

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118153688

Date In: 27/11/18 - 14:45	Job description	Date & Time Completed	Done by
Ref No: NA/11818021383/24	SAS e-filing		
Veh No: VKF 426M	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 31/1/18 - 21:30	i-Motor Claim Form	MT/0980982-003	27/11/18 15:05
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:	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
	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:-		
	ON*		
	*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 (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	27/11/2018 14:45
Date Of Accident	31/01/2018 20:30
Exact Location Of Accident	SOPHIA RD TWDS ADIS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4026M
Insured/Policyholder	
Name Of Registered Owner	ANG WEE TECK
Co Reg No	53329305K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98586442
Alternative Phone No	OFFICE-98586442

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY 2.0X
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090453414
Cover Note Number	

Driver

Name of Driver	ANG WEE TECK (HONG WEIDE)
NRIC No	S7408445A
Date Of Birth	18/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98586442
Fax Number	
Contact Number	OFFICE-98586442
Email Address	NOEMAIL

Address	BLK 476 PASIR RIS DRIVE 6 #06-540
Postcode	510476
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	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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. VEHICLE HAS BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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

No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE.
RECENTLY I RECEIVED THE OTHER PARTY LAWYER LETTER THAT I WAS
INVOLVED IN AN ACCIDENT. THERE WAS NO DENT OF MY VEHICLE DURING
THE TIME OF ACCIDENT.

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 18) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: Sophia Rd, Tropicana, Adis Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 426M
 b) INSURANCE COMPANY: ATVC
 c) POLICY NUMBER: 5090453414
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ang Wee Teck (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 533290516 CONTACT: 98586442
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Wee Teck (Chang Weide) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57428445A CONTACT: 98586442
 c) ADDRESS: Blk 476, Tropicana Drive, 6 406-54 (510476)

* d) DATE OF BIRTH: (18 / 3 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/1/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: JHD 9809J MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

VIDEO =

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Case No.: MC/MC 17308/2018

Sub Case No.: MC/SUM
7365/2018

Doc No.: MC/ORC 7291/2018

Filed: 20-November-2018 02:55 PM

Between

TAY CHWEE WAN
(NRIC No. S1332768H)

...Plaintiff(s)

And

ANG WEE TECK
(NRIC No. S7408445A)

...Defendant(s)



ORDER OF COURT

Before: Deputy Registrar Teo Guan Kee in Chambers

Date of Order: 13-November-2018

Upon the application of TAY CHWEE WAN (NRIC No. S1332768H) the Plaintiff in this action coming on for hearing this day, and upon reading the affidavit of PRASANNA PRABHAKARAN filed on 13-November-2018,

It is ordered that:

1. Service of Writ of Summons, Statement of Claim and List of Documents together with a copy of the Order to be made hereon be effected by –
 - a. posting a copy of the same on the front door at BLK 476 Pasir Ris Drive 6 #06-540 Singapore 510476;
2. Service in the manner aforesaid shall be deemed good and sufficient service of the Writ of Summons, Statement of Claim and List of Documents on the Defendant; and
3. Costs of and incidental to this application be costs in the cause.

A handwritten signature in black ink, appearing to be "Jm", is written above the name of the Registrar.

JENNIFER MARIE
REGISTRAR
STATE COURTS
SINGAPORE

ST AUTOMOBILE

210 Turf Club Road
Lot A12/A27, The Grandstand Car Mall, Singapore 287995
Tel :6464 9098 Fax :6464 8890

Purchase Agreement

PA:

Company & GST Registration No.: 201605341M

I/We, ANG WEE TECK Date: 20 Jun 18
of registered address BLK 476 PAIR RU DRIVE S #06 -540 551047 I.C./Business Reg. No. 53329305K
_____ at contact no. _____ hereby agree to sell to ST AUTOMOBILE

PTE LTD, the following vehicle at the agreed price shown below.

Make & Model	<u>TOYOTA Vaux 2.0X</u>	Engine No.	<u>3ZR 401354</u>
Registration No.	<u>SKE 4026 M</u>	Chassis No.	<u>ZRR70010410J-</u>
Year of Make	<u>2008</u>	Color	<u>BLACK</u>
Date of Registration	<u>13 Aug 2008</u>	Mileage	<u>190K</u>
No. of Owners	<u>03</u>	ARF & COE	<u>\$16,317 \$17,510</u>

Purchase Price	7,972-00
Deposit or Initial Payment	/
Outstanding H.P. Loan with _____ due on _____	/
Balance payable at time of collection / delivery of vehicle	9,972-00

Vehicle delivered on _____ at _____ hr in satisfactory condition.

All traffic offences / summons and accidents after the delivery date and time will be borne by the buyer.

Remarks _____

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE THAT THE PURCHASE OF THE VEHICLE BY ST AUTOMOBILE PTE LTD ("THE COMPANY") FROM YOU IS GOVERNED BY THE TERMS OF THIS PURCHASE AGREEMENT AND THE STANDARD TERMS AND CONDITIONS OF PURCHASE OVERLEAF.

Executed by the Parties on the above date.

Signed for and on behalf of
ST AUTOMOBILE PTE LTD

Authorised Signature

Date: 20 Jun 2018

Signed by the Customer

ANG WEE TECK
53329305K

Name: ANG WEE TECK

NRIC No: 53329305K

Date: 20 Jun 18

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of ANG WEE TECK (53329305K)

Date: 21/11/2018

The Following Are The Brief Particulars of :

Name of Business	:	ANG WEE TECK
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53329305K
Registration Date	:	17/02/2016
Commencement Date	:	17/02/2016
Status of Business	:	Live
Status Date	:	03/05/2017
Renewal Date	:	03/05/2017
Expiry Date	:	17/02/2020
Renewal via GIRO	:	NO
Constitution of Business	:	Partnership
Principal Place of Business	:	476 PASIR RIS DRIVE 6 #06-540 SINGAPORE (510476)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	:	UBER, GRAB SERVICES
Activities (II)	:	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	:	CAR LEASING

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
ANJANETTE HUAN SHEN FEI	S7406766B	SINGAPORE CITIZEN	476 PASIR RIS DRIVE 6 #06-540 SINGAPORE (510476)	ACRA	17/02/2016
ANG WEE TECK	S7408445A	SINGAPORE CITIZEN	476 PASIR RIS DRIVE 6 #06-540 SINGAPORE (510476)	ACRA	17/02/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S7408445A

ANG WEE TECK
(HONG WEIDE)

16 Mar 1974

19 Feb 2003

1000285535C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7408445A



ANG WEE TECK
(HONG WEIDE)

洪伟德

Race
CHINESE

Date of birth 18-03-1974 Sex M

Country of birth
SINGAPORE

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 1B	Motorcycles < 200 CC	29 Dec 1994
Class 2A	Motorcycles between 201 CC and 400 CC	15 Jul 2003
Class 2	Motorcycles > 400 CC	11 Sep 2004
Class 3	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg	19 Nov 1996
Class 4	Heavy motor cars and motor tractors > 2500 kg	18 Feb 2013

S/No 0000177822

License No. S7408445A

3530086



NRIC No. S7408445A



Date of issue
08-05-2004

Address
APT BLK 476 PASIR RIS DRIVE 6
#06-540
SINGAPORE 510476

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="31/01/2018 20:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKF4026M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090453414		ANG WEE TECK	53329305K	GPC	drivo CLASSIC	SKF4026M	SKF4026M	18/04/2017	17/04/2018
<input type="button" value="Continue"/>										

Claim Handling

• EXIT

Accident MT/0980982

Policy No.	5090453414	Vehicle No.	SKF4026M	GST Registration No.	
Certificate No.					
Policyholder Name	ANG WEE TECK			Policyholder NRIC	53329305K
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
K/F	<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(%)	0	Private Hire	Not available
Accident Details					
Report Date	05/02/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	31/01/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG SOPHIA ROAD TOWARD ADIS ROAD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 476 #06-540	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510476
Address 4		Address Type	Singapore address	Post Code	510476
Unit No.	06-540	Related Policy Number	5090453414		
OT Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 003 New

Claim Type *	OD-MX	Insured Name	ANG WEE TECK	Insured NRIC	53329305K
Contact No.(Mobile)	NIL	Contact No.(Home)	67435123	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SKF4026M	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKF4026M ON 31 Jan 2018		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	27/11/2018 15:05	Claim Close Date		Date Received	27/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0980982	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2018 15:06
Path *			
	Browse... Clear	Category *	Confidential
	Browse... Clear		Urgency *
	Browse... Clear		Description *
	Browse... Clear		
	Browse... Clear		
	Browse... Clear		
	Browse... Clear		

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:06	SAS	Normal	SAS 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit
	NAC_PAYA_UBI_8006001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Nov 2018 15:05	Photos	Normal	Photos 2018-11-27		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	