

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA 118 NS 799-01

Date In: 10/11/18-15:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC 180 2390/24	SAS e-filing		
Veh No: J166 1258A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/18-22:30	i-Motor Claim Form	14/10/19218-001	10/11/18 16:38
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: JHF 612

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

NA1807354

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 (\$)

Am't (\$)

Est Bill

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:-

QJ:

*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 (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 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	10/11/2018 15:32
Date Of Accident	09/11/2018 22:30
Exact Location Of Accident	JUNC BISHAN ST 14 & BISHAN PL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG1258A
Insured/Policyholder	
Name Of Registered Owner	ONG LAY TIN
NRIC No	S6802144H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90282226
Alternative Phone No	OFFICE-90282226

Vehicle Particulars

Manufacturer	BMW
Model	535I 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	5096815258
Cover Note Number	

Driver

Name of Driver	YEO KUN SIONG (YANG KUNXIANG)
NRIC No	S9135869G
Date Of Birth	03/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90282226
Fax Number	
Contact Number	OFFICE-90282226
Email Address	NOEMAIL

Address	89 YISHUN STREET 81 #11-10
Postcode	768449
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHF612 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181110/2002.

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	JHF612
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL ZARIQ BIN ABDUL HALIM
NRIC/Passport Number	A38812857
Contact Number	96782603
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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:

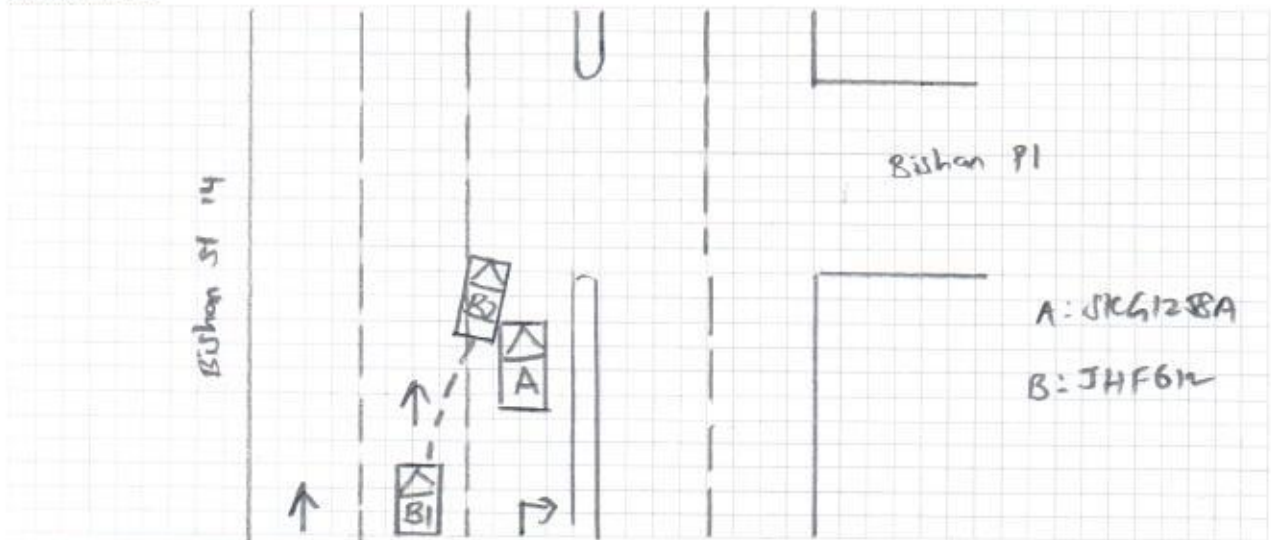
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 - 1/2018/110/2002.

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/20181110/2002

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20181110/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2018 00:08	Vide Report No.: E/20181109/0153	Station Diary No.: 1
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Informant's Particulars

Name of Informant: YEO KUN SIONG		Address: 89 YISHUN STREET 81 #11-10 SINGAPORE 768449	
ID Type / ID No.: NRIC NO / S9135869G		Contact No.: Home/Office: Mobile: 90060975	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 03/10/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Interior Designer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2018 22:30	Type of Location:
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Location:
Along Road 1
BISHAN STREET 14

Along Bishan St 14 near to Junction 8

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light
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Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
JHF612	Lorry				Slightly Damaged	1
SKG1258A	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181110/2002

2 of 3

Report No. T/20181110/2002

Police Station Of Origin:
Ang Mo Kio North N.P.C
1 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

On the 09/11/2018 at about 2230hrs, I was driving my car bearing registration plate number of SKG1258A along Bishan St 14 near to Junction 8.

I had filtered to the right most lane and there was a lorry bearing registration plate number of JHF612 travelling on the lane on my left. I was moving forward slowly and I saw that the lorry had signaled right but I did not expect it to make a right turn as the lane he was on was a straight only lane.

Suddenly, the lorry made a right turn and I applied my emergency brakes and my car nearly came to a stop but the lorry could not brake in time and it hit onto the left side area of my car. We both immediately went out of our vehicles to make a check on the damages. There are scratches and dents on the front left fender of my car and my car's left side mirror had broke off. The lorry's bottom right area had scratches and dents. No one was hurt in the accident. I called for the police thereafter. Subsequently, the traffic police came and advised me to lodged a police report. The lorry driver's contact number is 96782603.

**SINGAPORE
POLICE FORCE**



T/20181110/2002

3 of 3

Report No. T/20181110/2002

Police Station Of Origin:
Ang Mo Kio North N.P.C
1 Ang Mo Kio Avenue 9 SINGAPORE
669784
Tel No: 1800-4849999

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:

F /

Sgt 2 YEO JUN BIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Signature Of Informant:

Date/Time:

10/11/2018 00:08

Classification Of Case:

Authentication Stamp

NP168

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MWA118145679 Vehicle Registration No: JKG RJ8A
Name(as shown in NRIC) : Yeo Kun Jang (Yang Kunxiang) NRIC/FIN/Passport No : S91358696
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 84 Yishun Street 81 #11-10 Singapore(768849)
Contact (Tel) : _____ Mobile No. : 90060975
Email Address : _____
Date of Accident : 9/1/18 Time of Accident : 21:30
Place of Accident : Jinc Bishan H 14 & Bishan PI
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend driver IC number - S91358696

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S9135869G**
 Name: **YEO KUN SIONG (YANG KUNXIANG)**
 Birth Date: **03 Oct 1991**
 Issue Date: **22 Nov 2012**

002126099H

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S9135869G**


Name: **YEO KUN SIONG (YANG KUNXIANG)**
 楊 坤 祥
 Race: **CHINESE**
 Date of birth: **03-10-1991** Sex: **M**
 Country of birth: **SINGAPORE**

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

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **22 Nov 2012**

NP 423A

Licence No: **S9135869G**

3950489


 NRIC No. **S9135869G**


 Date of issue: **27-10-2006**

83 YISHUN STREET #11-10
SINGAPORE 768449
 NRIC No: **S9135869G** Date: **12/07/2009** No: **6265061**

eBaoTech

GeneralClaim

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="09/11/2018 22:30"/>
Vehicle No. (For Motor)	<input type="text" value="SKG1258A"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096815258		ONG LAY TIN	S6802144H	GPC	drive CLASSIC	SKG1258A	SKG1258A	22/12/2017	29/12/2018

[Continue](#)

Policy Information

Policy No.	5096815258	Policyholder Name	ONG LAY TIN	Policyholder NRIC	S6802144H
Certificate No.					
Address	89 YISHUN STREET 81 #11-10 ORCHID PARK CONDOMINIUM SINGAPORE 768449				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/12/2017	Effective Date	22/12/2017 00:00	Expiry Date	29/12/2018 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	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	89 YISHUN STREET 81	Address 2	#11-10 ORCHID PARK CONDOM	Address 3	SINGAPORE 768449
Address 4		Address Type	Singapore address	Post Code	768449
Unit No.		Related Policy Number	5096815258		

Insured Object: SKG1258A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. CHAN CLARA

Continue

Cancel

Claim Handling

Exit

Accident MT/1019218

Policy No.	5096815258	Vehicle No.	SKG125BA	GST Registration No.	
Certificate No.					
Policyholder Name	ONG LAY TIN			Policyholder NRIC	S6802144H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90282226	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	10	Private Hire	No

Accident Details

Report Date	10/11/2018 10:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/11/2018	Time of Accident (h:mm)	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BISHAN ST 14 & BISHAN PL				

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	89 YISHUN STREET #1	Address 2	#11-10 ORCHID PARK CONDO	Address 3	SINGAPORE 768449
Address 4		Address Type	Singapore address	Post Code	768449
Unit No.		Related Policy Number	5096815258		

O1 Driver Info

Driver Name	YED KUN SIONG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9135869G	Driver DOB	03/10/1991
Register Date of Driver License	22/11/2012	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	90282226	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	89 YISHUN STREET #1	Address 2	ORCHID PARK CONDO#11/10	Address 3	SINGAPORE 768449
Address 4		Address Type	Singapore address	Post Code	768449
Unit No.	11-10				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	DO-MX	Insured Name	ONG LAY TIN	Insured NRIC	S6802144H
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SKG125BA	TP Vehicle Number	JHF612
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKG125BA / JHF612 ON 9 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	10/11/2018 16:38	Claim Close Date		Date Received	10/11/2018 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1019218	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/11/2018 16:40

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Browse
Clear

Please Select
1:0
Normal

Browse
Clear

Please Select
1:0
Normal

☐ 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 10 Nov 2018 16:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:40	SAS	Normal	SAS 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:39	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 10 Nov 2018 16:38	Photos	Normal	Photos 2018-11-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>				