

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA11816031V

Date In: 12/12/18-12:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022350/24	SAS e-filing		
Veh No: 6DF8113A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/18-12:15	i-Motor Claim Form	M/1023595-001	12/14/18 12:56
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: FDH1816R

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

NA805180

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Est 1:

Est 2/3:

- 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) RT: 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:-
- 9) Q1:
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/12/2018 12:22
Date Of Accident	11/12/2018 17:15
Exact Location Of Accident	KILLINEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8113A
Insured/Policyholder	
Name Of Registered Owner	CHIN WAH AND COMPANY
Co Reg No	00641000J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96912588
Alternative Phone No	OFFICE-96912588

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	NO
Policy Number	5088655300-01
Cover Note Number	

Driver

Name of Driver	TAN YONG JIE, LESTER
NRIC No	S8850566B
Date Of Birth	19/12/1988
Occupation	INDOOR
Date Of Driving Pass	31/08/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912588
Fax Number	
Contact Number	OFFICE-96912588
Email Address	NOEMAIL

Address	22 DUBLIN ROAD
Postcode	239810
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	0

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	FBH1816R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PETER SMITH
NRIC/Passport Number	
Contact Number	98478000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJE505R
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



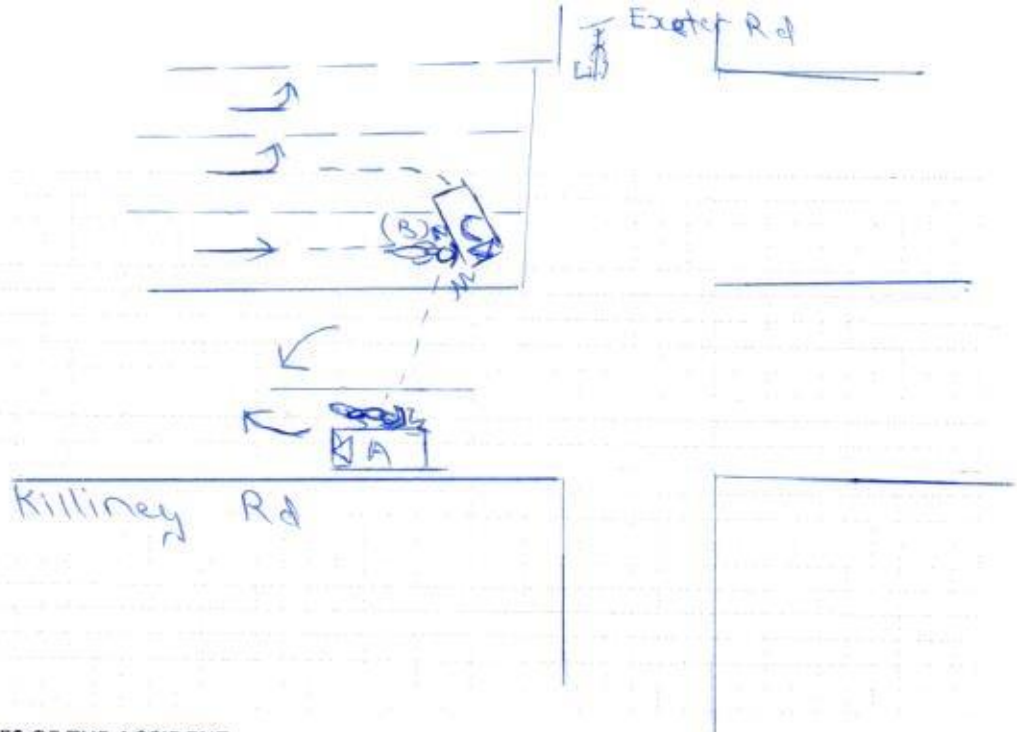
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

- A) GBF 8113 A
- B) FBH 1816 R
- C) SJE 505R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our lorry was parked along the roadside. Veh (C) which was driving on the other side of the road made an attempted illegal U-turn. Veh (B) which was riding behind could not brake & collided onto the right front door of Veh (C).

The motorcyclist fell & his motorcycle slid across the road & hit onto the side of my stationary lorry.

The police came & the incident was recorded.

A few of our staff who were outside witnessed the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

VEHICLE NO: GBF 8113A		MAKE/MODEL: Toyota Dyna	
Date of Accident	11.12.18	Time: 15:15 hrs	Foreign Veh Involved YES / NO
Location of Accident	Killiney Rd		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved :
Claim Type	OD / TP / REPORTING		Was There Any Witness YES / NO
INSURANCE CO	NTUC Income Ins		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	5088655300-01		
Fleet Policy	YES / NO		
OWNER / CO. NAME		OTHER VEHICLES	
chun wah & Co		VEHICLE B FBH 1816R	
NRIC / Co's Reg No.	00641000J	Category :	
Address	63 Killiney Rd	Driver's Name : Peter Smith	
	Spon 254523	NRIC No :	
Contact / Mobile No	96912588	Contact No : 98478000	
Email Address		No. of Passenger :	
Date of Birth			
Gender	M / F	VEHICLE C SJE 505R	
DRIVER'S NAME	no driver	Category :	
NRIC No	Vehicle was parked	Driver's Name :	
Address		NRIC No :	
		Contact No :	
Contact / Mobile No		No. of Passenger :	
Email Address			
Date of Birth		VEHICLE D	
Gender	M / F	Category :	
LICENSE PASSED DATE		Driver's Name :	
		NRIC No :	
Occupation	Indoor / Outdoor	Contact No :	
Relation with Owner		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others drizzling	Video Captured : Yes / No	
Road Surface	Dry / Wet / Others		
INJURED : YES / NO			
Name of Injured : Motorcyclist		Police Report : YES / NO	
Convey To Hospital by Ambulance : YES / NO		If YES, Where :	
NO. OF PASSENGERS : 0			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop :		Contact No :	
Address		Email :	
SUCCESS UNITED PTE LTD 2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921 Tel: 6746 1515 Fax: 6748 5015			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8850566B**

Name **TAN YONG JIE, LESTER**

Birth Date **19 Dec 1988**

Issue Date **31 Aug 2007**

001526180D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8850566B**



Name

TAN YONG JIE, LESTER

陳 永 杰

Race

CHINESE

Date of birth

19-12-1988

Sex

M

Country of birth

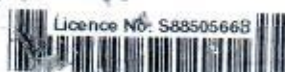
SINGAPORE

S8850566B

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 31 Aug 2007



Licence No. S8850566B

NP 428A



NRIC No. **S8850566B**



Date of issue

29-12-2003

Address

**22 DUBLIN ROAD
SINGAPORE 239810**

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 : 5088655300-01

Cover : Comprehensive

- | | |
|--|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF8113A |
| Chassis Number | : JTFAT35Y70K207606 |
| 2. Name of Policyholder | : CHIN WAH AND COMPANY |
| 3. Effective Date of Insurance | : 23 Mar 2018 |
| 4. Expiry Date of Insurance | : 22 Mar 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : GOSHEN FINANCIAL PTE. LTD. (00000573171)
Date of Issue : 01 Mar 2018 12:16 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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088655300-01		CHIN WAH AND COMPANY	006410003	GCV	Comprehensive	GBF8113A	GBF8113A	23/03/2018	22/03/2019

 Policy Information

Policy No.	5088655300-01	Policyholder Name	CHIN WAH AND COMPANY	Policyholder NRIC	00641000J
Certificate No.					
Address	63 KILLINEY ROAD SINGAPORE 239523				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	01/03/2018	Effective Date	23/03/2018 00:00	Expiry Date	22/03/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	GOSHEN FINANCIAL PTE. LTD.	Agent Tel.	94507783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	63 KILLINEY ROAD	Address 2	SINGAPORE 239523	Address 3	
Address 4		Address Type	Singapore address	Post Code	239523
Unit No.		Related Policy Number	5064761856-04		

 Insured Object: GBF8113A

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1023595

EXIT

Policy No.	508655300-01	Vehicle No.	GBF8113A	GST Registration No.	M880023462
Certificate No.					
Policyholder Name	CHIN WAH AND COMPANY	Cover Type	Comprehensive	Policyholder NRIC	00641000
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96912588	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/12/2018 13:54	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	11/12/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KILLINEY RD				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M880023462	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	63 KILLINEY ROAD	Address 2	SINGAPORE 239523	Address 3	
Address 4		Address Type	Singapore address	Post Code	239523
Unit No.		Related Policy Number	5084761856-04		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/12/1988
Unnamed driver Name	TAN YONG JIE, LESTER	Driver NRIC	S8850566B	Driving Experience	11
Register Date of Driver License	31/08/2007	Driver Age	29	Contact No. (Home)	0
Contact No. (Mobile)	96912588	Contact No. (Office)	0	Address 3	
Address 1	22 DUBLIN ROAD	Address 2	SINGAPORE 239810	Post Code	239810
Address 4		Address Type	Singapore address		
Unit No.					
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	CHIN WAH AND COMPANY	Insured NRIC	00641000
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	GBF8113A	TP Vehicle Number	FBH1816R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF8113A / FBH1816R ON 11 Dec 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	12/12/2018 13:56	Claim Close Date		Date Received	12/12/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1023595	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2018 13:57

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

Browse...		Clear	Please Select	1/1	Normal	
Browse...		Clear	Please Select	1/1	Normal	
						<input type="checkbox"/> Send Message <input type="button" value="Upload"/>
Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:57	SAS	Normal	SAS 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:57	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:57	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:56	Photos	Normal	Photos 2018-12-12		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:56	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:56	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 13:56	Photos	Normal	Photos 2018-12-12		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"/>						