

NATIONAL Assessment Centre Services

[wef 1 Jan'08] MHA1904970V

Date In: 12/4/19-12:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006526/24	SAS e-filing		
Veh No: J2A164E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/4/19-12:10	i-Motor Claim Form	M1/1039904-001	12/4/19 13:41
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: JTB1613	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

NA1900724

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat 1:

Dat 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	12/04/2019 12:11
Date Of Accident	11/04/2019 10:10
Exact Location Of Accident	SLIP RD WOODLANDS AVE 3 TWDS WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ9169E
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) EX ABS D/AB 2WD 4DR
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094921806-01
Cover Note Number	
Driver	
Name of Driver	KOH CHUAN QUAN (XU QUANQUAN)
NRIC No	S7610380A
Date Of Birth	07/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90479317
Fax Number	
Contact Number	OFFICE-90479317
Email Address	NOEMAIL

Address	BLK 661A JURONG WEST STREET 64 #16-412
Postcode	641661
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?	YES
Foreign Vehicle Registration Number	JTB1613 (COMMERCIAL VEHICLE)
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - L/20190411/7025.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTB1613
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

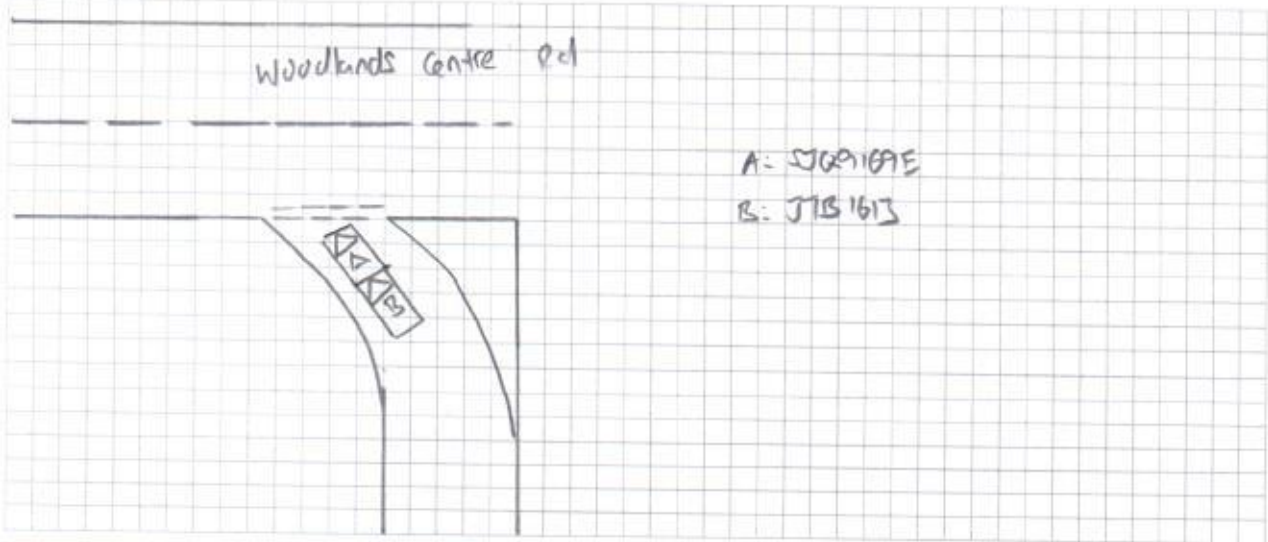


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - LHA90411/7025.

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



POLICE REPORT (NP299)

Report No. L/20190411/7025

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 11/04/2019 15:48	Vide Report No.	Station Diary No.
Name Of Informant KOH CHUAN QUAN	Address APT BLK 661A JURONG WEST STREET 64 #16-412 SINGAPORE 641661	
ID Type / ID No. NRIC NO / S7610380A	Contact No. Home/Office: Mobile: 90479317	
Nationality SINGAPORE CITIZEN	Email Address millionwords@yahoo.com.sg	
Occupation Real estate agent	Sex Male	Age 43
	Date of Birth 07/04/1976	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 11/04/2019 10:10 - 11/04/2019 11:00	Location Of Incident WOODLANDS AVENUE 3	

Brief details.

involved with a car accident with JTB1613 on filter lane between woodlands ave 3 and woodlands centre road. i am stationary and the truck with trailer hit from behind. my car plate is SJQ9169E

Subjects Involved			
Victim			
Person Name	KOH CHUAN QUAN		
ID Type	NRIC NO	ID No	S7610380A

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 11/04/2019 15:48 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20190411/7025

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190411/7025

Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Real estate agent	Address Type	
Address	APT BLK 661A JURONG WEST STREET 64 #16-412 SINGAPORE 641661	Mobile No	90479317
Is Informant A Victim?	Yes		
Person Name	KOH CHUAN QUAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/04/2019 15:48

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7610380A**

Name
KOH CHUAN QUAN
(XU QUANQUAN)

Birth Date: 07 Apr 1976
Issue Date: 07 Apr 2003

1000361195F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7610380A**

Name
KOH CHUAN QUAN
(XU QUANQUAN)
许 铨 权

Race
CHINESE

Date of birth: 07-04-1976 Sex: **M**

Country of birth
SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	Valid Until
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	30 Apr 1999
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	16 Jan 2004
Class 5	Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg	26 Mar 2004

S7610380A S / No. 9000025476

NP 4287

3564847

S7610380A

NRIC No. **S7610380A**

Date of issue: 11-04-2006

APT BLK 661A JURONG WEST STREET 64 #16-412
SINGAPORE 641661

NRIC No: **S7610380A** Date: 15/10/2016




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="11/04/2019 10:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ9169E"/>	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"/>	5094921806-01		ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SJQ9169E	SJQ9169E	09/10/2018	

 Policy Information

Policy No.	5094921806-01	Policyholder Name	ACCURATE LEASING PTE LTD	Policyholder NRIC	201727451M
Certificate No.					
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	14931.88		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		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	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5094921806-01		

 Insured Object: SJQ9169E

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	12/12/2018 00:00	Basic Information Endorsement	000001286961813	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJL9867A 10-12-2018 \$893.43 In view of this amendment, a refund of \$893.43 (inclusive of GST) will be adjusted against the outstanding premium.
2	21/12/2018 00:00	Basic Information Endorsement	000001286967757	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJL5206J 20-11-2018 \$869.91 In view of this amendment, a refund of \$869.91 (inclusive of GST) will be adjusted against the outstanding premium.
3	14/01/2019 00:00	Basic Information Endorsement	000001286987319	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJM6389C 09-01-2019 \$735.25 In view of this amendment, a refund of \$735.25 (inclusive of GST) will be adjusted against the outstanding premium.
					Thank you for giving us the opportunity to serve you. We

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1039904

Policy No.	S094921806-01	Vehicle No.	SJQ9169E	GST Registration No.	
Certificate No.					
Policyholder Name	ACCURATE LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201727451M
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
NPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	12/04/2019 13:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	11/04/2019	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD WOODLANDS AVE 3 TWDS WOODLANDS CENTRE RD				

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	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL 1	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	S094921806-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/04/1976
Unnamed driver Name	KOH CHUAN QUAN (XU QUANQI)	Driver NRIC	S7610380A	Driving Experience	19
Register Date of Driver License	30/04/1999	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	90479317	Contact No.(Office)	0	Address 3	SINGAPORE 641661
Address 1	BLK 661A	Address 2	JURONG WEST STREET 64	Post Code	641661
Address 4		Address Type	Singapore address		
Unit No.	10-412				
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 *	DO-MK	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SJQ9169E	TP Vehicle Number	JTB1613
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJQ9169E / JTB1613 ON 11 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/04/2019 13:41	Claim Close Date		Date Received	12/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter[Save](#) [Submit](#)

Attachment

Accident No.	MT/1039904	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2019 13:42

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

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="100"/>	<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="100"/>	<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="100"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	SAS	Normal	SAS 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:42	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Apr 2019 13:41	Photos	Normal	Photos 2019-4-12		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"/>	