

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA1907984

Date In: 12/4/19-18:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19006378724	SAS e-filing		
Veh No: 17C06825X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/4/19-15:45	i-Motor Claim Form	MT/1039967-001	12/4/19 19:37
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: 5JC75012	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

MWA1907984	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

At 1: _____

At 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 18:21
Date Of Accident	12/04/2019 15:45
Exact Location Of Accident	BEFORE ENTERING INTO CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD6825X
Insured/Policyholder	
Name Of Registered Owner	E.S.P.S
Co Reg No	53361951C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90020408
Alternative Phone No	OFFICE-90020408

Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6 6M/T ABS AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090888346-01
Cover Note Number	

Driver

Name of Driver	YAP KAR ANN (YE JIA'AN)
NRIC No	S7823303F
Date Of Birth	16/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90020408
Fax Number	
Contact Number	OFFICE-90020408
EMail Address	NOEMAIL

Address	BLK 305D PUNGGOL DRIVE #09-885
Postcode	824305
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	3
Passenger 1	NAME: ; - GENDER: ; MALE
Passenger 2	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK7501Z
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)

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.:

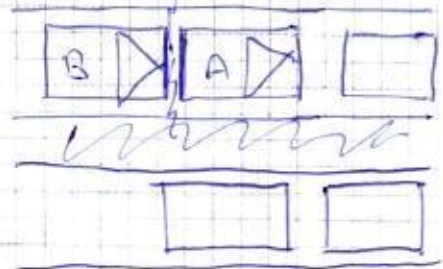
SKETCH PLAN

VEHICLE A

- SKD 6825 X

VEHICLE B

- SJK 7501 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT AHEAD TOWARDS SINGAPORE CUSTOM. IT WAS A SINGLE LANE - SINGLE CARRIAGE WAY.

DUE TO THE HEAVY TRAFFIC, THE VEHICLES HAD BECOME COMPLETE AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. WHILE I WAS IN THE STATIONARY POSITION WAITING TO MOVE OFF. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SJK 7501 Z) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SKD 6825 X

VEHICLE B - SJK 7501 Z

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 Person's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKD 6825X	Model / Make	KIA CERATO FORTÉ
Date of Accident	12 April 2019		
Time of Accident	3:45pm	HRS	
Location of Accident	BEFORE ENTERING INTO CUSTOM TOWARD SINGAPORE		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	E S P. S		
Telephone No.	H/P: 90020408	Home :	Office :
NRIC	53361951C		
Address	BLK 305D PUNGAOL DRIVE #09-885 S(824305)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5090 888 346-01		
Name of Driver	As Above If No, YAP KAE ANN		
NRIC	57823303F	Any Passengers : 2 (BOTH MALE)	
Date of birth	16/08/1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19 FEB 1998		
Gender	Male	/	Female
Contact No.	H/P: 90020408	Home :	Office :
Address	BLK 305D PUNGAOL DRIVE #09-885 S(824305)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other AFTER RAIN
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SKR 7501 Z	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7823303F



YAP KAR ANN
(YE JIA'AN)

叶家安

RACE
CHINESE

Date of birth: 16-08-1978 Sex: M

Country of birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7823303F

Name:

YAP KAR ANN (YE JIA'AN)

Birth Date: 16 Aug 1978

Issue Date: 08 Feb 2003



NRIC No: S7823303F



Date of issue:
26-08-2008

APT BLK 305D PUNGGOL DRIVE #09-885
SINGAPORE 824305

NRIC No: S7823303F

Date: 20/07/2011

No: 8886445

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	26 Nov 1998
Class 2A Motorcycles between 201 cc and 400 cc	12 Jun 2001
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Feb 1998



NP 428A

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 : 5090888346-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SKD6825X**
Chassis Number : **KNAFU411LB5375940**
2. Name of Policyholder : **IDEAL PARTS & PARCEL**
3. Effective Date of Insurance : **28 Jun 2018**
4. Expiry Date of Insurance : **27 Jun 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : GRABCAR PTE. LTD. (00000601726)
Date of Issue : 11 Jun 2018 13:30 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"/>	5090888346-01		E.S.P.S	53361951C	GCV	Comprehensive	SKD6825X	SKD6825X	28/06/2018	27/06/2019

Policy Information

Policy No.	5090888346-01	Policyholder Name	E.S.P.S	Policyholder NRIC	53361951C
Certificate No.					
Address	BLK 305D #09-885 PUNGGOL DRIVE TREELODGE@PUNGGOL SINGAPORE 824305				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/06/2018	Effective Date	28/06/2018 00:00	Expiry Date	27/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 305D #09-885	Address 2	PUNGGOL DRIVE	Address 3	TREELODGE@PUNGGOL
Address 4	SINGAPORE 824305	Address Type	Singapore address	Post Code	824305
Unit No.	09-885	Related Policy Number	5090888346-01		

Insured Object: SKD6825X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1039967

Policy No.	S090888346-01	Vehicle No.	SKD6825X	GST Registration No.	
Certificate No.					
Policyholder Name	E.S.P.S			Policyholder NRIC	53361951C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90020408	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(%)	20	Private Hire	Yes
Accident Details					
Report Date	12/04/2019 19:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/04/2019	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEFORE ENTERING INTO CUSTOM TWDS SINGAPORE				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 305D #09-885	Address 2	PUNGOL DRIVE	Address 3	TREELODGE@PUNGOL
Address 4	SINGAPORE 824305	Address Type	Singapore address	Post Code	824305
Unit No.	09-885	Related Policy Number	S090888346-01		
OS Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/08/1978
Unnamed driver Name	YAP KAR ANN (YE JIA'AN)	Driver NRIC	S7823303F	Driving Experience	21
Register Date of Driver License	19/02/1998	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	90020408	Contact No.(Office)	0	Address 3	TREELODGE@PUNGOL
Address 1	BLK 305D	Address 2	PUNGOL DRIVE	Post Code	824305
Address 4	SINGAPORE 824305	Address Type	Singapore address		
Unit No.	09-885				
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 *	GD-MX	Insured Name	E.S.P.S	Insured NRIC	53361951C
Contact No.(Mobile)	90020408	Contact No.(Home)		Contact No.(Office)	*
Email Address	yapkarann@gmail.com	OT Vehicle Number	SKD6825X	TP Vehicle Number	SJK75012
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKD6825X / SJK75012 ON 12 Apr 2019				
Preferred Workshop Contact No.		Injured 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 19:37	Claim Close Date		Date Received	12/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

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


















Attachment

Accident No.	MT/1039967	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2019 19:38		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse		Clear	Please Select	NO	Normal	
Browse		Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:38	SAS	Normal	SAS 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:38	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:38	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:38	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Apr 2019 19:37	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"/>				