

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11900464

Date In: 10/1/9-19:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000646/24	SAS e-filing		
Veh No: JF89364	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/9-13:15	i-Motor Claim Form	MM102729-001	10/1/9 19:49
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: 6B6170E	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

NA1900312	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	10/01/2019 19:36
Date Of Accident	10/01/2019 13:15
Exact Location Of Accident	BLK 46-3 COMMONWEALTH DR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8936Y
Insured/Policyholder	
Name Of Registered Owner	NG WENFU
NRIC No	S8924046H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81110825
Alternative Phone No	OFFICE-81110825

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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	5099804453
Cover Note Number	

Driver

Name of Driver	NG WENFU
NRIC No	S8924046H
Date Of Birth	11/07/1989
Occupation	INDOOR
Date Of Driving Pass	22/03/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81110825
Fax Number	
Contact Number	OFFICE-81110825
Email Address	NOEMAIL

Address	BLK 490 ADMIRALTY LINK #08-99
Postcode	750490
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : JOEL CHAN JIALE GENDER: : MALE

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	GBG1330E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHOO LIANG TECK
NRIC/Passport Number	S1298628I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG WENFU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJF8936Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JOEL CHAN JIALE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJF8936Y
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 reassess 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 insured(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.

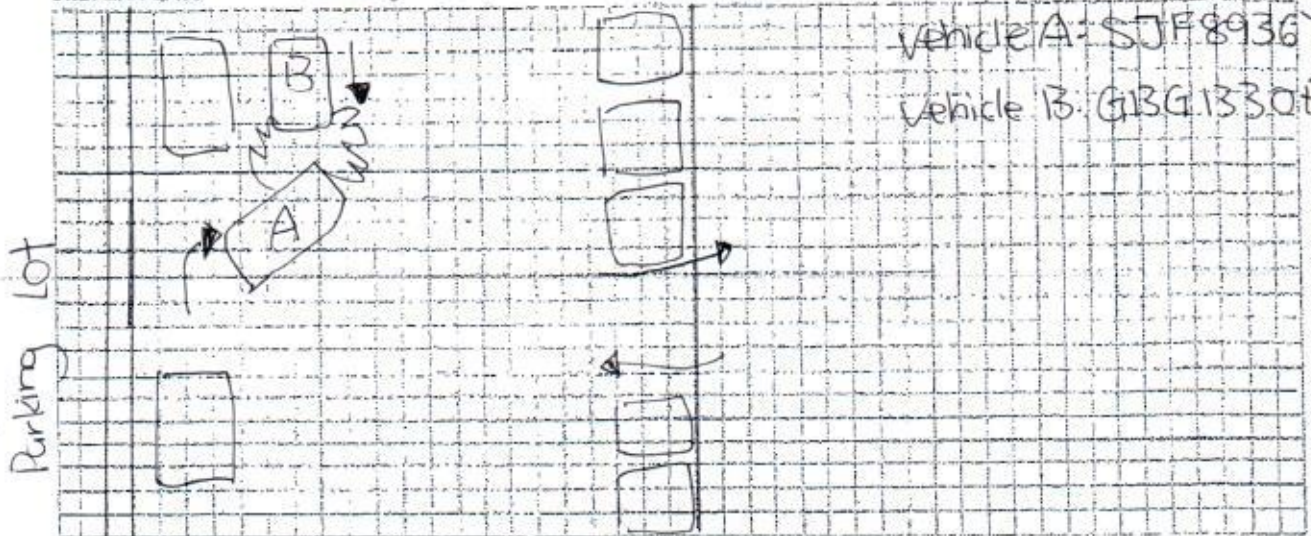
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BLK 46-3, commonwealth drive (S140463) car park



Vehicle A: SJF8936Y

Vehicle B: GBG1330E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 Jan 2019, at around 13:15, Along blk 46-3
commonwealth drive S140463. Vehicle A: SJF8936Y
coming out of parking lot, turning right.
Vehicle B (GBG1330E) reverse and collided on
to Vehicle A (SJF8936Y)

DECLARATION

(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.:

Date of Accident : 10 Jan 2019 Accident Time: 13:15 (24-HR-Format)
Accident Place : BLK 46-3 commonwealth drive S140463 car park
Vehicle Reg. No. (Car Plate No.) : SJF 8936Y
Vehicle Make/Model : HONDA FIT
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : S8924046H NG WEN FU
Owner or Company Contact No. : 8111 0825 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : NG WEN FU S8924046H
DRIVER'S Date Of Birth : 11/07/1989 DRIVER'S License Pass Date 22 Mar 2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : APT BLK 460 ADMIRALTY LINK #08-99, S750490
DRIVER'S Contact No. / Alt No. : 1) 8111 0825 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : weiyuan0312@gmail.com
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBG 1330E

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: CHOO LIANG TECK

Name Driver: _____

IC No. Driver: S1298628I

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8924046H



Name
NG WENFU

黄文福

Race
CHINESE

Date of birth
11-07-1989

Sex
M

Country of birth
SINGAPORE

S8924046H

3631531



NRIC No: S8924046H



Date of issue
02-11-2004

APT BLK 490 ADMIRALTY LINK #08-99
SINGAPORE 750490

NRIC No: S8924046H

Date: 29/03/2014 (R)

13559

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8924046H**

Name: **NG WENFU**

Birth Date: **11 Jul 1989**

Issue Date: **02 Jan 2015**

002381888G

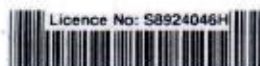
SG 50

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 22 Mar 2012

NP 428A



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: 5099804453

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJF8936Y
Chassis Number : GE81046202
2. Name of Policyholder : NG WENFU
3. Effective Date of Insurance : 11 Apr 2018
4. Expiry Date of Insurance : 10 Apr 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG WENFU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : HO SEET PENG (00000573621)

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.	<input type="text"/>	Date of Accident	<input type="text" value="10/01/2019 13:15"/>
Vehicle No. (For Motor)	<input type="text" value="SJF8936Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099804453		NG WENFU	S8924046H	GPC	drive CLASSIC	SJF8936Y	SJF8936Y	11/04/2018	10/04/2019

Policy Information

Policy No.	5099804453	Policyholder Name	NG WENFU	Policyholder NRIC	S8924046H
Certificate No.					
Address	BLK 490 #08-99 ADMIRALTY LINK SEMBAWANG GREEN SINGAPORE 750490				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/04/2018	Effective Date	11/04/2018 00:00	Expiry Date	10/04/2019 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	HO SEET PENG	Agent Tel.	90089510	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 490 #08-99	Address 2	ADMIRALTY LINK	Address 3	SEMPAWANG GREEN
Address 4	SINGAPORE 750490	Address Type	Singapore address	Post Code	750490
Unit No.	08-99	Related Policy Number	5099804453		

Insured Object: SJF8936Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#)
[Cancel](#)

Claim Handling

Exit

Accident MT/1027279

Policy No.	S099804453	Vehicle No.	SJF8936Y	GST Registration No.	
Certificate No.					
Policyholder Name	NG WENFU			Policyholder NRIC	S8924046H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81110825	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
WFX	<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

Accident Details

Report Date	10/01/2019 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/01/2019	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 46-3 COMMONWEALTH DR CARPARK				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 490 #08-99	Address 2	ADMIRALTY LINK	Address 3	SEMPAWANG GREEN
Address 4	SINGAPORE 750490	Address Type	Singapore address	Post Code	750490
Unit No.	08-99	Related Policy Number	S099804453		

OT Driver Info

Driver Name	NG WENFU	Driver Type	Main Driver	Driver DOB	11/07/1969
Unnamed driver Name		Driver NRIC	S8924046H	Driving Experience	6
Register Date of Driver License	22/03/2012	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	81110825	Contact No.(Office)	0	Address 3	SEMPAWANG GREEN
Address 1	BLK 490	Address 2	ADMIRALTY LINK	Post Code	750490
Address 4	SINGAPORE 750490	Address Type	Singapore address		
Unit No.	08-99				
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? ☐ Yes ☒ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG WENFU	Insured NRIC	S8924046H
Contact No.(Mobile)	81110825	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJF8936Y	TP Vehicle Number	G8G1330E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJF8936Y / G8G1330E ON 10 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/01/2019 19:49	Claim Close Date		Date Received	10/01/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save **Submit**

Attachment


Accident No.	MT/1027279	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2019 19:51

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="T/C"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	SAS	Normal	SAS 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 10 Jan 2019 19:50	Photos	Normal	Photos 2019-1-10		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"/>	