

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA119009182

Date In: 19/1/19 - 14:53	Job description	Date & Time Completed	Done by
Ref No: NA119009182/24	SAS e-filing		
Veh No: F86487J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/1/19 - 21:20	i-Motor Claim Form	M11028606-001	19/1/19 15:21
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: J1CR5383L 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 (\$)	Am't (\$)
		Int.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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N'n 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	19/01/2019 14:53
Date Of Accident	16/01/2019 21:20
Exact Location Of Accident	BLK 783C WOODLANDS RISE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FP6487J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN MATSUNI
NRIC No	S8601342H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96650294
Alternative Phone No	OFFICE-96650294
Vehicle Particulars	
Manufacturer	HONDA
Model	CB 400 F3VJ
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095973902-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TAUFIQ BIN MATSUNI
NRIC No	S8601342H
Date Of Birth	16/01/1986
Occupation	INDOOR
Date Of Driving Pass	07/04/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96650294
Fax Number	
Contact Number	OFFICE-96650294
E-Mail Address	NOEMAIL

Address	BLK 349 WOODLANDS AVENUE 3 #02-57
Postcode	730349
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR5383L
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT7511Y
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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.
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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:

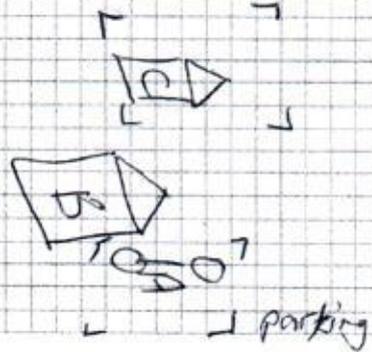
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Blk 783C Woodlands Rise



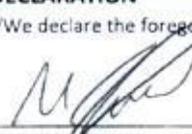
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

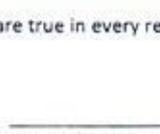
At mentioned Date and Time, I was parking my bike at Blk 783C, suddenly heard a loud bang then I realize vehicle (B) hit into my bike and vehicle (C).

A: FP 6487J
 B: SKR 5383L
 C: SST 7511Y

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.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16/01/2019 (dd/mm/yy) Time of Accident: 21:20 (24-HR-FORMAT)
Vehicle No.: FP 6487J Vehicle Make & Model: Honda CB 400
Exact location of Accident: 311K7B Woodlands rise
Policyholder's Name / IC No.: Muhammad Taufiq Bin Matsuni S860 L342H
Driver's Name / IC No.: _____ (As Above)
Driver's Contact No.: 96650294 Company Contact No.: _____
Driver's Address: _____
Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 0

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: (B) SKR 5383 L

Driver's Contact No.: _____ Insurance Company (If any): (C) SJI 7511Y

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8601342H

MUHAMMAD TAUFIQ BIN MATSUNI

Birth Date: 16 Jan 1986
Issue Date: 20 Dec 2006

NR1407066F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8601342H

MUHAMMAD TAUFIQ BIN MATSUNI

محمد توفيق بن مatsuني

Race: BOYANESE
Date of birth: 16-01-1986
Country/Place of birth: SINGAPORE

Sex: M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	18 Jan 2008
Class 2A	Motorcycles between 201 CC and 400 CC	07 Apr 2011
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	20 Dec 2006

S/No. 9000144844

License No. S8601342H

NP 436A

5574264

NRIC No. S8601342H

Date of issue: 14-03-2018

APT BLK 349 WOODLANDS AVENUE 3 #02-57
SINGAPORE 730349

NRIC No: S8601342H Date: 07/07/2018

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 : 5095973902-01 **Cover** : Third Party

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FP6487J |
| Chassis Number | : NC311552348 |
| 2. Name of Policyholder | : MUHAMMAD TAUFIQ BIN MATSUNI |
| 3. Effective Date of Insurance | : 17 Nov 2018 |
| 4. Expiry Date of Insurance | : 16 Nov 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: H MUAMMAD TAUFIQ BIN MATSUNI
NAMED DRIVER (2)	: MATSUNI BIN HAMZAH
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : LI JIAN (00000602270)
Date of Issue : 16 Nov 2018 14:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5095973902-01		MUHAMMAD TAUFIQ BIN MATSUNI	S8601342H	GMC	Third Party	FP6487J	FP6487J	17/11/2018	16/11/2019

Continue

Policy Information

Policy No.	5095973902-01	Policyholder Name	MUHAMMAD TAUFIQ BIN MATSL	Policyholder NRIC	S8601342H
Certificate No.					
Address	BLK 284 #03-267 TOH GUAN ROAD SINGAPORE 600284				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/11/2018	Effective Date	17/11/2018 00:00	Expiry Date	16/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	LI JIAN	Agent Tel.	98805106	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 284 #03-267	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 600284
Address 4		Address Type	Singapore address	Post Code	600284
Unit No.	03-267	Related Policy Number	5095973902-01		

Insured Object: FP6487J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1028606

Policy No.	5095973902-01	Vehicle No.	FP6487J	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD TALFIQ BIN MATSUNI	Cover Type	Third Party	Policyholder NRIC	S8601342H
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96650294	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	71
KFM	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/01/2019 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	16/01/2019	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 783C WOODLANDS RISE CARPARK				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

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 284 #03-267	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 600284
Address 4		Address Type	Singapore address	Post Code	600284
Unit No.	03-267	Related Policy Number	5095973902-01		

OT Driver Info

Driver Name	MUHAMMAD TALFIQ BIN MATSUNI	Driver Type	Main Driver	Driver DOB	16/01/1986
Unnamed driver Name		Driver NRIC	S8601342H	Driving Experience	7
Register Date of Driver License	07/04/2011	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	96650294	Contact No. (Office)	0	Address 3	WOODLANDS VIBES
Address 1	BLK 349	Address 2	WOODLANDS AVENUE 3	Post Code	730349
Address 4	SINGAPORE 730349	Address Type	Singapore address		
Unit No.	02-57	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD TALFIQ BIN MATSUNI	Insured NRIC	S8601342H
Contact No. (Mobile)	96650294	Contact No. (Home)	96616294	Contact No. (Office)	
Email Address		OT Vehicle Number	FP6487J	TP Vehicle Number	SKR5383L
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FP6487J / SKR5383L ON 16 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	19/01/2019 15:04	Claim Close Date		Date Received	19/01/2019 15:06
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1028606	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2019 15:06

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_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	SAS	Normal	SAS 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:05	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Jan 2019 15:04	Photos	Normal	Photos 2019-1-19		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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