

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119045131

Date In: 8/4/19-10:46	Job description	Date & Time Completed	Done by
Ref No: 49/INC 19006207/21	SAS e-filing		
Veh No: 86487240	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/4/19-15:30	i-Motor Claim Form	M/1039330-001	8/4/19 21:28
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: 490216m

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

HA1902487

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

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:-

Q1:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N11 INC) against INC \$20

9) N12: Idac Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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	08/04/2019 10:46
Date Of Accident	06/04/2019 13:30
Exact Location Of Accident	ALONG UBI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8729D
Insured/Policyholder	
Name Of Registered Owner	LIM KWOK ING
NRIC No	S0142649D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97451565
Alternative Phone No	OFFICE-97451565

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
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	5076958010-03
Cover Note Number	

Driver

Name of Driver	LIM KWOK ING
NRIC No	S0142649D
Date Of Birth	30/07/1950
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1968
Driving Experience	50 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97451565
Fax Number	
Contact Number	OFFICE-97451565
EMail Address	NOEMAIL

Address	BLK 26D JALAN MEMBINA #08-164
Postcode	167026
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	SIDE SWIPE
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)	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	YP4216M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN


IMPORTANT NOTICE


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

vis ave 4

B: $\frac{1}{2} \rho \cdot 4 \cdot 16 \text{ m}$

Refer to statement.

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

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. SUDDENLY VEHICLE B MAKE A LEFT TURN AND HIT ONTO MY VEHICLE RIGHT SIDE MIRROR.

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 4 / 19) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Along US Ave 4.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 864825D.
 b) INSURANCE COMPANY: MTA
 c) POLICY NUMBER: 567658010-02
 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) NO.
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lim Iowei Ing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S014660D. CONTACT: 97451565
 c) ADDRESS: Blk 26D Juhin NIMBIN 408-164 (167024)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (30 / 7 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 1/2 1968

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 4P4M16M. MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
 (Including driver)
(1)

*No of passenger
 (Including driver)
(2)

*No of passenger
 (Including driver)
()

Email =

fax =

VIDEO =

67556142.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S0142649D**
 Name
LIM KWOK ING
 Birth Date **30 Jul 1950**
 Issue Date **03 Nov 2003**

000985975H

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S0142649D**
 Name
LIM KWOK ING
 林國榮
 Race
CHINESE
 Date of Birth
30-07-1950 Sex
M
 Country of Birth
SINGAPORE

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

	PASS DATE
Class 1B Motorcycle <= 200 CC	07 Jun 1976
Class 2A Motorcycle between 201 CC and 400 CC	07 Jun 1976
Class 2 Motorcycle > 400 CC	07 Jun 1976
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	04 Dec 1968

S0142649D S / No. 9000174020

NP 428A

Licence No: S0142649D

1951988


 NRIC No. **S0142649D**

 Blood Group **B+** Date of Issue
28-04-1994
APT BLK 26D JALAN MEMBINA #08-164
SINGAPORE 167026
 NRIC No: **S0142649D** Date: **27/01/2008** No: **5914464**

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: 5076958010-03

Cover : drive CLASSIC

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SGH8729D |
| Chassis Number | : NRE1610007095 |
| 2. Name of Policyholder | : LIM KWOK ING |
| 3. Effective Date of Insurance | : 05 Jan 2019 |
| 4. Expiry Date of Insurance | : 04 Jan 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward other than for driving test and tuition purpose only.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM KWOK ING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : CHENG HOE ENTERPRISE (00000614784)
Date of Issue : 06 Dec 2018 10:50 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"/>	5076958010-03		LIM KWOK ING	S0142649D	GPC	drive CLASSIC	SGH8729D	SGH8729D	05/01/2019	04/01/2020

 Policy Information

Policy No.	5076958010-03	Policyholder Name	LIM KWOK ING	Policyholder NRIC	S0142649D
Certificate No.					
Address	BLK 26D #08-164 JALAN MEMBINA SINGAPORE 167026				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/12/2018	Effective Date	05/01/2019 00:00	Expiry Date	04/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CHENG HOE ENTERPRISE	Agent Tel.	67556142	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 26D #08-164	Address 2	JALAN MEMBINA	Address 3	SINGAPORE 167026
Address 4		Address Type	Singapore address	Post Code	167026
Unit No.		Related Policy Number	5076958010-03		

 Insured Object: SGH8729D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Exit

Accident MT/1039330

Policy No.	SG76958010-03	Vehicle No.	SGH8729D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KWOK ING	Cover Type	drive CLASSIC	Policyholder NRIC	S0142649D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97451565	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	08/04/2019 21:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/04/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UBI AVE 4				

Excess

Own damage Excess	500.00	Additional Excess	1000	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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 26D #08-164	Address 2	JALAN MEMBINA	Address 3	SINGAPORE 167026
Address 4		Address Type	Singapore address	Post Code	167026
Unit No.		Related Policy Number	SG76958010-03		

DI Driver Info

Driver Name	LIM KWOK ING	Driver Type	Main Driver	Driver NRIC	S0142649D	Driver DOB	30/07/1950
Unnamed driver Name		Driver Age	68	Driving Experience	50		
Register Date of Driver License	04/12/1968	Contact No.(Office)	0	Contact No.(Home)	0		
Contact No.(Mobile)	97451565	Address 1	BLK 26D	Address 2	JALAN MEMBINA	Address 3	SINGAPORE 167026
Address 1	BLK 26D	Address Type	Singapore address	Post Code	167026		
Unit No.	08-164	Driver Vehicle No.		Driver Insurer Company			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No						

Declaration

Breathalyzer 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 *	OD-IXK	Insured Name	LIM KWOK ING	Insured NRIC	S0142649D
Contact No.(Mobile)	97451565	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SGH8729D	TP Vehicle Number	YP4216M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGH8729D / YP4216M ON 6 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/04/2019 21:28	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1039330	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2019 21:29

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Please Select

▼

TUC

▼

Normal

▼

Please Select

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TUC

▼

Normal

▼

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	SAS	Normal	SAS 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:29	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:28	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:28	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:28	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:28	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:28	Photos	Normal	Photos 2019-4-8		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"/>				