

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA119045904

Date In: 29/1/9-12:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19025628/24	SAS e-filing		
Veh No: 9W7482	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/1/9-21:45	i-Motor Claim Form	MT1108003-001	29/1/9 16:31
OD: 6 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: 588453	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

NA190256283	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*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 \$0		
Auditors' Comments:-	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	29/03/2019 12:02
Date Of Accident	28/03/2019 21:45
Exact Location Of Accident	JUNC MERPATI RD & JLN ANGGEREK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW7468Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	U-GO CAR RENTAL PTE LTD
Co Reg No	201814807H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91815786
Alternative Phone No	OFFICE-91815786
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5095515017-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	FOO CHIOU MI
NRIC No	S7034161A
Date Of Birth	22/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98808836
Fax Number	
Contact Number	OFFICE-98808836
EMail Address	NOEMAIL

Address	BLK 119 SIMEI STREET 1 #07-510
Postcode	520119
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 - MAJOR/MINOR RD
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?	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)	2
Passenger 1	NAME: : MS LAM 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

ON STATED DATE AND TIME, AS I WAS APPROACHED THE JUNCTION OF JLN ANGGEREK TWDS MERPATI RD. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED TO MAKE A LEFT TURN TWDS MERPATI RD. WHERE THERE WAS NO VEHICLES WAS ON THE MAIN ROAD, I MAKE A LEFT TURN TWDS MERPATI RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION AFTER MY VEHICLE WAS IN PARALLEL POSITION, VEHICLE B CONTINUE TO HIT MY VEHICLE REAR PORTION.. I WISH TO STATE THAT THERE WERE A PEDESTRIAN CROSSING AND VEHICLE B DID NOT SLOW DOWN.

#### 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	SBS8255B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LAU KOK ONN
NRIC/Passport Number	
Contact Number	92251300

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.

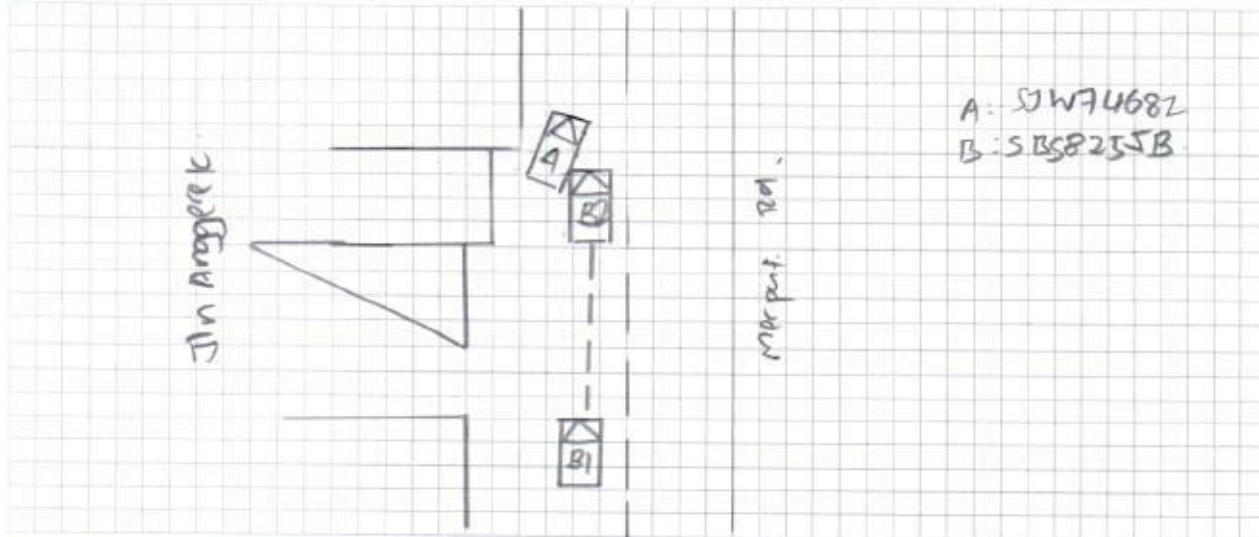


Policyholder's Signature  
Date & Time:

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 statement.

## 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.:

Name: Foo Chiau Mi

NRIC: S7034161-A

**TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE**

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

**PDVL Commencement Date:** 20 JUN 2018

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong  
Assistant Registrar of Vehicles  
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by \_\_\_\_\_ (centre officer name),  
(centre officer designation), of \_\_\_\_\_ (centre name).



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7034161A



Name

FOO CHIOU MI

符秋咪

Race

CHINESE

Date of birth

22-09-1970

Sex

F

S7034161A

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S7034161A

Name:

FOO CHIOU MI

Birth Date: 22 Sep 1970

Issue Date: 10 Mar 2016





5623155



NRIC No. S7034161A



Date of issue  
28-06-2016

Address

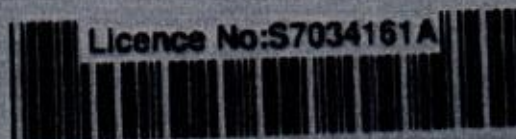
APT BLK 119 SIMEI STREET 1  
#07-510  
SINGAPORE 520119

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

**EFFECTIVE DATE**

<b>Class 3</b>	<b>Motor cars with unladen weight <math>\leq</math> 3000kg with <math>\leq</math> 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <math>\leq</math> 2500kg</b>	<b>09 Mar 1995</b>
----------------	--	--------------------

NP 428A



Licence No: S7034161A

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"/>	5095515017-01		U-GO CAR RENTAL PTE. LTD.	201814807H	GFT	drive CLASSIC	SJW7468Z	SJW7468Z	12/03/2019	



## ▼ Policy Information

Policy No.	5095515017-01	Policyholder Name	U-GO CAR RENTAL PTE. LTD.	Policyholder NRIC	201814807H
Certificate No.					
Address	BLK 252 #03-390 BANGKIT ROAD SINGAPORE 670252				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/10/2018	Effective Date	01/11/2018 00:00	Expiry Date	31/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	4162.77		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 252 #03-390	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670252
Address 4		Address Type	Singapore address	Post Code	670252
Unit No.	03-390	Related Policy Number	5095515017-01		

## ► Insured Object: SJW7468Z

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/11/2018 00:00	Basic Information Endorsement	000001286921296	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. SJU9778B 01-11-2018 \$1,402.77 In view of this amendment, an additional premium of \$1,402.77 (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	01/11/2018 00:00	Basic Information	000001286924537	Endorsement Take	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. SJX5748Z 01-11-2018 \$1,402.77 In view of this amendment, an additional premium of \$1,402.77 (inclusive of GST) is payable under your policy. Please ignore this premium payment

## Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1038003

Policy No.	5095515017-01	Vehicle No.	SJW7468Z	GST Registration No.	
Certificate No.					
Policyholder Name	U-GO CAR RENTAL PTE. LTD.			Policyholder NRIC	201814807H
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91815786	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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:	29/03/2019 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	28/03/2019	Time of Accident hh:mm	21:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG MERRATI RD & JLN ANGEREK				

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

**Policyholder Mailing Address**

Address 1	BLK 252 #03-390	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670252
Address 4		Address Type	Singapore address	Post Code	670252
Unit No.	03-390	Related Policy Number	5095515017-01		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/09/1970
Unnamed driver Name	FOO CHIOU MI	Driver NRIC	S7034161A	Driving Experience	24
Register Date of Driver License	09/03/1995	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	96808836	Contact No.(Office)	0	Address 3	SINGAPORE 520119
Address 1	BLK 119	Address 2	SIMEI STREET 1	Post Code	520119
Address 4		Address Type	Singapore address		
Unit No.	07-510				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification history

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	U-GO CAR RENTAL PTE. LTD.	Insured NRIC	201814807H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SJW7468Z	TP Vehicle Number	S858255B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW7468Z / S858255B ON 28 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/03/2019 16:31	Claim Close Date		Date Received	29/03/2019 00:00
Report Taken By	Jackson				

☒ Print ACK letter

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

## Attachment

Accident No.	MT/1038003	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/03/2019 16:33

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



<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>

## Attachment List

Attachment	Uploaded By/Data	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	SAS	Normal	SAS 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:32	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 29 Mar 2019 16:31	Photos	Normal	Photos 2019-3-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<div>Display in New Window</div> <div>Scan and uploading</div>			