



## 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	10/12/2018 20:46
Date Of Accident	09/12/2018 23:30
Exact Location Of Accident	JUNC JURONG TOWN HALL RD & AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD770R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA PACZ PTE LTD
Co Reg No	199103705M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62616161

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL MANUAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5088611273-01
Cover Note Number	

### Driver

Name of Driver	ARCHUNAN SATHIYARAJ
Passport No/FIN	G6688170P
Date Of Birth	09/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91007941
Fax Number	
Contact Number	OFFICE-91007941
Email Address	NOEMAIL

Address 7030 ANG MO KIO AVENUE 5  
#01-07/08 NORTHSTAR @ AMK

Postcode 569880

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR

Road Surface WET

#### 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? YES

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: : HOSSAN MOHAMMAD SOHEB  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 132 PAYA LEBAR ROAD , **POSTCODE:** 409014 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-8486999 - **FAX NO:** 68486799

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181210/2114.

#### 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 SKQ536B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ASMZAKARIA BHUIYAN

NRIC/Passport Number S8855434E

Contact Number 87263622

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name ARCHUNAN SATHIYARAJ  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD770R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name HOSSAN MOHAMMAD SOHEB  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBD770R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

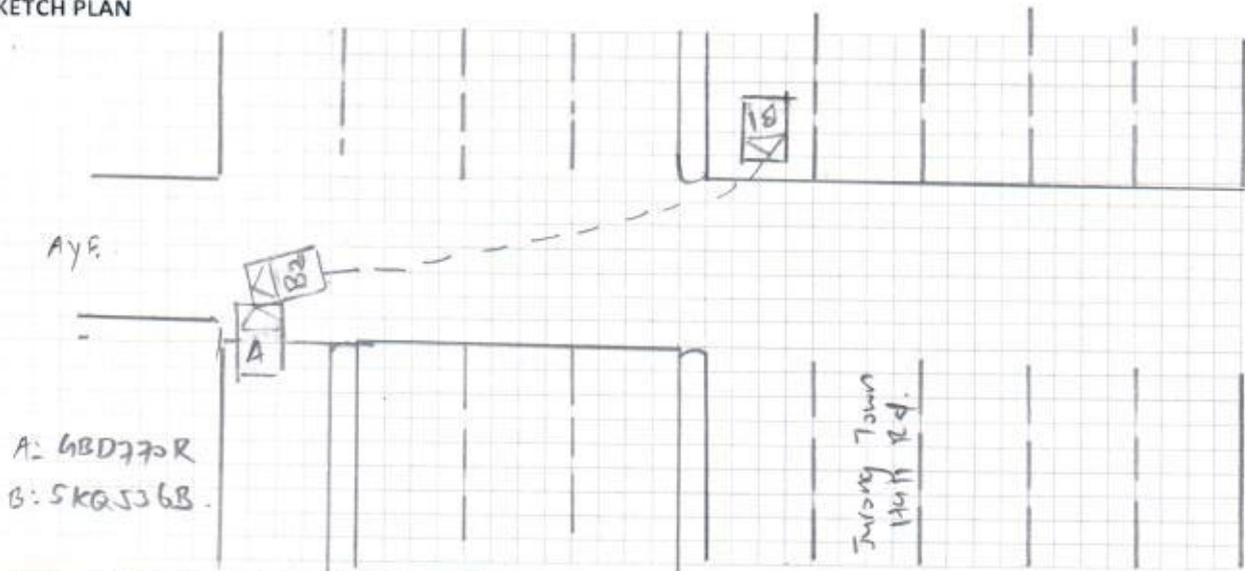
*A. Samickul*

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

*[Signature]*

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/110/2117

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*A. Samy Devi*

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

*[Signature]*

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

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 9/12/18 ) (DD/MM/YYYY), TIME: ( 23:30 ) (HH:MM)

LOCATION: Junc Jurong Town Heli Rd L Aye.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GDDA 770R  
b) INSURANCE COMPANY: N700  
c) POLICY NUMBER: 508861123-01  
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: for 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: Asia Pacz Pte Ltd. ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: 199103725M CONTACT: 62616161  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Archanan Sathiyaraj ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: 4668878P CONTACT: 91007941  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 9/12/1988 ) ( DD/MM/YYYY )

- e) OCCUPATION: ( INDOOR / OUTDOOR )  
f) YEARS OF DRIVING EXPERIENCE: 12/12/2010

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

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: JKR 65368 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: 58855434E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
( including driver )  
( 2 )

Hossan Mohammad  
Shah. Cm.

\* No of passenger  
( including driver )  
( 2 )

\* No of passenger  
( including driver )  
( )

email =

fax =

video =





Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

Passenger			
Name	HOSSAN MOHAMMAD SOHEB	ID No.	G2119647P
Related Vehicle	GBD770R (Lorry)	Contact No.	82206747
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2018	Date Discharge	10/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	ARCHUNAN SATHIYARAJ	ID No.	G6688170P
Related Vehicle	GBD770R (Lorry)	Contact No.	91007941
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2018	Date Discharge	10/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ASMZAKARIA BHUIYAN	ID No.	S8855434E
Related Vehicle	SKQ536B (Car)	Contact No.	87263622
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 9th December at around 2330hrs, I was met with a road traffic accident along Pandan Gardens, Jurong Town Hall Road. I was driving my company lorry, belonging to ASIA PACZ PTE. LTD, along with my colleague namely HOSSAN MOHAMMAD SOHEB, FIN Number G2119647P as a passenger in my lorry vehicle. As I was crossing the junction, it was green light and I have the right of way. The other party as mentioned above, in the vehicle number S8855434E, was on the road at the opposite direction. It was a green light for him, however not a green arrow indicator. He was turning into AYE while I was travelling straight, and soon after he collided into my vehicle, from the side. I was travelling at about 60-70km/hr and the road had a speed limit of 70km/hr.

I wish to state that both me and my passenger had suffered injuries and was conveyed to NG TENG FONG Hospital Emergency Department for treatment and was given 3 days Medical Certificate for



**SINGAPORE  
POLICE FORCE**



T/20181210/2114

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 4

Report No. T/20181210/2114

**CONTINUATION OF REPORT**

myself, and 2 days Medical Certificate for my passenger HOSSAN MOHAMMAD SOHEB. The damages caused to my vehicle were serious damage to the front of my lorry vehicle, the airbag was deployed and my vehicle could no longer start at that point of time, despite numerous attempt to activate the ignition.



**SINGAPORE  
POLICE FORCE**



T/20181210/2114

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

4 of 4

Report No. T/20181210/2114

**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:  
G /  
Staff Sgt SITI NURAIDAH BINTE ABDULL  
RAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
10/12/2018 17:13

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License No: **G6688170P**

**ARCHUNAN SATHIYARAJ**

Birth Date: **09 Dec 1988**  
 Issue Date: **24 Nov 2017**  
 Valid Till: **16/12/2022**

002746962A




**WORK PERMIT**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **ASIA PACZ PTE. LTD.**

**SATHIYA 91007941**

Name: **ARCHUNAN SATHIYARAJ**  
 Work Permit No: **D 35030360** Sector: **CONSTRUCTION**

**K0361585**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	17 Dec 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	17 Dec 2012

License No: G6688170P



**VISIT PASS**  
 Immigration Regulations

Name: **ARCHUNAN SATHIYARAJ**

IR No: **G6688170P**

Date of Birth: **09-12-1988** Sex: **M**

Nationality: **INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





NP 428A

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088611273-01		ASIA PACZ PTE. LTD.	199103705M	GFT	Comprehensive	GBD770R	GBD770R	24/03/2018	

Continue

**Policy Information**

Policy No.	5088611273-01	Policyholder Name	ASIA PACZ PTE. LTD.	Policyholder NRIC	199103705M
Certificate No.					
Address	7030 ANG MO KIO AVENUE 5 #01-07/08 NORTHSTAR @ AMK SINGAPORE 569880				
Product Name	FLEET INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	19/03/2018	Effective Date	24/03/2018 00:00	Expiry Date	23/03/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
					Young/Inexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-07/08 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4	Address Type		Singapore address	Post Code	569880
Unit No.	Related Policy Number		5105594148		

**Insured Object: GBD770R**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/05/2018 00:00	Basic Information Endorsement	000001286822147	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG8466B 22-05-2018 \$819.02 In view of this amendment, an additional premium of \$819.02 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

Claim Handling

Exit

Accident MT/1023296

Policy No.	SD8861273-01	Vehicle No.	G80770R	GST Registration No.	M201010926
Certificate No.					
Policyholder Name	ASIA PACZ PTE. LTD.			Policyholder NRJC	199103705M
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	92616161	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
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(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	30/12/2018 20:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	09/12/2018	Time of Accident (H:MM)	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG TOWN HALL RD & AYE				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	30/05/1994		
GST Registration No.	M201010926	GST Status Verified	yes		
Modification History					

Policyholder Mailing Address

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-07/08 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4		Address Type	Singapore address	Post Code	569880
Unit No.		Related Policy Number	5105594148		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/12/1988
Unnamed driver Name	ARCHUNAN SATHIYARAJ	Driver NRJC	G6688170P	Driving Experience	5
Register Date of Driver License	17/12/2012	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	91007941	Contact No.(Office)	0	Address 3	SINGAPORE 569880
Address 1	7030 ANG MO KIO AVENUE 5	Address 2	NORTHSTAR @ AMK	Post Code	569880
Address 4		Address Type	Singapore address		
Unit No.	01-07/08				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ASIA PACZ PTE. LTD.	Insured NRJC	199103705M	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	92778244	
Email Address	construction@aj-groups.com	Of Vehicle Number	G80770R	TP Vehicle Number	SKQ536B	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRJC *				
Claimant Address						
Claim Description	G80770R / SKQ536B ON 9 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Preferred Repair Option	Preferred Workshop, Name unknown	
Require Finalisation	Yes	Claim Close Date		GIA report	Received	
Date Registered	10/12/2018 21:01			Date Received	10/12/2018 00:00	
Report Taken By	Jackson					

Attachment

Accident No.	MT/1023296	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2018 21:02

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

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 10 Dec 2018 21:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:02	SAS	Normal	SAS 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2018 21:01	Photos	Normal	Photos 2018-12-10		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				