

NATIONAL Assessment Centre Services

Ref: 1 Jan 05] M NA119 006856

Date In: 15/1/19 - 15:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900092/24	SAS e-filing		
Veh No: 5LB538M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 15/1/19 - 15:05	i-Motor Claim Form	M711027932-001	15/1/19 15:42
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: HDB18815 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%; F: 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

Date/Time	Actions

NA 1900 V19 Invoice Preparation Checklist

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) for Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Pat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat 2/3:	6) TR: Re-inspection \$75		
	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	15/01/2019 15:08
Date Of Accident	15/01/2019 10:05
Exact Location Of Accident	233 TEMBELING RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB538M
Insured/Policyholder	
Name Of Registered Owner	TAN JENNY
NRIC No	S7636529F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93869196
Alternative Phone No	OFFICE-93869196
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5101219626
Cover Note Number	
Driver	
Name of Driver	LEE CHUEN LIONG
NRIC No	S1705352C
Date Of Birth	20/06/1965
Occupation	INDOOR
Date Of Driving Pass	22/07/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869196
Fax Number	
Contact Number	OFFICE-93869196
Email Address	NOEMAIL

Address	BLK 528 BEDOK NORTH STREET 3 #12-534
Postcode	460528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	GBE1881S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE CHUEN LIONG
------	-----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLB538M

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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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:

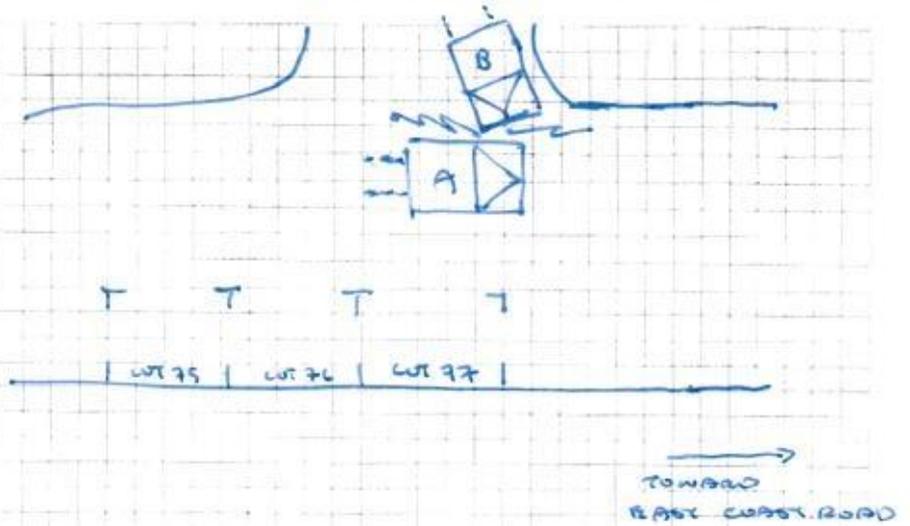
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

JENIOUS @ TAMBELING
233 TAMBELING ROAD

SKETCH PLAN

VEHICLE A
- SLB 538M
VEHICLE B
- GBE 1881S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG TAMBELING ROAD TOWARD EAST COAST ROAD DIRECTION.
WHILE DRIVING PASS A APARTMENT ON MY LEFT, SUDDENLY I FELT A GREAT IMPACT ON THE LEFT SIDE OF MY VEHICLE.
AUGHTED FROM MY VEHICLE, AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (GBE 1881S) THAT CAME OUT FROM THE APARTMENT, WITHOUT CHECKING ON ON-GOING VEHICLE THAT CAUSED THE COLLISION ONTO MY VEHICLE, WHILE I WAS DRIVING ALONG THE RIGHT OF WAY ROAD.
VEHICLE A - SLB 538M
VEHICLE B - GBE 1881S

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.	SLB 538M	Model / Make	HONDA VERZA
Date of Accident	15/01/2014		
Time of Accident	1005	HRS	
Location of Accident	INFRONT OF 233 TAMBIKUNH RD (STUDIOS @ EMBELUNH)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	TAN JENNY		
Telephone No.	H/P: 93869196	Home:	Office:
NRIC	S7636529F		
Address	BLK 528 BIRDOK NORTH ST 3 #12-534 S(460528)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101219626		
Name of Driver	As Above If No, LEE CHUAN LIONG		
NRIC	S1705352C	Any Passengers: NIL	
Date of birth	20 JUN 1965		
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 JUL 1985		
Gender	Male / Female		
Contact No.	H/P: 93869196	Home:	Office: 97714447
Address	BLK 528 BIRDOK NORTH ST 3 #12-534 S(460528)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER sps use.	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	LEE CHUAN LIONG		
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	G82 18915	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	LEFT SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINEAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1705352C**

Name: **LEE CHUEN LIONG**

Birth Date: **20 Jun 1965**

Issue Date: **01 Sep 2003**

000789540D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1705352C**

Name: **LEE CHUEN LIONG**

李泉亮

Race: **CHINESE**

Date of Birth: **20-06-1965** Sex: **M**

Country of Birth: **SINGAPORE**





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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Aug 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jul 1985

NP 428A

License No: **S1705352C**



160025

S1705352C

NRIC No. **S1705352C**



Blood Group: **A+** Date of Issue: **18-01-1994**

APT BLK 528 BEDOK NORTH STREET 3 #12-534 SINGAPORE 460528

NRIC No: **S1705352C** Date: **13/01/2011** No: **6683619**

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: 5101219626

Cover : drive CLASSIC

- | | |
|--|---------------|
| 1. Index mark and Registration Number of Vehicle | : 5LB538M |
| Chassis Number | : RU11110819 |
| 2. Name of Policyholder | : TAN JENNY |
| 3. Effective Date of Insurance | : 05 Jun 2018 |
| 4. Expiry Date of Insurance | : 23 Sep 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.

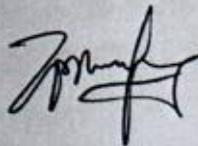
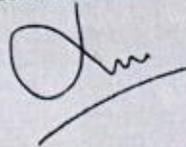
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE CHUEN LIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT 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 : LAKE-VIEW (USED CARS) TRADING (00000614043)

Date of Issue : 05 Jun 2018 14:43 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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101219626		TAN JENNY	S7636529F	GPC	drivo CLASSIC	SLB538M	SLB538M	05/06/2018	23/09/2019

Continue

Policy Information

Policy No.	5101219626	Policyholder Name	TAN JENNY	Policyholder NRIC	S7636529F
Certificate No.					
Address	BLK 528 #12-534 BEDOK NORTH STREET 3 SINGAPORE 460528				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/06/2018	Effective Date	05/06/2018 00:00	Expiry Date	23/09/2019 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	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 528 #12-534	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460528
Address 4		Address Type	Singapore address	Post Code	460528
Unit No.		Related Policy Number	5101219626		

Insured Object: SLB538M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	intl adj to waive NCDP refund \$94.26

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1027932

Policy No.	S101219626	Vehicle No.	SLB538M	GST Registration No.	
Certificate No.					
Policyholder Name	TAN JENNY			Policyholder NRIC	S7636529F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93869196	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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	15/01/2019 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	15/01/2019	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	233 TEMBELING RD				
Excess					
Own damage Excess	500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 52B #12-534	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460528
Address 4		Address Type	Singapore address	Post Code	460528
Unit No.		Related Policy Number	S101219626		

DI Driver Info

Driver Name	LEE CHUEN LIONG	Driver Type	Main Driver	Driver DOB	20/06/1965
Unnamed driver Name		Driver NRIC	S1705352C	Driving Experience	33
Register Date of Driver License	22/07/1985	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	93869196	Contact No.(Office)	0	Address 3	SINGAPORE 460528
Address 1	BLK 52B	Address 2	BEDOK NORTH STREET 3	Post Code	460528
Address 4		Address Type	Singapore address		
Unit No.	12-534				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	TAN JENNY	Insures NRIC	S7636529F
Contact No.(Mobile)	97719447	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SLB538M	TP Vehicle Number	GBE18815
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLB538M / GBE18815 ON 15 Jan 2019				
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	15/01/2019 15:43	Claim Close Date		Date Received	15/01/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1027932	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2019 15:44

Path *	Category *	Confidential	Urgency *	Description *
<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? (CO)	Action
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	SAS	Normal	SAS 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	Photos	Normal	Photos 2019-1-15		Edit
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:44	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jan 2019 15:43	Photos	Normal	Photos 2019-1-15		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"/>				