

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA19259235

Date In: 7/5/19 - 19:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1928261/24	SAS e-filing		
Veh No: JML1666E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/5/19 - 07:00	i-Motor Claim Form	M7/104348-001	7/5/19 m.v
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: JLF8713

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

NA1903471

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Amr (\$)

Amr (\$)

Int Bill

Add Bill

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:-

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

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	07/05/2019 19:24
Date Of Accident	06/05/2019 07:00
Exact Location Of Accident	UPP CHANGI FLYOVER TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1666E
Insured/Policyholder	
Name Of Registered Owner	LIM CHWEE NGOR
NRIC No	S6823876E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91288866
Alternative Phone No	OFFICE-91288866

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8G CVT
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	5107508104
Cover Note Number	

Driver

Name of Driver	SIM AI THIAM SAM
NRIC No	S6807381B
Date Of Birth	26/02/1968
Occupation	INDOOR
Date Of Driving Pass	13/06/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91288877
Fax Number	
Contact Number	OFFICE-91288877
Email Address	NOEMAIL

Address	BLK 551 PASIR RIS STREET 51 #10-91
Postcode	510551
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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?	NO
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: : LIM CHWEE NGOR GENDER: : FEMALE
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	SGF3811S
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

DETAILS OF INJURED PERSON 1

Name SIM AI THIAM SAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SML1666E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM CHWEE NGOR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SML1666E

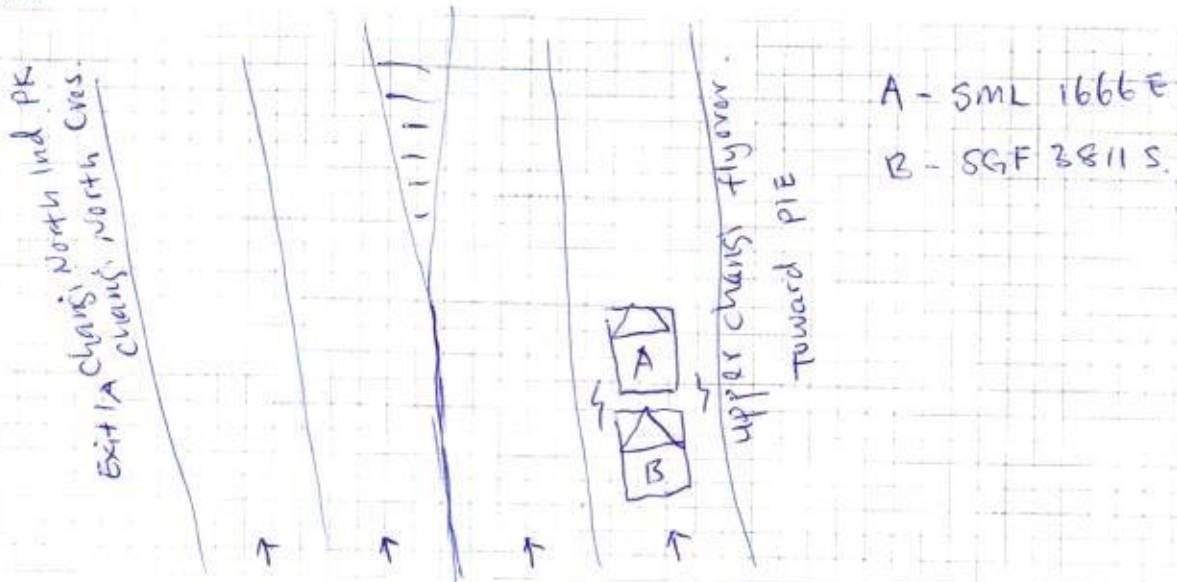
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date 06/05/2019 at about 658am, I driving my car with my wife sending my Son to school. Traffic was moderate. when Suddenly all vehicle come to slow, I also follow and come to stop. Suddenly I felt a strong impact from my back.

After the impact, I alighting my car and check. I realised vehicle SGF 3811S had hit onto my car rear portion.

On the same day of the accident, I felt my back and my Head feeling pain and giddy. and my wife was feel shoulder and Neck Pain.

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

Vehicle No.	SML 1666E	Model / Make	TOYOTA CHR 1.8
Date of Accident	06/05/2019		
Time of Accident	0658	HRS	
Location of Accident	Upper Changi flyover toward PIE		
Exact purpose use during accident	Private Used		
Name of Owner	LIM CHWEE NGOR JOCELYN		
Telephone No.	H/P: 91288866	Home:	Office: 67411851
NRIC	S6823876E		
Address	97, Pasir Ris Heights #16-26 S'519290		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5107508104		
Name of Driver	As Above If No, SIM AI THIAM SAM		
NRIC	S6807381E	Any Passengers:	2
Date of birth	26-02-1968		
Occupation	Outdoor / Indoor		
Driving License Pass Date	13 JUN 1985		
Gender	(Male) / Female		
Contact No.	H/P: 91288877	Home:	Office: 67411851
Address	Blk 551, Pasir Ris St 51, #10-91 S' 510551		
Driver have any own vehicle	(No) If yes, Reg No.		
Relationship	Employee, If no, state spouse		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, If (Yes) Who? SIM AI THIAM SAM (91288877)		
Name And Contact No.	LIM CHWEE NGOR JOCELYN (91288866)		
Name And Contact No.			
Police Report	(No,) If Yes, Where?		
Vehicle B No.	SGP3811S	Any Passengers:	0
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			
Camera Recorder	(Yes) No		
Email Address	sam @ autopoint .asia		
	ireneliow1666@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

S6807381B

SIM AI THIAM

Expiry Date: 26 Feb 1968
Issue Date: 25 Apr 2003

000427816G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6807381B



Name

SIM AI THIAM SAM

沈愛添

Race

CHINESE

Date of birth

26-02-1968

Sex

M

Country of birth

SINGAPORE

S6807381B

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

13 Jun 1985

NP 428A



Licence No. S6807381B



469267

NRIC No. S6807381B



Date of issue

14-03-2011

Address

**APT BLK 551 PASIR RIS STREET 51
#10-91
SINGAPORE 510551**

REPUBLIC OF SINGAPORE DRIVING LICENCE

001100516E

LIM CHWEE NGOR

Birth Date: 29 Jun 1968
Issue Date: 28 Jan 2004

001100516E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6823876E**

LIM CHWEE NGOR JOCELYN

林翠娥

CHINESE

Date of birth: 29-06-1968 Sex: F

Country of birth: SINGAPORE

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

Class	Vehicle Class	PASS DATE
3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Jan 1997

NP 428A

Licence No: S6823876E

469287

NRIC No. **S6823876E**

Date of issue: 14-03-2011

97 PASIR RIS HEIGHTS #16-26
SINGAPORE 519290
NRIC No: S6823876E Date: 26/10/2017

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: 5107508104

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SML1666E**
Chassis Number : ZYX102020406
2. Name of Policyholder : LIM CHWEE NGOR
3. Effective Date of Insurance : 14 Feb 2019
4. Expiry Date of Insurance : 13 Feb 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.
- (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	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHWEE NGOR
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TRISTAR CREDIT & LEASING PTE. LTD.
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue : 14 Feb 2019 12:14 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.	<input type="text"/>	Date of Accident	<input type="text" value="06/05/2019 07:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SML1666E"/>	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"/>	5107508104		LIM CHWEE NGOR	S6823876E	GPC	drive CLASSIC	SML1666E	SML1666E	14/02/2019	13/02/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5107508104	Policyholder Name	LIM CHWEE NGOR	Policyholder NRIC	S6823876E
Certificate No.					
Address	97 PASIR RIS HEIGHTS #16-26 VUE 8 RESIDENCE SINGAPORE 519290				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/02/2019	Effective Date	14/02/2019 00:00	Expiry Date	13/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	97 PASIR RIS HEIGHTS	Address 2	#16-26 VUE 8 RESIDENCE	Address 3	SINGAPORE 519290
Address 4		Address Type	Singapore address	Post Code	519290
Unit No.	16-26	Related Policy Number	5107508104		

Insured Object: SML1666E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 14 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TRISTAR CREDIT & LEASING PTE. LTD. CHASSIS NUMBER: ZYX102020406 ENGINE NUMBER: 2ZR8056226 VEHICLE REGISTRATION NUMBER: SMH8971Z ORIGINAL REGISTRATION DATE: 14 Feb 2019</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 06 May 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TRISTAR CREDIT & LEASING PTE. LTD. CHASSIS NUMBER: ZYX102020406 ENGINE NUMBER: 2ZR8056226 VEHICLE REGISTRATION NUMBER: SML1666E ORIGINAL REGISTRATION DATE: 14 Feb 2019</p>
2	06/05/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue Cancel

Claim Handling

Exit

Accident MT/1043418

Policy No.	S107508104	Vehicle No.	SML1666E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHWEE NGOR			Policyholder NRIC	S6823876E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91288866	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
RFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	07/05/2019 22:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2019	Time of Accident h:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CHANGE PLYOVER TWDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DO Standard Excess	600.00	TP Standard Excess	0.00		
YTD DO Excess		YTD TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total DO Excess Applicable		Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	97 PASIR RIS HEIGHTS	Address 2	#16-26 VUE 8 RESIDENCE	Address 3	SINGAPORE S19290
Address 4		Address Type	Singapore address	Post Code	S19290
Unit No.	16-26	Related Policy Number	S107508104		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM AI THAM SAM	Driver NRIC	S6807381B	Driver DOB	26/02/1968
Register Date of Driver License	13/06/1985	Driver Age	51	Driving Experience	33
Contact No.(Mobile)	91288877	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 551	Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE S10551
Address 4		Address Type	Singapore address	Post Code	S10551
Unit No.	10-91				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	DO-MX	Insured Name	LIM CHWEE NGOR	Insured NRIC	S6823876E
Contact No.(Mobile)	91288866	Contact No.(Home)	67288223	Contact No.(Office)	
Email Address	jccelyn_lim@singnet.com.sg	Ol Vehicle Number	SML1666E	TP Vehicle Number	SGF38115
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML1666E / SGF38115 ON 6 May 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	07/05/2019 22:12	Claim Close Date		Date Received	07/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1043418	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2019 22:13

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Please Select	No	Normal	

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

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	SAS	Normal	SAS 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:13	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:12	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:12	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:12	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:12	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:12	Photos	Normal	Photos 2019-5-7		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"/>	