

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MVA119052658

Date In: 23/4/19 - 16:23	Job description	Date & Time Completed	Done by
Ref No: NA119052658	SAS e-filing		
Veh No: F1376984	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/4/19 - 23:00	i-Motor Claim Form	M/1641426-001	23/4/19 16:41
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: Jm6917p 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

Clientant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	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	23/04/2019 16:23
Date Of Accident	19/04/2019 20:00
Exact Location Of Accident	SLE TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2698Y
Insured/Policyholder	
Name Of Registered Owner	LIM KIAM CHUNG
NRIC No	S8084890J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96502266
Alternative Phone No	OFFICE-96502266

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-N
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087271962-02
Cover Note Number	

Driver

Name of Driver	LIM KIAM CHUNG
NRIC No	S8084890J
Date Of Birth	02/04/1980
Occupation	INDOOR
Date Of Driving Pass	24/01/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96502266
Fax Number	
Contact Number	OFFICE-96502266
EEmail Address	NOEMAIL

Address	BLK 501A WELLINGTON CIRLCE #06-26
Postcode	751501
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 - 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/2025.

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	SJM6917D
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)

DETAILS OF INJURED PERSON 1

Name LIM KIAM CHUNG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ2698Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.:

Date of Accident : 19/04/2019 Accident Time: 20:00 (24-HR-Format)
 Accident Place : SLE (Towards seletar west link)
 Vehicle Reg. No. (Car Plate No.) : FBJ2698Y
 Vehicle Make/Model : Yamaha FZ1-N
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Liew Kiam Chung 88084890J
 Owner or Company Contact No. : 96502266 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Liew Kiam Chung 88084890J
 DRIVER'S Date Of Birth : 02/04/1980 DRIVER'S License Pass Date 2005
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 501A Wellington circle #06-26 (751501)
 DRIVER'S Contact No./ Alt No. : 1) 96502266 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJM6917D

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190423/2025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190423/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 10:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIEW KIAM CHUNG		Address: APT BLK 501A WELLINGTON CIRCLE #06-26 MONTREAL SPRING SINGAPORE 751501	
ID Type / ID No.: NRIC NO / S8084890J		Contact No.: Home/Office: Mobile: 96502266	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 02/04/1980	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Chef		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/04/2019 20:00	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY TOWARDS YISHUN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2698Y	Motorcycle	YAMAHA	FZ1-N	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2698Y	NTUC Income Insurance Co-Operative Limited	5087271962-02	20/02/2019	19/02/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIEW KIAM CHUNG	ID No.	S8084890J
Related Vehicle	FBJ2698Y (Motorcycle)	Contact No.	96502266
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	21/04/2019
No. of Days granted Medical Leave	17	Degree of Injury	NIL

Brief Details.

ON STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON 3RD LANE OF 5 LANES TOWARDS YISHUN.
OUT OF A SUDDEN, A M/CAR FROM LEFT LANE MADE A SUDDEN LANE CHANGE INTO MY LANE
WITHOUT CHECKING ONTO ANY OTHER VEHICLES. AS A RESULT, THE M/CAR COLLIDDED
ONTO LEFT PORTION OF MY VEHICLE AND I LOST MY CONTROL ON MY VEHICLE. I FELL ALONG
THE ROAD.
SOME PASSERBY APPROACHED ME TO GIVE SOME HELP AND CALL THE AMBULANCE. I WAS
CONVEYED TO THE SAID HOSPITAL AND GIVEN 17 DAYS OF MEDICAL LEAVES.



**SINGAPORE
POLICE FORCE**



T/20190423/2025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190423/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/04/2019 10:38

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8084890J



Name

LIEW KIAM CHUNG

刘锦松

Race
CHINESE

Date of birth
02-04-1980

Sex
M

S8084890J



Country/Place of birth
MALAYSIA



6025148



NRIC No. S8084890J

Date of issue
17-09-2018

Address

APT BLK 501A WELLINGTON CIRCLE
#06-26
SINGAPORE 751501

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8084890J

LIEW KIAM CHUNG

Exp. Date 02 Apr 2020
Issue Date 06 Jan 2009



001665249K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class	Description	Pass Date
Class 1A	MOTORCYCLES NOT EXCEEDING 200 CC	21 Jun 2009
Class 1B	MOTORCYCLES BETWEEN 201 CC AND 400 CC	06 Jun 2009
Class 2	MOTORCYCLES EXCEEDING 400 CC	17 Sep 2014
Class 3	AUTOMOBILES AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Jun 2005

S / No 9000236222

NP 428A



Licence No: S8084890J

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087271962-02		LIEW KIAM CHUNG	S8084890J	GMC	Third Party	FBJ2698Y	FBJ2698Y	20/02/2019	19/02/2020

Continue

Policy Information

Policy No.	5087271962-02	Policyholder Name	LIEW KIAM CHUNG	Policyholder NRIC	S8084890J
Certificate No.					
Address	BLK 501A #06-26 WELLINGTON CIRCLE MONTREAL SPRING SINGAPORE 751501				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/02/2019	Effective Date	20/02/2019 00:00	Expiry Date	19/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	YEW HENG CREDIT ENTERPRISE	Agent Tel.	67437030	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 501A #06-26	Address 2	WELLINGTON CIRCLE	Address 3	MONTREAL SPRING
Address 4	SINGAPORE 751501	Address Type	Singapore address	Post Code	751501
Unit No.		Related Policy Number	5087271962-02		

Insured Object: FBJ2698Y

Endorsements

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

Claim Handling

• Exit

Accident MT/1041426

Policy No.	5087271962-02	Vehicle No.	FB12698Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIEW KIAM CHUNG	Cover Type	Third Party	Policyholder NRIC	S8084890J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96502266	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No	Private Hire	No		

↳ Accident Details

Report Date	23/04/2019 16:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	19/04/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS SELETAR WEST LINK				

↳ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

↳ 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 501A #06-26	Address 2	WELLINGTON CIRCLE	Address 3	MONTREAL SPRING
Address 4	SINGAPORE 751501	Address Type	Singapore address	Post Code	751501
Unit No.		Related Policy Number	5087271962-02		

↳ O1 Driver Info

Driver Name	LIEW KIAM CHUNG	Driver Type	Main Driver	Driver DOB	02/04/1980
Unnamed driver Name		Driver NRIC	S8084890J	Driving Experience	14
Register Date of Driver License	24/01/2005	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	96502266	Contact No.(Office)	0	Address 3	MONTREAL SPRING
Address 1	BLK 501A	Address 2	WELLINGTON CIRCLE	Post Code	751501
Address 4	SINGAPORE 751501	Address Type	Singapore address		
Unit No.	06-26	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIEW KIAM CHUNG	Insured NRIC	S8084890J	
Contact No.(Mobile)	96502266	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		O1 Vehicle Number	FB12698Y	TP Vehicle Number	SJM6917D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FB12698Y / SJM6917D ON 19 Apr 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/04/2019 00:00	
Date Registered	23/04/2019 16:41	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1041426	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/04/2019 16:43

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:43	SAS	Normal	SAS 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:43	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:42	Photos	Normal	Photos 2019-4-23		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Apr 2019 16:41	Photos	Normal	Photos 2019-4-23		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"/>	