

NATIONAL Assessment Centre Services: [wef 1 Jan'05] ML/A19038463

Date In: 25/1/19-16:01	Job description	Date & Time Completed	Done by
Ref No: 110/INC1900531924	SAS e-filing		
Veh No: JM52953E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/19-11:30	i-Motor Claim Form	M1/1037394-001	25/1/19 14:39
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: SLD485K	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

NA1902107	Invoice Preparation Checklist	Amt (\$) Int Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*N5: Courtesy Car / Tpl 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		
Ref. 1:	Invoice dated	Fee Charged	
Ref. 2 / 3:	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	25/03/2019 16:01
Date Of Accident	24/03/2019 11:30
Exact Location Of Accident	RIVERVALE DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ2953E
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104194055-01
Cover Note Number	
Driver	
Name of Driver	NOOR MOHAMMED BIN YUSOFF ALI
NRIC No	S7614229G
Date Of Birth	19/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91415768
Fax Number	
Contact Number	OFFICE-91415768
EMail Address	NOEMAIL

Address	BLK 70 CIRCUIT ROAD #08-67
Postcode	370070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	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?	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	SKD4885K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO CHIN SIN
NRIC/Passport Number	S7001746F
Contact Number	92772887
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NOOR MOHAMMED BIN YUSOFF ALI
------	------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SMJ2953E

YES

NO

SKETCH PLAN

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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.



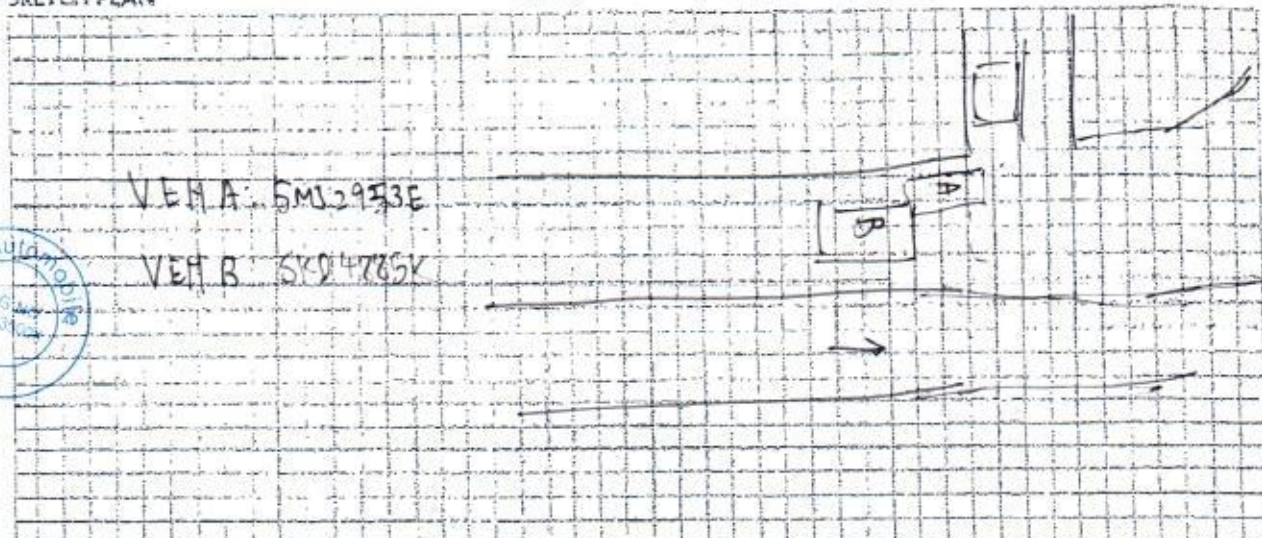
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along RIVERVALE DRIVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(SMJ2953E) I was driving along RIVERVALE drive going straight and slow down as there was a vehicle in front of me turning left. So as I slow down, I felt an impact from the back, I was hit by vehicle B (SKD4855K)

DECLARATION

(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 : 24/03/19 Accident Time: 1130 (24-HR-Format)
Accident Place : RIVERVALE DRIVE
Vehicle Reg. No. (Car Plate No.) : SMJ 2953E
Vehicle Make/Model : KIA CERATO
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : 1W AUTOMOBILE
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : NOOR MOHAMMED BIN YUSOFF ALI
DRIVER'S Date Of Birth : 19/05/1976 DRIVER'S License Pass Date 31/07/00
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Spouse
DRIVER'S Address : BLK 70 CIRCUIT ROAD #08-67 (370070)
DRIVER'S Contact No./ Alt No. : 1) 91415768 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : PLATINUMWERKZ@GMAIL.COM
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 Driver injured
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: <u>SMJ 2953E</u>	Vehicle Reg. No: <u>SKD 4885K</u>
Vehicle Make/Model: <u>KIA CERATO</u>	Vehicle Make/Model: <u>BMW</u>
Name Driver: <u>NOOR MOHAMMED BIN YUSOFF ALI</u>	Name Driver: <u>NEO CHIN SIN</u>
IC No. Driver: <u>576142296</u>	IC No. Driver: <u>57001746F</u>
Driver's Contact & Add: <u>91415768</u>	Driver's Contact & Add: <u>9277 2227</u>

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7614229G



Name

NOOR MOHAMMED BIN YUSOFF
ALI

Race

INDIAN

Date of birth

19-05-1976

Sex

M

Country of birth

SINGAPORE



3880620



NRIC No. S7614229G



Date of issue

19-05-2006

APT BLK 70 CIRCUIT ROAD #08-67
SINGAPORE 370070

NRIC No: S7614229G

Date: 09/12/2012 (R)

No: 6959661

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Jan 1997
Class 2A	Motorcycles between 201 cc and 400 cc	02 Jul 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Jul 2000

NP 428A





Licence No: S7614229G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7614229G**
Name: **NOOR MOHAMMED BIN YUSOFF ALI**
Birth Date: **19 May 1976**
Issue Date: **17 Jan 2003**

000131140E



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5104194055-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SMJ2953E**
Chassis Number : KNAFH221395084682
2. Name of Policyholder : TW AUTOMOBILE
3. Effective Date of Insurance : 11 Mar 2019
4. Expiry Date of Insurance : 10 Mar 2020

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder,
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 17 Jan 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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"/>	5104194055-01		TW AUTOMOBILE	53333500X	GFT	Third Party	SMJ2953E	SMJ2953E	11/03/2019	

Policy Information

Policy No.	5104194055-01	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Certificate No.					
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/01/2019	Effective Date	16/01/2019 00:00	Expiry Date	15/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	12129.53		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5104194055-01		

Insured Object: SMJ2953E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	21/01/2019 00:00	Basic Information Endorsement	000001286992375	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR5497D 21-01-2019 \$1,431.98 In view of this amendment, an additional premium of \$1,431.98 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	22/01/2019 00:00		000001286993024		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJU5167R 22-01-2019 \$1,428.00 In view of this amendment, an additional premium of \$1,428.00 (inclusive of GST) is payable under your policy. Please ignore this premium payment
		Basic Information		Endorsement Take	

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1037394

Policy No.	S104194055-01	Vehicle No.	SM02953E	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	53333500X
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	1/1
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	Yes

Accident Details

Report Date	25/03/2019 19:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/03/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVERVALE DR				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	S104194055-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/05/1976
Unnamed driver Name	NOOR MOHAMMED BIN YUSOFF	Driver NRIC	57614229G	Driving Experience	18
Register Date of Driver License	21/07/2000	Driver Age	42	Contact No. (home)	0
Contact No. (Mobile)	91415768	Contact No. (Office)	0	Address 3	SINGAPORE 370070
Address 1	BLK 70	Address 2	CIRCUIT ROAD	Post Code	370070
Address 4		Address Type	Singapore address		
Unit No.	08-57				
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	TW AUTOMOBILE	Insured NRIC	53333500X
Contact No. (Mobile)	86865535	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	SM02953E	TP Vehicle Number	SKD4885K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SM02953E / SKD4885K ON 24 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	25/03/2019 19:39	Claim Close Date		Date Received	25/03/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1037394	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/03/2019 19:40

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="T/D"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="T/D"/>	<input type="button" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="T/D"/>	<input type="button" value="Normal"/>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:40	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Mar 2019 19:39	Photos	Normal	Photos 2019-3-25		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"/>				