

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **MNA 1190025 88**

Date In: 7/1/19-14:13	Job description	Date & Time Completed	Done by
Ref No: M01 NCI9000295/14	SAS e-filing		
Veh No: J53075J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/1/19 - 18:30	i-Motor Claim Form	M7/102674-201	7/1/19 19:34
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: **SFE 88065** 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 (\$)	Amt (\$)
			for Bill	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			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*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	07/01/2019 14:13
Date Of Accident	06/01/2019 18:30
Exact Location Of Accident	JUNC TAMPINES AVE 4 & TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3075J
Insured/Policyholder	
Name Of Registered Owner	HO BEE HOON
NRIC No	S1581650C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92702420
Alternative Phone No	OFFICE-92702420

Vehicle Particulars

Manufacturer	DAIHATSU
Model	COPEN 660 M
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	5098684313
Cover Note Number	

Driver

Name of Driver	YEO WEE LIE (YANG WEILIE)
NRIC No	S8619521F
Date Of Birth	29/06/1986
Occupation	INDOOR
Date Of Driving Pass	29/07/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92388683
Fax Number	
Contact Number	OFFICE-92388683
EMail Address	NOEMAIL

Address	BLK 939 TAMPINES AVENUE 5 #03-173
Postcode	520939
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190107/7010.

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	SFE8806S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KERVONE NG AI PENG
NRIC/Passport Number	S7940499C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name YEO WEE LIE (YANG WEILIE)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3075J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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)

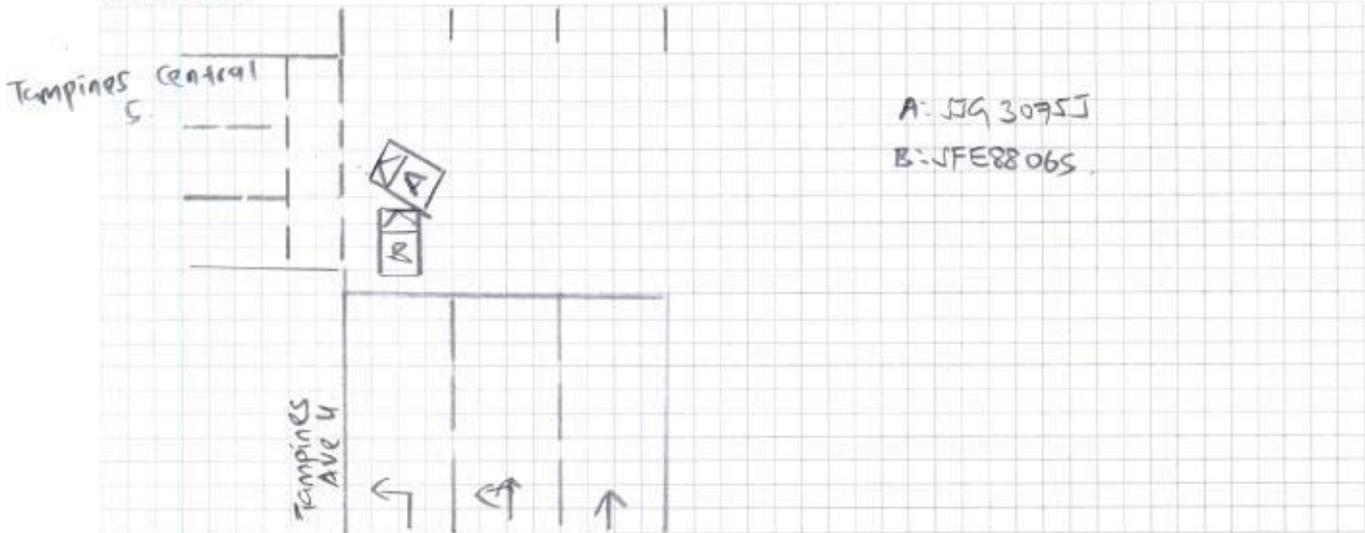
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190107/7210.

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/20190107/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190107/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 13:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: YEO WEE LIE		Address: APT BLK 939 TAMPINES AVENUE 5 #03-173 SINGAPORE 520939	
ID Type / ID No.: NRIC NO / S8619521F		Contact No.: Home/Office:	Mobile: 92388683
Nationality: SINGAPORE CITIZEN		Email: jerryyeo@outlook.com	
Sex: Male	Age: 32	Date of Birth: 29/06/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Commercial airline pilot		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2019 18:30	Type of Location: T-Junction
Location: TAMPINES AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE8806S	Car	HONDA	CIVIC	Blue		0
SJG3075J	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Passenger			
Name	Shanie Ding Jean Hwei		ID No. S9077726B
Related Vehicle	SJG3075J (Car)		Contact No. 81866506
Hospital/Clinic	K K WOMEN'S CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YEO WEE LIE		ID No. S8619521F
Related Vehicle	SJG3075J (Car)		Contact No. 92388683
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/01/2019	Date Discharge	07/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was in lane 2 on Eastbound Tampines Avenue 4 turning left to Tampines Central 5. My left indicator was switched on. After initiating the left turn, I stopped to wait for pedestrians crossing Tampines Central 5. At this time, the other party SFE8806S travelling on lane 3 (left turn only) of Eastbound Tampines Avenue 4 seemingly attempting to proceed straight collided into the rear left side of my car, causing my car to skid approximately 1 metre to the right. The lane I was travelling on was permitted to go straight or turn left at the junction. The other party did not sound her horn at any time in this accident. Both parties then proceeded to the left side on Tampines Central 5 and stopped to exchange particulars.



**SINGAPORE
POLICE FORCE**



T/20190107/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190107/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/01/2019 13:33

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8619521F**

Name
**YEO WEE LIE
(YANG WEILIE)**

Birth Date **29 Jun 1986**
Issue Date **29 Jul 2005**

001359147H




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8619521F**



Name
**YEO WEE LIE
(YANG WEILIE)
杨伟烈**

Race
CHINESE

Date of birth
29-06-1986

Sex
M

Country/Place of birth
SINGAPORE




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	23 Feb 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Jul 2005

S / No. 9000041703

S8619521F

Licence No: S8619521F

NP 428A



5710763



NRIC No. **S8619521F**



Date of issue
06-03-2017

Address
**APT BLK 939 TAMPINES AVENUE 5
#03-173
SINGAPORE 520939**

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"/>	5098684313		HO BEE HOON	S1581650C	GPC	drive CLASSIC	SJG3075J	SJG3075J	19/03/2018	25/06/2019

Continue

Policy Information

Policy No.	5098684313	Policyholder Name	HO BEE HOON	Policyholder NRIC	S1581650C
Certificate No.					
Address	BLK 939 #03-173 TAMPINES AVENUE 5 SINGAPORE 520939				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/03/2018	Effective Date	19/03/2018 00:00	Expiry Date	25/06/2019 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 939 #03-173	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520939
Address 4		Address Type	Singapore address	Post Code	520939
Unit No.		Related Policy Number	5098684313		

Insured Object: SJG3075J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Mar 2018, this policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.
2	30/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LTD CHASSIS NUMBER: L880K0044350 ENGINE NUMBER: JB0374758 VEHICLE REGISTRATION NUMBER: SJG3075J ORIGINAL REGISTRATION DATE: 26 Jun 2008
3	04/12/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 19 Mar 2018 TO 25 Jun 2019 In view of this amendment, an additional premium of \$142.73 (inclusive of GST) is payable under your policy.

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1026744

Policy No.	5095884313	Vehicle No.	SIG3075J	GST Registration No.	
Certificate No.					
Policyholder Name	HO BEE HOON			Policyholder NRIC	S1581650C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92702420	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	07/01/2019 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	06/01/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC TAMPINES AVE # 5 TAMPINES CENTRAL 5				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 939 #03-17J	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520939
Address 4		Address Type	Singapore address	Post Code	520939
Unit No.		Related Policy Number	5095884313		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/06/1986
Unnamed driver Name	YEO WEE LIE (YANG WEILIE)	Driver NRIC	S8519521F	Driving Experience	13
Register Date of Driver License	29/07/2005	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	92388803	Contact No.(Office)	0	Address 3	TAMPINES PALMSRING
Address 1	BLK 939	Address 2	TAMPINES AVENUE 5	Post Code	520939
Address 4	SINGAPORE 520939	Address Type	Singapore address		
Unit No.	03-17J				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO BEE HOON	Insured NRIC	S1581650C
Contact No.(Mobile)	92702420	Contact No.(Home)	67836637	Contact No.(Office)	
Email Address		DI Vehicle Number	SIG3075J	TP Vehicle Number	SPE88065
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIG3075J / SPE88065 ON 6 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2019 19:54	Claim Close Date		Date Received	07/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1026744	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2019 19:55	
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"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	SAS	Normal	SAS 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:55	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Jan 2019 19:54	Photos	Normal	Photos 2019-1-7		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action