

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 19041434

Date In: 30/1/19-13:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC190036564	SAS e-filing		
Veh No: JFL 7655	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/1/19-12:12	i-Motor Claim Form	MT1038148-001	30/1/19 13:12
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: JHA7792

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

NA 1902304

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

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:-

OD*

*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	30/03/2019 13:17
Date Of Accident	29/03/2019 22:10
Exact Location Of Accident	AIRPORT BLVD BEFORE T3 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFL765S
Insured/Policyholder	
Name Of Registered Owner	MAN FUT TONG LIN CHEE CHENG SIA TEMPLE
Co Reg No	C004793Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98162822
Alternative Phone No	OFFICE-98162822
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5050865323-07
Cover Note Number	
Driver	
Name of Driver	LEE TECK SENG
NRIC No	S0599339C
Date Of Birth	28/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96652771
Fax Number	
Contact Number	OFFICE-96652771
Email Address	NOEMAIL

Address	BLK 37 CIRCUIT ROAD #09-405
Postcode	370037
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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: : MALE

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	SHA7793Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH KOK KUENG (DU GUOQUAN)
NRIC/Passport Number	S7714008E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

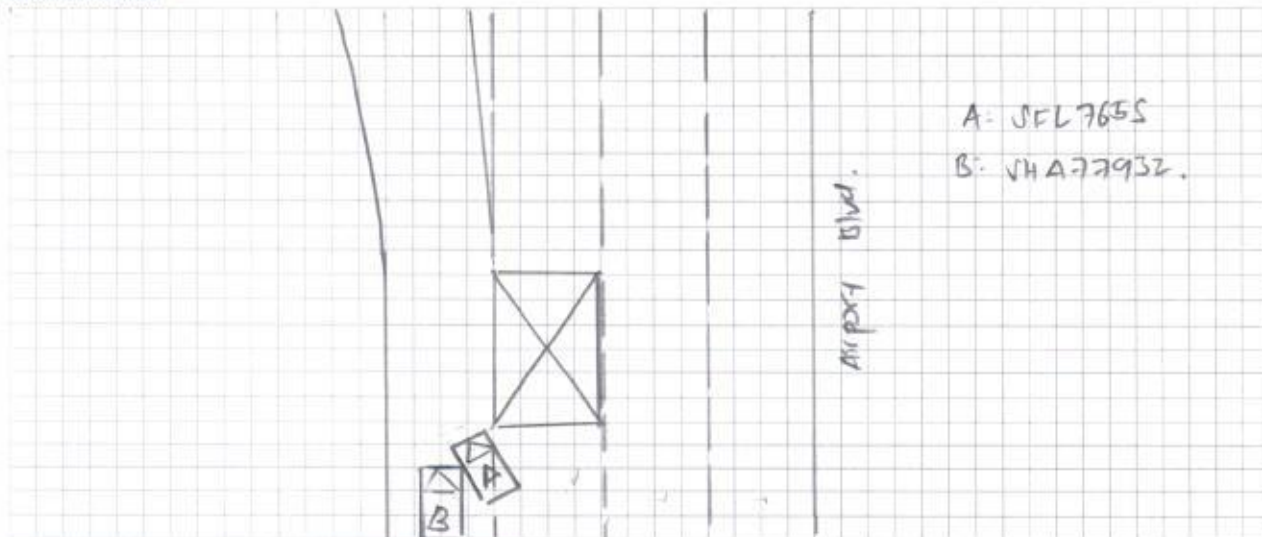
萬佛堂蓮池精舍
Man Fut Tong Lin Chee Cheng Sia Temple
14E/F Richards Ave
Singapore 546415
Tel: 6282 4966, 6284 1683
Fax: 6282 7191
Email: info@mfctong.com

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.

14E/F Richards Ave
Singapore 546415

Tel: 6282 4966, 6284 1683

Fax: 6282 7191

Email: mltccst@gmail.com

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.:

ON STATED DATE AND TIME, AS I WANTED TO FILTER FROM LANE 3 FROM LANE 4, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED, THERE WAS NO VEHICLE , I FILTER TO LANE 4. WHILE FILTERING TO LANE 4, SUDDENLY VEHICLE B WAS SPEEDING ALONG LANE 4 AND VEHICLE B FRONT RIGHT PORTION HIT ONTO MY VEHICLE LEFT PORTION. VEHICLE B JUST HORN ME, HOWEVER HE DID NOT SLOW DOWN HIS VEHICLE. AFTER I HEARD HIS HORN, I IMMEDIATELY SWVERVE MY VEHICLE TO THE RIGHT.

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 3 / 19) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: Airport Blvd before T3 exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFL7655
 b) INSURANCE COMPANY: ATOC
 c) POLICY NUMBER: 50508632302
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use.
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) .
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORT) (G. ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Man Fui Tong Lin Chee Chong Sia Temple (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: C06V7932 CONTACT: 9816282
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Teck Seng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0599339C CONTACT: 96652971
 c) ADDRESS: Blk 37 Circuit Road 409-421 (370037)

* d) DATE OF BIRTH: (28 / 5 / 1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/8/1978

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA77932 MODEL: _____
 b) DRIVER'S NAME: Thi Koc Luang (Da No Anuquan)
 c) NRIC/FIN/PASSPORT: S7714008E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(2)
 male.

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0599339C



Name

LEE TECK SENG

李 德 城

Race

CHINESE

Date of birth

28-05-1949

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0599339C

Name

LEE TECK SENG

Birth Date 28 May 1949

Issue Date 01 Dec 2003



5685509



NRIC No. S0599339C



Date of issue

05-01-2017

Address

APT BLK 37 CIRCUIT ROAD
#09-405
SINGAPORE 370037

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

PASS DATE

- Class 2B Motorcycles <= 200 CC
- Class 2A Motorcycles between 201 CC and 400 CC
- Class 2 Motorcycles > 400 CC
- Class 3 Motor cars <= 2500 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg

12 Feb 1977
12 Feb 1977
12 Feb 1977
18 Aug 1978

S0599339C

S / No. 9000194801



NP 42BA

eBaoTech

GeneralClaim

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="29/03/2019 22:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SFL765S"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050865323-07		MAN FUT TONG LIN CHEE CHENG SIA TEMPLE	C004793Z	GPC	Third Party, Fire & Theft	SFL765S	SFL765S	23/07/2018	22/07/2019
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5050865323-07	Policyholder Name	MAN FUT TONG LIN CHEE CHEN	Policyholder NRIC	C004793Z
Certificate No.					
Address	14E RICHARDS AVE SINGAPORE 546415				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/07/2018	Effective Date	23/07/2018 00:00	Expiry Date	22/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0	Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	14E RICHARDS AVE	Address 2	SINGAPORE 546415	Address 3	
Address 4		Address Type	Singapore address	Post Code	546415
Unit No.		Related Policy Number	5050865323-07		

 Insured Object: SFL765S

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1038128

Policy No.	S050865323-07	Vehicle No.	SFL7655	GST Registration No.	
Certificate No.					
Policyholder Name	MAN PUT TONG LIN CHEE CHENG SIA TEMPLE			Policyholder NRIC	C0047932
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	98162622	Contact No.(Office)	0	Contact No.(Home)	0
Email Address				eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/03/2019 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	29/03/2019	Time of Accident (hh:mm)	22:10	Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	ADPORT BLVD BEFORE T3 EXIT				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	No
Modification History	30/03/2019 17:11:07 System auto update fail: The format of the UEN is incorrect or UEN is invalid.		

Policyholder Mailing Address

Address 1	14E RICHARDS AVE	Address 2	SINGAPORE 546415	Address 3	
Address 4		Address Type	Singapore address	Post Code	546415
Unit No.		Related Policy Number	S050865323-07		

OE Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE TECK SENG	Driver NRIC	S0599339C	Driver DOB	28/05/1949
Register Date of Driver License	18/08/1978	Driver Age	69	Driving Experience	40
Contact No.(Mobile)	96652771	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 37	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370037
Address 4		Address Type	Singapore address	Post Code	370037
Unit No.	09-405				
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 *	CO-MX	Insured Name	MAN PUT TONG LIN CHEE CHEN	Insured NRIC	C0047932
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SFL7655	TP Vehicle Number	SHA77932
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFL7655 / SHA77932 ON 29 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	30/03/2019 17:12	Claim Close Date		Date Received	30/03/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1038128	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2019 17:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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="NO"/>	<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="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	SAS	Normal	SAS 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:13	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2019 17:12	Photos	Normal	Photos 2019-3-30		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"/>	