

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA119009141

Date In: 19/1/9-13:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900/25/24	SAS e-filing		
Veh No: JNJBVR	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/1/9-23:00	i-Motor Claim Form	M7/1028610-001	19/1/9-13:18
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JS02655	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:-	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	Ant (\$) Int Bill	Ant (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 13:11
Date Of Accident	18/01/2019 23:00
Exact Location Of Accident	BKE TWDS WOODLANDS NEAR ENTRANCE TO KJE/ TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5832R
Insured/Policyholder	
Name Of Registered Owner	JUZ RENT PTE LTD
Co Reg No	201309705W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088339
Alternative Phone No	OFFICE-90088339

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5079903991-02
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MOHAMED TAHIR
NRIC No	S0039782B
Date Of Birth	27/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86249766
Fax Number	
Contact Number	OFFICE-86249766
EMail Address	NOEMAIL

Address	BLK 59 MARINE TERRACE #08-71
Postcode	440059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSU2655 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190119/2051.

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	JSU2655
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	VENESEWARAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

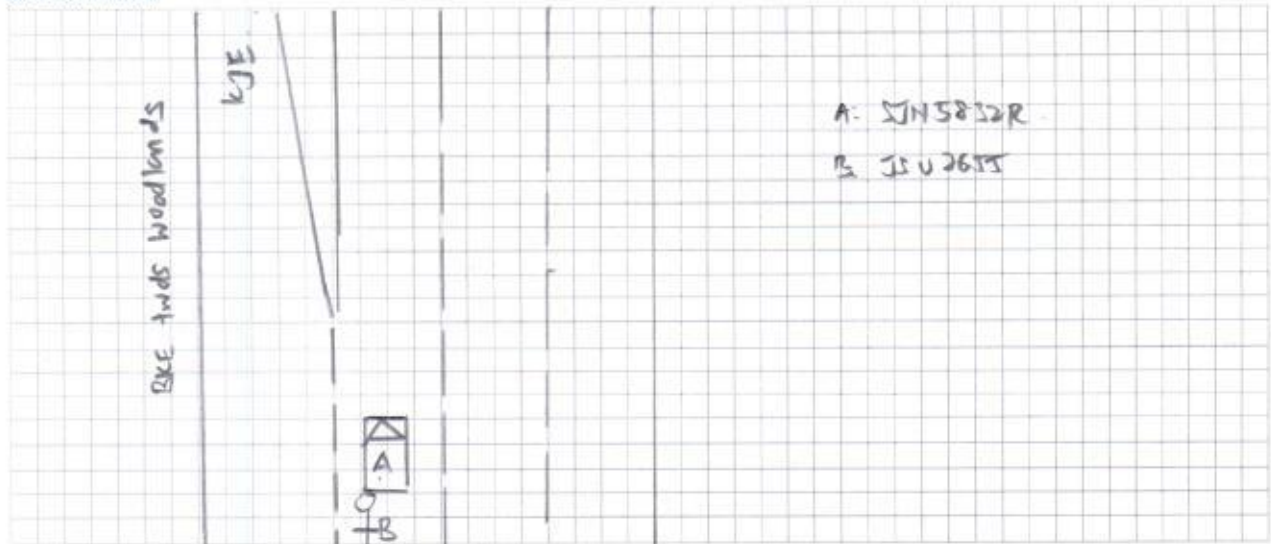


Policyholder's Signature
Date & Time:

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

Refers to police report - 7/20/90/19/2081.

[A large diagonal line is drawn across the remaining lines of this section.]

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/20190119/2051

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190119/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2019 11:28		Vide Report No.: L/20190118/0151		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: ABDUL AZIZ BIN MOHAMED TAHIR			Address: APT BLK 59 MARINE TERRACE #08-71 SINGAPORE 440059		
ID Type / ID No.: NRIC NO / S0039782B			Contact No.: Home/Office: Mobile: 86249766		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 27/03/1951	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/01/2019 23:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY towards Woodlands, near the entrance to KJE/Tuas				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSU2655	Motorcycle				Slightly Damaged	0
SJN5832R	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190119/2051

2 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190119/2051

CONTINUATION OF REPORT

Rider			
Name	VENESEWARAN	ID No.	NIL
Related Vehicle	JSU2655 (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ABDUL AZIZ BIN MOHAMED TAHIR	ID No.	S0039782B
Related Vehicle	SJN5832R (Car)	Contact No.	86249766
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/01/2019 at about 2300hrs, I was driving my vehicle (SJN5832R) along BKE towards Woodlands. As I was about to enter into KJE/Tuas, I felt an impact from the left rear of my vehicle. I then look for a safe place to park and parked at the road shoulder of the road KJE/Tuas entrance. I alighted from my vehicle and discovered that a motorist was walking towards the rail on the side of the expressway, leaving his motorcycle lying on the road. Subsequently, ambulance came and conveyed him to a hospital. Traffic police also came down and took my statement before passing me a case card and advised me to lodge a traffic police accident report.



**SINGAPORE
POLICE FORCE**



T/20190119/2051

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20190119/2051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 CHANG WEI LIANG, GLEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/01/2019 11:28

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Alphabetical Number **S0039782B**

Name
ABDUL AZIZ BIN MOHAMED TAHIR

Birth Date **27 Mar 1951**
Issue Date **15 May 2013**

002180359D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0039782B**

Name
ABDUL AZIZ BIN MOHAMED TAHIR

عبدالمزیز بن محمد طہیر

Race
MALAY

Date of birth **27-03-1951** Sex **M**

Country of birth
SINGAPORE



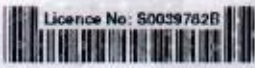

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

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

EFFECTIVE DATE **15 May 2013**

NP 428A

Licence No: **S0039782B**



4813792

NPIC No. **S0039782B**

Date of issue
30-12-2011

Address
**APT BLK 59 MARINE TERRACE
#08-71
SINGAPORE 440059**




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="18/01/2019 23:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SJN5832R"/>	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"/>	5079903991-02		JUZ RENT PTE LTD	201309705W	GFT	Third Party	SJN5832R	SJN5832R	29/04/2018	
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5079903991-02	Policyholder Name	Juz Rent Pte Ltd	Policyholder NRIC	201309705W
Certificate No.					
Address	BLK 64 #01-353 CIRCUIT ROAD SINGAPORE 370064				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/05/2018	Effective Date	29/04/2018 00:00	Expiry Date	28/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	2000.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	2000.00	Young/Inexperience Driver Excess	
Agent	DQ INSURE	Agent Tel.	64522788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 64 #01-353	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370064
Address 4		Address Type	Singapore address	Post Code	370064
Unit No.	01-349	Related Policy Number	5079903991-02		

 Insured Object: SJN5832R

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/05/2018 00:00	Basic Information Endorsement	000001286810183	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SDR5379H 07-05-2018 \$1,455.79 In view of this amendment, an additional premium of \$1,455.79 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	04/05/2018 00:00	Basic Information	null	Underwriting Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SDR5379H 07-05-2018 \$1,455.79 In view of this amendment, an additional premium of \$1,455.79 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

Exit

Accident MT/1028610

Policy No.	5079903991-02	Vehicle No.	SIN5832R	GST Registration No.	
Certificate No.					
Policyholder Name	Juz Rent Pte Ltd	Cover Type	Third Party	Policyholder NRIC	201309705W
Product Code	PLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90088339	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	19/01/2019 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2019	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWDS WOODLANDS NEAR ENTRANCE TO KIO/ TUAS				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	2,000.00	Outside Singapore TP Excess	2,000.00		
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 54 #01-353	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370064
Address 4		Address Type	Singapore address	Post Code	370064
Unit No.	01-349	Related Policy Number	5079903991-02		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/03/1951
Unnamed driver Name	ABDUL AZIZ BIN MOHAMED TAI	Driver NRIC	S0039782B	Driving Experience	5
Register Date of Driver License	15/05/2013	Driver Age	67	Contact No.(Home)	0
Contact No.(Mobile)	96349766	Contact No.(Office)	0	Address 3	MARINE TERRACE HAVEN
Address 1	BLK 59	Address 2	MARINE TERRACE	Post Code	440059
Address 4	SINGAPORE 440059	Address Type	Singapore address		
Unit No.	08-71				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	Juz Rent Pte Ltd	Insured NRIC	201309705W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SIN5832R	TP Vehicle Number	JSU2655
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN5832R / JSU2655 ON 18 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 15:18	Claim Close Date		Date Received	19/01/2019 15:21
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1028610	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2019 15:21		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

		Browse...	Clear	Please Select	50	Normal	
		Browse...	Clear	Please Select	50	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	SAS	Normal	SAS 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:21	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:20	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:20	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:20	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:20	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:20	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 19 Jan 2019 15:19	Photos	Normal	Photos 2019-1-19		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"/>				