

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA1900038

Date In: 3/1/19-17:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1900038/24	SAS e-filing		
Veh No: 5525712M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/18-11:15	i-Motor Claim Form	M/1026276-001	3/1/19 18:16
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: Vch No: 5525712M 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	Am't (\$) Inc Bill	Am't (\$) 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		
	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 / 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	

Auditors' Comments :-

at 1:

at 2 / 3:

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	03/01/2019 13:43
Date Of Accident	31/12/2018 11:15
Exact Location Of Accident	CTE TWDS BALESTIER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ5712M
Insured/Policyholder	
Name Of Registered Owner	ZHONG YAODONG
NRIC No	S8437484I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97973149
Alternative Phone No	OFFICE-97973149
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102778615
Cover Note Number	
Driver	
Name of Driver	ZHONG YAODONG
NRIC No	S8437484I
Date Of Birth	10/12/1984
Occupation	INDOOR
Date Of Driving Pass	25/09/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97973149
Fax Number	
Contact Number	OFFICE-97973149
EMail Address	NOEMAIL

Address	BLK 472C FERNVALE STREET #19-67
Postcode	793472
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	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	SKQ8555T
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.



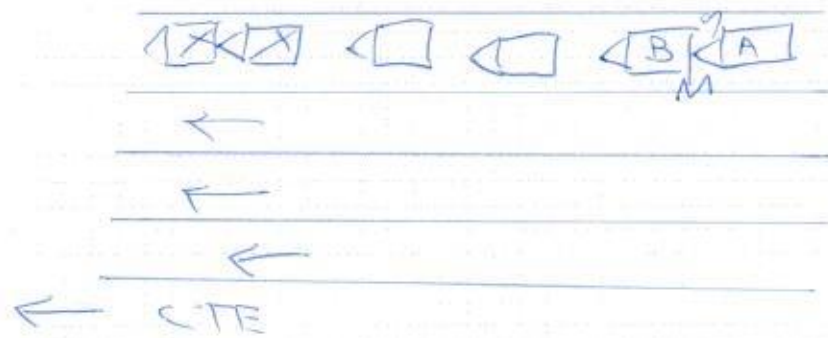
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A) SJQ 5712 M
B) SKQ 8555 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the CTE when cars ahead suddenly jammed brake. I braked as well but could not avoid colliding into Veh (B). I later realised the vehicles ahead suddenly stopped as there was an accident about 100m ahead. No one was injured.

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 : <u>SJQ 5712M</u>		MAKE/MODEL : <u>Mit Lander</u>	
Date of Accident	<u>31-12-18</u>	Time: <u>11:15 hrs</u>	Foreign Veh Involved YES / <u>NO</u>
Location of Accident	<u>CTE → Bahatien</u>		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved :
Claim Type	<u>OD / TP / REPORTING</u>		Was There Any Witness YES / NO
INSURANCE CO	<u>NTUC Insurance</u>		Name of Witness :
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>		Contact No :
Policy No	<u>5102778615</u>		
Fleet Policy	<u>YES / NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	<u>Zhang Yao Dong</u>		VEHICLE B <u>SKQ 8555T</u>
NRIC / Co's Reg No.			Category :
Address	<u>B1K 472C Fernvale</u>		Driver's Name :
	<u>street #19-67</u>		NRIC No :
Contact / Mobile No	<u>97973149 (79342)</u>		Contact No :
Email Address			No. of Passenger :
Date of Birth	<u>10-12-84</u>		
Gender	<u>(M) / F</u>		VEHICLE C
DRIVER'S NAME	<u>as above</u>		Category :
NRIC No			Driver's Name :
Address			NRIC No :
			Contact No :
Contact / Mobile No			No. of Passenger :
Email Address			
Date of Birth			VEHICLE D
Gender	<u>(M) / F</u>		Category :
LICENSE PASSED DATE	<u>25-9-2013</u>		Driver's Name :
			NRIC No :
Occupation	<u>Indoor / Outdoor</u>		Contact No :
Relation with Owner			No. of Passenger :
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>(Clear) / Raining / Others</u>		Video Captured : YES / <u>NO</u>
Road Surface	<u>(Dry) / Wet / Others</u>		
INJURED : YES / <u>NO</u>			
Name of Injured			Police Report : YES/NO
Convey To Hospital by Ambulance : YES / NO		If YES, Where :	
NO. OF PASSENGERS : <u>140</u>			
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 :	
<p>SUCCESS UNITED PTE LTD 2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921 Tel: 6746 1515 Fax: 6748 5015</p>			

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S84374841**

Name

ZHONG YAODONG

Birth Date: **10 Dec 1984**

Issue Date: **25 Sep 2013**



002228188G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S84374841**



Name

ZHONG YAODONG

钟耀东

Race

CHINESE

Date of birth

10-12-1984

Country/Place of birth

SINGAPORE

Sex

M

S84374

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Sep 2013



Licence No: S84374841

NP 428A



NRIC No: **S84374841**



Date of issue

13-11-2015

Address

**APT BLK 472C FERVALE STREET
#19-67
SINGAPORE 793472**

553

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5102778615		
The Policyholder	: ZHONG YAODONG		
	BLK 472C #19-67		
	FERNVALE STREET		
	FERNVALE RIVERGROVE		
	SINGAPORE 793472		
Period of Insurance	: 30 Jul 2018 To 29 Jul 2019		
Sum Insured	: N/A		
Premium (Inclusive GST)	: S\$1,001.39		
Interest Insured			
Cover Type	: Third Party		
Primary Driver	: ZHONG YAODONG		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: MITSUBISHI/LANCER MIVEC	Capacity	: 1500cc
	GLS		
Registration Number	: SJQ5712M	Registration Year	: 2009
Chassis Number	: JMYSRCY2A9U004225	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: N/A
Excess (Section 1)	: N/A	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Additional Excess	: N/A		
Unnamed Driver Excess	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M1

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 30 Jul 2018 13:06 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



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"/>	5102778615		ZHONG YAODONG	S8437464I	GPC	Third Party	SJQ5712M	SJQ5712M	30/07/2018	29/07/2019

Policy Information

Policy No.	5102778615	Policyholder Name	ZHONG YAODONG	Policyholder NRIC	S8437484I
Certificate No.					
Address	BLK 472C #19-67 FERVALE STREET FERVALE RIVERGROVE SINGAPORE 793472				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/07/2018	Effective Date	30/07/2018 00:00	Expiry Date	29/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 472C #19-67	Address 2	FERVALE STREET	Address 3	FERVALE RIVERGROVE
Address 4	SINGAPORE 793472	Address Type	Singapore address	Post Code	793472
Unit No.	19-67	Related Policy Number	5102778615		

Insured Object: SJQ5712M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Exit

Accident MT/1026276

Policy No.	S102778615	Vehicle No.	SJQ5712M	GST Registration No.	
Certificate No.					
Policyholder Name	ZHONG YAO DONG	Cover Type	Third Party	Policyholder NRIC	S84374841
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97973149	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	03/01/2019 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/12/2018	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWOS BAILESTIER RD				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 472C #19-67	Address 2	FERNVALE STREET	Address 3	FERNVALE RIVERGROVE
Address 4	SINGAPORE 793472	Address Type	Singapore address	Post Code	793472
Unit No	19-67	Related Policy Number	S102778615		
01 Driver Info					
Driver Name	ZHONG YAO DONG	Driver Type	Main Driver	Driver DOB	10/12/1984
Unnamed driver Name		Driver NRIC	S84374841	Driving Experience	5
Register Date of Driver License	25/09/2013	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	97973149	Contact No.(Office)	0	Address 3	FERNVALE RIVERGROVE
Address 1	BLK 472C	Address 2	FERNVALE STREET	Post Code	793472
Address 4	SINGAPORE 793472	Address Type	Singapore address		
Unit No	19-67				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ZHONG YAO DONG	Insured NRIC	S84374841	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		01 Vehicle Number	SJQ5712M	TP Vehicle Number	SKQ8555T	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJQ5712M / SKQ8555T ON 31 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	03/01/2019 18:16	Claim Close Date		Date Received	03/01/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1026276	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2019 18:18		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

		Browse	Clear	Please Select	NO	Normal	
		Browse	Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:16	SAS	Normal	SAS 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2019 18:17	Photos	Normal	Photos 2019-1-3		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"/>				