NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 1905981

Date In: 20/3/19 - 16:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900521624	SAS e-filing		
Veh No: SCH5947	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 20/3/19. 16:40	i-Motor Claim Form	M/1037065-001	22/3/19 17:02
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: SCW3943C 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

NA1903116

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/03/2019 16:53

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 witholding 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	22/03/2019 16:45
Date Of Accident	20/03/2019 16:40
Exact Location Of Accident	MARINA SQUARE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG4894T
Insured/Policyholder	
Name Of Registered Owner	DAVID HO DA WEI
NRIC No	S8713599C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81007132
Alternative Phone No	OFFICE-81007132
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO 1.2L AT 6R14F7
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	5087770924-01
Cover Note Number	
Driver	
Name of Driver	DAVID HO DA WEI
NRIC No	S8713599C
Date Of Birth	28/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81007132
Fax Number	
Contact Number	OFFICE-81007132
EMail Address	NOEMAIL

Address	BLK 811 JURONG WEST STREET 81 #08-68
Postcode	640811
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/20190322/7012.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW3943C
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAVID HO DA WEI
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SKG4894T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 orpossessed 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

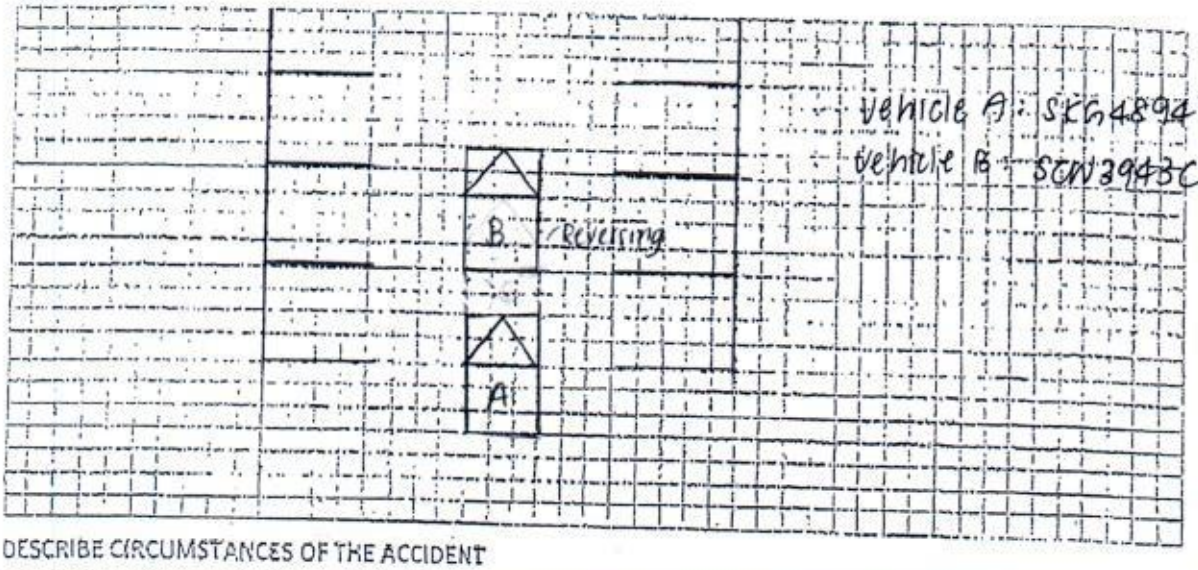
   (ii) for complying with requirements under any regulations, laws or court orders.

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

- Refer to police report -

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.:

Date of Accident : 20/03/2019 Accident Time: 1640 HRS (24-HR-Format)

Accident Place : Marina Square Carpark

Vehicle Reg. No. (Car Plate No.) : SKG4894T

Vehicle Make/Model : Volkswagen Polo

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : David Ho Da Wei

Owner or Company Contact No. : 81007132 Owner's Hp Company Tel

DRIVER'S Name / IC No. : David Ho Da Wei / S8713599C

DRIVER'S Date Of Birth : 28/05/1987 DRIVER'S License Pass Date 14/9/2007

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : Blk 811 Jurong West Street 81 #08-68 S640811

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : ~~INDOOR~~ \ (OUTDOOR) (e.g. working inside or outside office)

Email Address : David@DavidHo.sg

Weather & Road Surface : (CLEAR & DRY) \ ~~RAINING & WET \ AFTER RAIN & WET~~

Reporting Type : ~~Reporting Only~~ \ (Claim Other Party) \ ~~Claim Own Insurance~~

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: (YES) \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SCW3943C

Vehicle Make\Model: Mercedes

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

SINGAPORE POLICE FORCE

T/20190322/7012

Report No. T/20190322/7012

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/03/2019 15:33		

Informant's Particulars

Name of Informant: DAVID HO DA WEI			Address: APT BLK 811 JURONG WEST STREET 81 #08-68 SINGAPORE 640811	
ID Type / ID No.: NRIC NO / S8713599C			Contact No.: Home/Office: Mobile: 81007132	
Nationality: SINGAPORE CITIZEN			Email: david@davidho.sg	
Sex: Male	Age: 31	Date of Birth: 28/05/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Other insurance representatives			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/03/2019 16:40	Type of Location: Car Park
Location: RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Reversing- Rear to head				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW3943C	Car	MERCEDES BENZ	Mercedes A Class	Black	Slightly Damaged	1
SKG4894T	Car	VOLKSWAGON	POLO+1.2L+AT+6R14F7	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG4894T	NTUC Income Insurance Co-Operative Limited	5087770924-01	11/09/2018	10/09/2019

SINGAPORE POLICE FORCE

T/20190322/7012

Report No. T/20190322/7012

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAVID HO DA WEI	ID No.	S8713599C
Related Vehicle	SKG4894T (Car)	Contact No.	81007132
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.

At 20 March 2019 at around 4:40pm in Marina Square Carpark, i was in my vehicle bearing carplate number SKG4894T. I put on my seat belt and drove out and when i came out of the parking lot, vehicle B bearing car plate number SCW3943C who was in front of me was reversing. Upon seeing it, i tried to reverse to avoid his collision but he still continued to reverse, hence resulting in his vehicle rear to collide onto my front of my vehicle. I wish to state that the driver did not exchange particulars with me and left the scene after i went into the car to grab my phone, and that i have a working in-car camera that recorded the whole event. I also wish to state that I felt pain on my neck and lower back due to the accident. I have been given 2 days medical certificate.

SINGAPORE POLICE FORCE

T/20190322/7012

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

Report No. T/20190322/7012

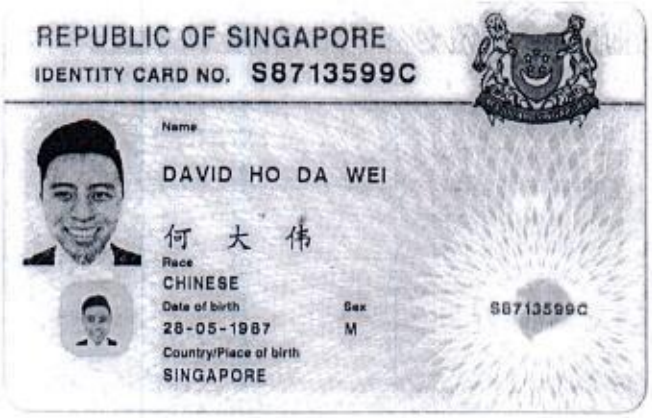
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2019 15:33
Officer In Charge Of Case: TP / TPIB / ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:

Authentication Stamp


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8713599C

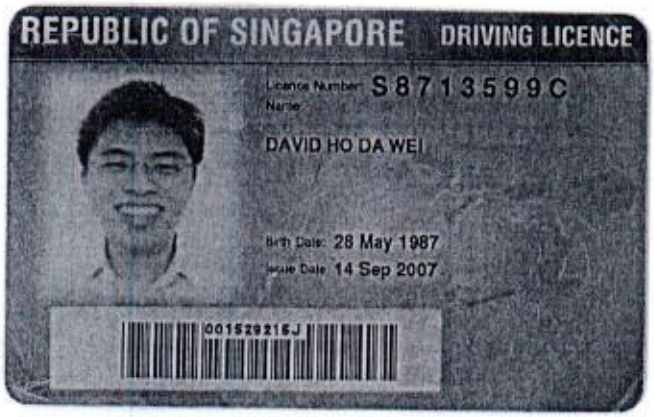
Name
DAVID HO DA WEI
何 大 伟
Race
CHINESE
Date of birth
28-05-1987
Sex
M
Country/Place of birth
SINGAPORE
S8713599C


5870144

NRIC No. S8713599C

Date of issue
10-02-2018

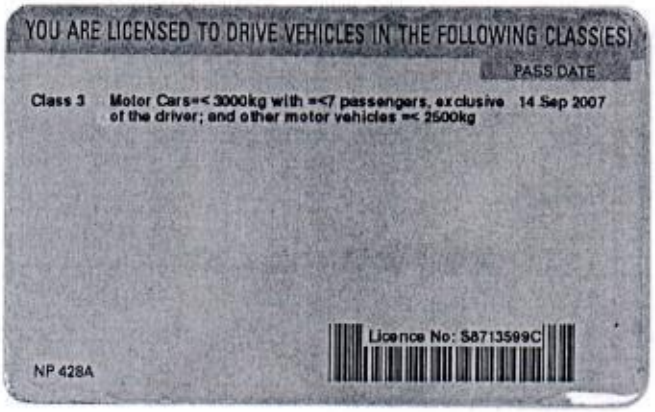
Address
APT BLK 611 JURONG WEST STREET 61
#08-68
SINGAPORE 640611


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8713599C
Name
DAVID HO DA WEI

Birth Date: 28 May 1987
Issue Date: 14 Sep 2007

001529215J


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

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Sep 2007

Licence No: S8713599C

NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKG4894T

Date of Accident 20/03/2019 16:40

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087770924-01		DAVID HO DA WEI	S8713599C	GPC	drivo CLASSIC	SKG4894T	SKG4894T	11/09/2018	10/09/2019

Continue

Policy Information

Policy No.	5087770924-01	Policyholder Name	DAVID HO DA WEI	Policyholder NRIC	S8713599C
Certificate No.					
Address	BLK 811 #08-68 JURONG WEST STREET 81 SINGAPORE 640811				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/09/2018	Effective Date	11/09/2018 00:00	Expiry Date	10/09/2019 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	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 811 #08-68	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640811
Address 4		Address Type	Singapore address	Post Code	640811
Unit No.		Related Policy Number	5087770924-01		

Insured Object: SKG4894T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	11/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	To do coa on renewal - see upload file.
2	17/01/2019 00:00	Changing Commission Rate	Entry Rejected	

Continue Cancel

Claim Handling

Accident MT/1037065

Exit

Policy No.	S087770924-01	Vehicle No.	SKG4894T	GST Registration No.	
Certificate No.					
Policyholder Name	DAVID HO DA WEI			Policyholder NRIC	S8713599C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81007132	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KPK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	22/03/2019 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/03/2019	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA SQUARE CARPARK				

Excess

Own damage Excess	600.00	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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 811 #08-68	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640811
Address 4		Address Type	Singapore address	Post Code	640811
Unit No.		Related Policy Number	S087770924-01		

OI Driver Info

Driver Name	DAVID HO DA WEI	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8713599C	Driver DOB	28/05/1987
Register Date of Driver License	14/09/2007	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	81007132	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 811	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640811
Address 4		Address Type	Singapore address	Post Code	640811
Unit No.	08-68				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	DAVID HO DA WEI	Insured NRIC	S8713599C
Contact No.(Mobile)	81007132	Contact No.(Home)		Contact No.(Office)	
Email Address	DAVID@DAVIDHO.SG	OI Vehicle Number	SKG4894T	TP Vehicle Number	SCW3943C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKG4894T / SCW3943C ON 20 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/03/2019 17:02	Claim Close Date		Date Received	22/03/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1037065	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	22/03/2019 17:03

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 NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	SAS	Normal	SAS 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:03	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:02	Photos	Normal	Photos 2019-3-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading