



## 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	08/03/2019 17:41
Date Of Accident	07/03/2019 21:10
Exact Location Of Accident	SLIP RD AIRPORT RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1087G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LATIP B HAMID
NRIC No	S1268156I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96964009
Alternative Phone No	OFFICE-96964009

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 1.6HB AT
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	5104714806
Cover Note Number	

### Driver

Name of Driver	LATIP BIN HAMID
NRIC No	S1268156I
Date Of Birth	18/12/1956
Occupation	INDOOR
Date Of Driving Pass	29/10/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96964009
Fax Number	
Contact Number	OFFICE-96964009
EMail Address	NOEMAIL

Address	BLK 880 TAMPINES AVENUE 8 #09-276
Postcode	520880
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	COLLISION - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190308/7012.

#### 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	SLP5572G
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)

1

**DETAILS OF INJURED PERSON 1**

Name LATIP BIN HAMID

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJM1087G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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:

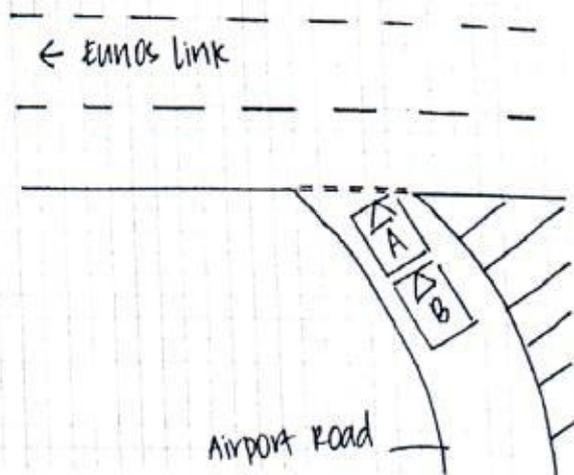
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Vehicle A: SJM1087G

Vehicle B: SLP5572G

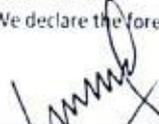


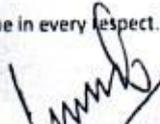
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SJM1087G, was stationary on the stated venue to check on on-coming vehicle before proceeding. suddenly, vehicle 'B', SLP5572G, hit onto my vehicle's rear portion.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 07/03/2019 (DD/MM/YYYY), TIME: 21:10 (HH:MM)

LOCATION: Airport Road towards tunnel Link

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM10876  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
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: Latip Bin Jamid (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S12601561 CONTACT: 96964009  
c) ADDRESS: 600 Tampines Ave 6, #09-276 S(520860)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 16/12/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4

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

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

- \* No of passenger (including driver) (01)  
a) VEHICLE NUMBER: SLP5572G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- \* No of passenger (including driver) ( )  
d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2019 17:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LATIP BIN HAMID		Address: APT BLK 880 TAMPINES AVENUE 8 #09-276 SINGAPORE 520880	
ID Type / ID No.: NRIC NO / S1268156I		Contact No.:	Mobile: 96964009
Nationality: SINGAPORE CITIZEN		Email: nanamanje@gmail.com	
Sex: Male	Age: 62	Date of Birth: 18/12/1956	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 21:10	Type of Location: Bend
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM1087G	Car	SUZUKI	SX4 1.6HB AT	Blue	Seriously Damaged	0
SLP5572G	Car	MAZDA	3		Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM1087G	NTUC Income Insurance Co-Operative Limited	5104714806	29/10/2018	21/12/2019



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LATIP BIN HAMID	ID No.	S1268156I
Related Vehicle	SJM1087G (Car)	Contact No.	96964009
Hospital/Clinic	LER CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

ON 07/03/2019, AT ABOUT 21:10HR, I WAS DRIVING MY VEHICLE - SJM1087G, ALONG AIRPORT ROAD. AT THE SLIP ROAD TO EUNOS LINK, I STOPPED MY VEHICLE TO CHECK ON ON-COMING VEHICLES BEFORE PROCEEDING. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SLP5572G, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

I THEN SEEK MEDICAL ATTENTION AT LER CLINIC & SURGERY AND WAS GIVEN 3DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20190308/7012

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190308/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
08/03/2019 17:03

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S12681561**  
Name:

**LATIP BIN HAMID**

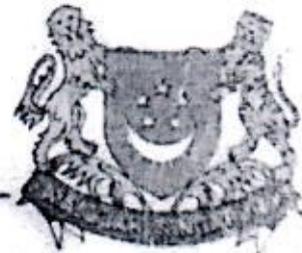
Birth Date: **18 Dec 1956**

Issue Date: **15 Jul 2017**



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S12681561**



Name

**LATIP BIN HAMID**

Race

**BOYANESE**

Date of birth

**18-12-1956**

Sex

**M**

Country of birth

**SINGAPORE**

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

**EFFECTIVE DATE**

Class 2B	Motorcycles =< 200 cc	23 Jun 1978
Class 2A	Motorcycles between 201 cc and 400 cc	23 Jun 1978
Class 2	Motorcycles > 400 cc	23 Jun 1978
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Oct 1977
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	05 Nov 1980

NP 428A



3838766

**YONG LEE SENG MOTOR PTE LTD**



NRIC No. S12681561

Date of issue  
20-01-2006

Address

APT BLK 880 TAMPINES AVENUE B  
#09-276  
SINGAPORE 520880

6. V. REPON. CASE. FILE. 34

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"/>	5104714806		LATIP B HAMID	S12681561	GPC	drive CLASSIC	SJM1087G	SJM1087G	29/10/2018	21/12/2019

**Policy Information**

Policy No.	5104714806	Policyholder Name	LATIP B HAMID	Policyholder NRIC	S12681561
Certificate No.					
Address	BLK 880 #09-276 TAMPINES AVENUE 8 SINGAPORE 520880				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/10/2018	Effective Date	29/10/2018 00:00	Expiry Date	21/12/2019 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	YONG LEE SENG MOTOR PTE LT	Agent Tel.	68440123	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 880 #09-276	Address 2	TAMPINES AVENUE 8	Address 3	SINGAPORE 520880
Address 4		Address Type	Singapore address	Post Code	520880
Unit No.		Related Policy Number	5104714806		

**Insured Object: SJM1087G**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/10/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	internal adjustment to waive NCDP refund \$97.97

**Claim Handling**

[Exit](#)

Accident MT/1035180

Policy No.	S104714806	Vehicle No.	SJM1087G	GST Registration No.	
Certificate No.					
Policyholder Name	LATIP B HAMID	Cover Type	drive CLASSIC	Policyholder NRIC	S12681561
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96964009	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	08/03/2019 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/03/2019	Time of Accident Min:m	21:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD AIRPORT RD TWOS EUNOS LINK				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	BLK 880 #09-276	Address 2	TAMPINES AVENUE 8	Address 3	SINGAPORE 520880
Address 4		Address Type	Singapore address	Post Code	520880
Unit No		Related Policy Number	S104714806		

**01 Driver Info**

Driver Name	LATIP BIN HAMID	Driver Type	Main Driver	Driver DOB	18/12/1958
Unnamed driver Name		Driver NRIC	S12681561	Driving Experience	41
Register Date of Driver License	29/10/1977	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96964009	Contact No.(Office)	0	Address 1	SINGAPORE 520880
Address 1	BLK 880	Address 2	TAMPINES AVENUE 8	Address 3	SINGAPORE 520880
Address 4		Address Type	Singapore address	Post Code	520880
Unit No.	09-276				
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-MX	Insured Name	LATIP B HAMID	Insured NRIC	S12681561
Contact No.(Mobile)	96964009	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OS Vehicle Number	SJM1087G	TP Vehicle Number	SLP5572G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJM1087G / SLP5572G ON 7 Mar 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	08/03/2019 17:51	Claim Close Date		Date Received	08/03/2019 00:00
Report Taken by	Jackson				

**Attachment**

Accident No.	MT/1035180	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2019 17:53

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

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	SAS	Normal	SAS 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Mar 2019 17:52	Photos	Normal	Photos 2019-3-8		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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