : 7/11/2018 Accident Time: 11.35am (24-HR-Format)
 Accident Place : Along York Hill Road toward Chin Swee Road
 Vehicle Reg. No. (Car Plate No.) : SJN 103L
 Vehicle Make/Model : TOYOTA VIOS
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : MAZNI BINTE MAHBOB
 Owner or Company Contact No. : 9321 0355 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : ZULKIFLI BIN SUHLI
 DRIVER'S Date Of Birth : 06/10/1969 DRIVER'S License Pass Date 03 May 2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: wife and husband
 DRIVER'S Address : APT BLK 611 WOODLANDS RING ROAD #06-205, S 730611
 DRIVER'S Contact No./ Alt No. : 1) 9093 3578 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
 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: GBD 4710M
 Vehicle Make/Model: NISSAN NV350
 Name Driver: QUEK KIM SENG
 IC No. Driver: S16894691
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6932781H

Name

ZULKIFLI BIN SUHLI

دولكفلي بن سوهلي

Race

JAVANESE

Date of Birth

06-10-1969

Sex

M

Country of Birth

SINGAPORE



2167674



NRIC No. S6932781H



Blood Group

O*

Date of issue

22-06-1994

APT BLK 611 WOODLANDS RING ROAD #06-205
SINGAPORE 730611

NRIC No: S6932781H Date: 07-07-2004 No: 5007316

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6932781H**

Name:
ZULKIFLI BIN SUHLI

Birth Date: **06 Oct 1969**
Issue Date: **03 May 2011**



 001960804A

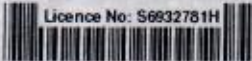
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals $\leq$ 2500kg	03 May 2011

NP 428A



Licence No: S6932781H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7241211G

Name
MAZNI BINTE MAHBOB

Race
MALAY

Date of Birth
26-10-1972

Sex
F

Country of Birth
SINGAPORE



0749944

NRIC No. S7241211G

Blood Group: O+ Date of issue: 03-07-1994

APT BLK 611 WOODLANDS RING ROAD #06-205
SINGAPORE 730611
NRIC No: S7241211G Date: 07-07-2004 No: 5007217



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: 5105229404

Cover : drivo CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN103U |
| Chassis Number | : MR053HY9305084550 |
| 2. Name of Policyholder | : MAZNI BINTE MAHBOB |
| 3. Effective Date of Insurance | : 03 Nov 2018 |
| 4. Expiry Date of Insurance | : 02 Nov 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZULKIFLI BIN SUHLI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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)

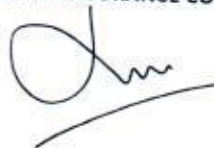
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 03 Nov 2018 10:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5105229404		MAZNI BINTE MAHBOB	57241211G	GPC	drivo CLASSIC	SJN103U	SJN103U	03/11/2018	02/11/2019

Continue

 Policy Information

Policy No.	5105229404	Policyholder Name	MAZNI BINTE MAHBOB	Policyholder NRIC	57241211G
Certificate No.					
Address	BLK 611 #06-205 WOODLANDS RING ROAD SINGAPORE 730611				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	03/11/2018	Effective Date	03/11/2018 00:00	Expiry Date	02/11/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	757.36		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 611 #06-205	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730611
Address 4		Address Type	Singapore address	Post Code	730611
Unit No.		Related Policy Number	5105229404		

 Insured Object: SJN103U

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
Continue Cancel				

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1018718

Policy No.	S105229404	Vehicle No.	SIN103U	GST Registration No.	
Certificate No.					
Policyholder Name	MAZNI BINTE MAHBOB			Policyholder NRIC	S7241211G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93210355	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	07/11/2018 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/11/2018	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YORK HILL RD TWDS CHIN SWEE RD				
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 Status verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 611 #06-205	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730611
Address 4		Address Type	Singapore address	Post Code	730611
Unit No.		Related Policy Number	S105229404		
Of Driver Info					
Driver Name	ZULKIFLI BIN SUHLI	Driver Type	Main Driver	Driver DOB	06/10/1969
Unaffiliated driver Name		Driver NRIC	S6932781H	Driving Experience	7
Register Date of Driver License	02/05/2011	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	90923578	Contact No.(Office)	0	Address 3	SINGAPORE 730611
Address 1	BLK 611	Address 2	WOODLANDS RING ROAD	Post Code	730611
Address 4		Address Type	Singapore address		
Unit No.	06-205				
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	MAZNI BINTE MAHBOB	Insured NRIC	S7241211G
Contact No.(Mobile)	93210355	Contact No.(Home)	63660718	Contact No.(Office)	
Email Address	masayuni_72@hotmail.com	DI Vehicle Number	SIN103U	TP Vehicle Number	GBD4710M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN103U / GBD4710M ON 7 Nov 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	07/11/2018 16:04	Claim Close Date		Date Received	07/11/2018 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1018718	Claim No.	001						
Last Doc. Received	☒ Yes ☐ No	Upload Date	07/11/2018 16:05						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	☐	Normal				
	Browse...	Clear	Please Select	☐	Normal				
	Browse...	Clear	Please Select	☐	Normal				

	Browse...	Clear	Please Select	v	v	Normal	
	Browse...	Clear	Please Select	v	v	Normal	
	Browse...	Clear	Please Select	v	v	Normal	

フ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	SAS	Normal	SAS 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:05	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Nov 2018 16:04	Photos	Normal	Photos 2018-11-7		Edit

Video List

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