

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **NA19055816**

Date In: 8/2/19-14:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190240 08/24	SAS e-filing		
Veh No: 062UR5M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 10/2/19-19:15	i-Motor Claim Form	M7/103449-001	8/2/19 19:52
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **062UR5M** 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 (\$)
		Est 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:-		
	QI*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/03/2019 14:44
Date Of Accident	16/03/2019 19:15
Exact Location Of Accident	JLN TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1685M
Insured/Policyholder	
Name Of Registered Owner	SRILANKA SEAFOODS (S) PTE LTD
Co Reg No	201116062C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83477366
Alternative Phone No	OFFICE-83477366

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100172008
Cover Note Number	

Driver

Name of Driver	CHINNAIAH SERVAI CHELLAPPA
NRIC No	S2742759F
Date Of Birth	10/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83477366
Fax Number	
Contact Number	OFFICE-83477366
EMail Address	NOEMAIL

Address	BLK 352 HOUGANG AVENUE 7 #03-727
Postcode	530352
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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SFG2772J
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

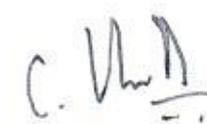
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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:

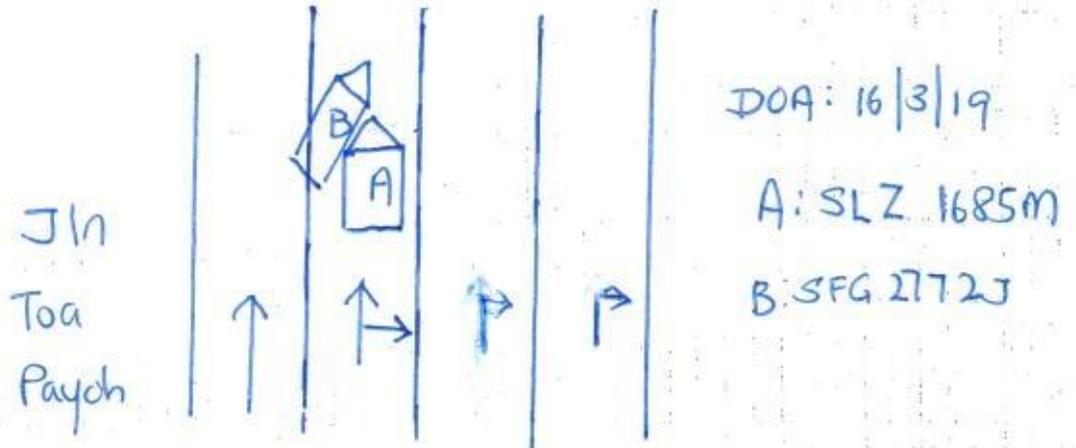
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X  _____
Policyholder's Signature
Date & Time:

X  _____
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

I'm driving straight along Jln Toa Payoh going to Airport, suddenly veh B from the extreme LH lane cut into my lane (go against the flow of traffic) & collided onto my veh frt LH portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



(Signature)

(Signature)

(Signature)

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.:

Personal Particulars

Date of Accident: 16/3/19 Time of Accident: 7:15 pm
 Exact Location of Accident: Jln Toa Payoh
 Owner's Name: Sri Lanka Seaford (S) Pte Ltd NRIC No: _____ HP No: _____
 Driver's Name: Chinnaiah Serrai Chellappa NRIC No: S2742759 HP No: 83477366
 Date of Birth: 10/5/1967 Driving Licence Passing Date: 26/11/2008 Occupation: Indoor / Outdoor
 Address: 352 Hougay Ave 7 #03-727 (530352)
 Relationship of Driver with Insured: Owner Email Address: _____
 Vehicle No: SLZ 1685M Make & Model: Honda
 Insurance Co: S100172008 Coverage: NTUC Policy No: _____

*Purpose of Reporting? Comprehensive Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
 *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
 *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
 * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1 + 1 B: 1 + 1 C: _____ D: _____
lady
 *Was Anybody Injured? (Yes / No) If yes, lady
 Name / NRIC / In Vehicle: _____
 *Was The Accident Reported To The Police?
 No Yes, Which Police Station? _____
 *Does the Driver Own Any Other Vehicle?
 No Yes, Vehicle Registration No: _____ insurer: _____
 *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
 *Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SFG 2772J Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2742759F



Name

CHINNAIAH SERVAI
CHELLAPPA

சின்னையா சேல்பட்டி

Race

INDIAN

Date of birth

10-05-1967

Country of birth

INDIA

Sex

M



11

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2742759F

CHINNAIAH SERVAICHELLAPPA

Birth Date: 10 May 1967

Issue Date: 27 Dec 2017

00275981E

9901910

NRIC No. S2742759F

Nationality
INDIAN

Date of issue
14-09-2006

APT BLK 352 HOUGANG AVENUE 7 #03-727
SINGAPORE 530352

NRIC No: S2742759F Date: 07/09/2012 No: 7137798

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B Motorcycles <= 200 cc

Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE
26 Nov 2006
26 Nov 2006



Licence No S2742759F

NP 428A

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="16/03/2019 19:15"/>
Vehicle No.(For Motor)	<input type="text" value="SLZ1685M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100172008		SRI LANKA SEAFOODS (S) PTE. LTD.	201116062C	GPC	drive CLASSIC	SLZ1685M	SLZ1685M	25/04/2018	24/04/2019

Policy Information

Policy No.	5100172008	Policyholder Name	SRILANKA SEAFOODS (S) PTE. L	Policyholder NRIC	201116062C
Certificate No.					
Address	101 KITCHENER ROAD #02-31A JALAN BESAR PLAZA SINGAPORE 208511				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/04/2018	Effective Date	25/04/2018 00:00	Expiry Date	24/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	101 KITCHENER ROAD	Address 2	#02-31A JALAN BESAR PLAZA	Address 3	SINGAPORE 208511
Address 4		Address Type	Singapore address	Post Code	208511
Unit No.	04-31	Related Policy Number	5075400846-03		

Insured Object: SLZ1685M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/04/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 25 Apr 2018 TO 24 Apr 2019
2	25/04/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 25 Apr 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIAN HONG PRIVATE LIMITED CHASSIS NUMBER: RU11233008 ENGINE NUMBER: L15B4433013 VEHICLE REGISTRATION NUMBER: SLZ1685M ORIGINAL REGISTRATION DATE: 25 Apr 2018

Claim Handling

[Exit](#)

Accident MT/1036447

Policy No.	5100172008	Vehicle No.	SLZ1685M	GST Registration No.	
Certificate No.					
Policyholder Name	SRI LANKA SEAFOODS (S) PTE. LTD.	Policyholder NRIC	201116062C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83477366	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	18/03/2019 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/03/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	3LN TOA PAYOH				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	No		
Modification History					

Policyholder Mailing Address

Address 1	101 KITCHENER ROAD	Address 2	#02-31A JALAN BESAR PLAZA	Address 3	SINGAPORE 208511
Address 4		Address Type	Singapore address	Post Code	208511
Unit No.	04-31	Related Policy Number	5075400846-03		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/05/1967
Unnamed driver Name	CHENNAJAH SERVAI CHELLAPPA	Driver NRIC	S2742759F	Driving Experience	10
Register Date of Driver License	26/11/2008	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	83477366	Contact No.(Office)	0	Address 3	SINGAPORE S30352
Address 1	BLK 252	Address 2	HOUGANG AVENUE 7	Post Code	S30352
Address 4		Address Type	Singapore address		
Unit No.	03-727				
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
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	SRI LANKA SEAFOODS (S) PTE.	Insured NRIC	201116062C
Contact No.(Mobile)	90669562	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SLZ1685M	TP Vehicle Number	SPG2772J
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLZ1685M / SPG2772J ON 16 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	GSA report	Received
Date Registered	18/03/2019 19:53	Claim Close Date		Date Received	18/03/2019 00:00
Report Taken By	Jackson				

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1036447	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/03/2019 19:55

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	SAS	Normal	SAS 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:54	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Mar 2019 19:53	Photos	Normal	Photos 2019-3-18		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"/>				