

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **NA119026570**

Date In: 26/2/19 13:10	Job description	Date & Time Completed	Done by
Ref No: NA119026570	SAS e-filing		
Veh No: 63C3641C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/4/9 11:35	i-Motor Claim Form	27/103704-00	26/2/19 14:19
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: () 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	26/02/2019 13:10
Date Of Accident	25/02/2019 11:35
Exact Location Of Accident	25 SERANGOON NORTH AVE 5 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC364K
Insured/Policyholder	
Name Of Registered Owner	ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD
Co Reg No	198401374E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5092729402-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD MIRZA BIN MISRAN
NRIC No	S9542204G
Date Of Birth	15/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96687990
Fax Number	
Contact Number	OFFICE-96687990
EMail Address	NOEMAIL

Address	BLK 530D PASIR RIS DRIVE 1 #01-408
Postcode	514530
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	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

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.

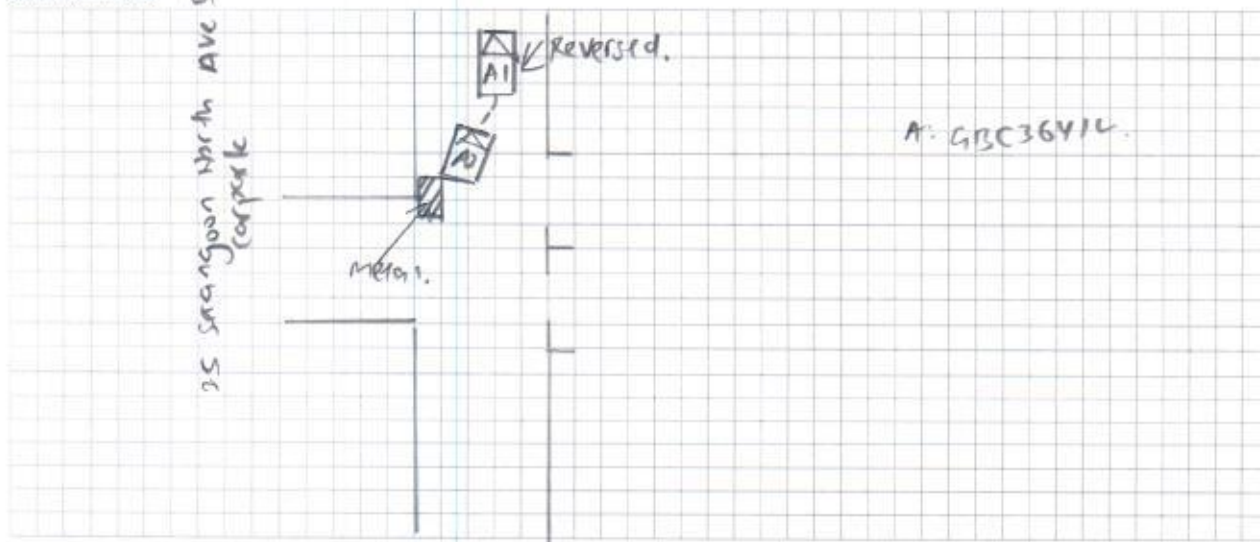
ASSA ABLÖY ENTRANCE SYSTEMS SINGAPORE PTE LTD
CD REG NO:198401374E

Policyholder's Signature
Date & Time:

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

Reporting Centre Personne/s Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD
CO REG NO: 198401374E

(We declare the foregoing particulars are true in every respect.)

CO REG NO: 198401374E

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.:

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE ALONG THE STATED VENUE, MY VEHICLE REAR LEFT PORTION ACCIDENTALLY HIT ONTO METAL.

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 2 / 19) (DD/MM/YYYY), TIME: (11 : 35) (HH:MM)

LOCATION: 25 Serangoon North Ave 5 carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: HBC36112
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5092729402-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ASIA Entry Entrance Systems Singapore Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 19840074E CONTACT: -
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohammad Mizzan Bin Mizzan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57542204 CONTACT: 96687990
c) ADDRESS: 11c 530D Pinar Rd Drive 1 #01-408 (J145D)

*d) DATE OF BIRTH: (15 / 11 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11.2218

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

video =



**SINGAPORE
POLICE FORCE**



G/20190226/2000

1 of 2

Report No. G/20190226/2000

POLICE REPORT (NP322)

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 26/02/2019 00:13		Vide Report No.		Station Diary No. 4	
Name Of Informant MOHAMMAD MIRZA BIN MISRAN		Address APT BLK 530D PASIR RIS DRIVE 1 #01-408 SINGAPORE 514530			
ID Type / ID No. NRIC NO / S9542204G		Contact No. Home/Office		Mobile 96687990	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation TECHNICIAN		Sex Male	Age 23	Date of Birth 15/11/1995	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 22/02/2019 19:00		Location Of Incident 33 UBI AVENUE 3 VERTEX SINGAPORE 408868			

Brief details.

On the above date, time and location, I discovered the loss of the under mentioned item. I made the search around the vicinity but to no avail. I am lodging for recording purposes.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.: 65871687
Authentication Stamp

Signature Of Informant:
Date/Time: 26/02/2019 00:13
Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

CONTINUATION OF REPORT



G/20190226/2000

2 of 2

Report No. G/20190226/2000

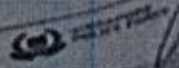
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence G/ Sgt MUHAMMAD	Lost	Qualified Driving Licence		S954220 4G	1		x1 Driving License belonging to Complainant

Signature Of Officer Recording The Report:
G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI
Contact No. 95871887

Authentication Stamp



Signature Of Informant:

Signature Of Informant

Classification Of Case:

FUPO hotline number: 65429645



S9542204G (PINK IC)

\$100.00

MOHAMMAD MIRZA BIN MISRAN

→ Please visit <https://eappointment.ica.gov.sg> or our mobile app, eAPPT@ICA, make an appointment.

→ 07/03/2019

DATE OF ISSUE

07/02/2019

JUNERIYANI BINTI
MOHAMAD YAHA

SIGNATURE OF DEPARTMENT



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

NAME: _____ NRIC: _____

You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office by **23 FEB 2019** (Mondays to Fridays from 8.00 am to 4.30 pm) for the refund of your IC replacement fee.


Please come in person with the following documents:

- 1) Original IC which was recovered;
- 2) Original IC collection slip; and
- 3) Copy of Bank Statement with your particulars (Full Name and Account No.).

23 FEB 2019

Losing an IC is a serious matter. Please be extra careful with your IC.

I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.



Signature of IC Holder

Date: 07/02/2019

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092729402-01		ASSA ABLOY ENTRANCE SYSTEMS SINGAPORE PTE LTD	198401374E	GFT	Comprehensive	GBC364K	GBC364K	28/07/2018	

Policy Information

Policy No.	5092729402-01	Policyholder Name	ASSA ABLOY ENTRANCE SYSTEMS	Policyholder NRIC	198401374E
Certificate No.					
Address	33 UBI AVENUE 3 #03-52 VERTEX SINGAPORE 408868				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/06/2018	Effective Date	28/07/2018 00:00	Expiry Date	27/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#03-52 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	03-52	Related Policy Number	5092729402-01		

Insured Object: GBC364K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/07/2018 00:00	Basic Information Endorsement	000001286937765	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. GBA1809Z 23-10-2018 \$638.11 In view of this amendment, a refund of \$638.11 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel

Claim Handling

Exit

Accident MT/1033704

Policy No.	5092729402-01	Vehicle No.	GBC364K	GST Registration No.	M200644123
Certificate No.					
Policyholder Name	ASSA ABLDY ENTRANCE SYSTEMS SINGAPORE PTE LTD			Policyholder NRIC	198401374E
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	26/02/2019 14:17	Accident Report Within 24 hrs	Yes	Accident Type	Crashed into Property
Date of Accident	25/02/2019	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	25 SERANGOON NORTH AVE 5 CARPARK				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200644123	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	33 UBI AVENUE 3	Address 2	#03-52 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	03-52	Related Policy Number	5092729402-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/11/1995
Unnamed driver Name	MOHAMMAD MIRZA BIN HISRAI	Driver NRIC	S9542204G	Driving Experience	0
Register Date of Driver License	01/12/2018	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	96687990	Contact No.(Office)	0	Address 3	PASIR RIS ONE
Address 1	BLK 530D	Address 2	PASIR RIS DRIVE 1	Post Code	514530
Address 4	SINGAPORE 514530	Address Type	Singapore address		
Unit No.	01-405				
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

New

Claim Type *	OD-MX	Insured Name	ASSA ABLDY ENTRANCE SYSTEMS	Insured NRIC	198401374E	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	GBC364K	TP Vehicle Number		
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBC364K ON 25 Feb 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	26/02/2019 14:19	Claim Close Date		Date Received	26/02/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
Attachment						

Save Submit

Accident No.	MT/1033704	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2019 14:20		
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	

Please Select

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	SAS	Normal	SAS 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 14:19	Photos	Normal	Photos 2019-2-26		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"/>				