

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA 19068402**

Date In: 22/6/14-13:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190293374	SAS e-filing		
Veh No: SLA 41200	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/6/14. 21:25	i-Motor Claim Form	M7/104639-001	22/6/14 22:06
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: 57586010	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

NA/190293374	Invoice Preparation Checklist		Amt (\$) Int Bill	Amt (\$) 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			
	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:-			
QC Checked by (Engr-In-Charge):	ON:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat 1:	9) N12: Idac Mobile \$0			
Dat 2/3:	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	27/05/2019 13:49
Date Of Accident	25/05/2019 21:25
Exact Location Of Accident	SLIP RD KPE (TPE) TWDS TAMPINES RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4120D
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE WAV TRANSPORT
Co Reg No	53362685D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81896233
Alternative Phone No	OFFICE-81896233

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA WELCAB 1.5G A
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	5092396047-01
Cover Note Number	

Driver

Name of Driver	LUM CHEE MENG
NRIC No	S6871460E
Date Of Birth	06/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81896233
Fax Number	
Contact Number	OFFICE-81896233
Email Address	NOEMAIL

Address	10 HOUGANG STREET 32 #10-27
Postcode	534037
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	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS8601U
Vehicle Make/Model/Colour	TOYOTA VIOS
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	LUM CHEE MENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ4120D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.



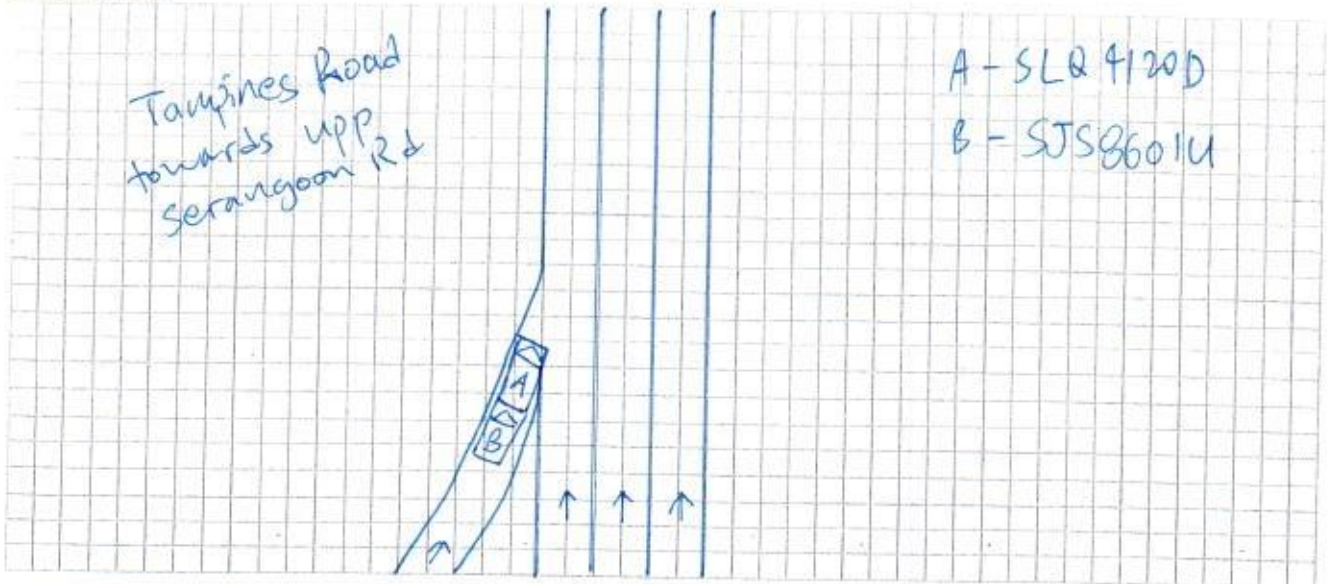
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/5/2019, at about 2125 hrs, I was travelling into Tampines Road in my vehicle bearing (SLQ 4120D). Suddenly, I felt an impact from the back. I went down and realised that a vehicle bearing (SJS8601U) had collided into the rear of my vehicle. We then exchange particulars and decided to proceed with insurance claims.

DECLARATION

I/We declare that the above 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.:

Date of Accident : 25/5/2019 Accident Time: 21:25 (24-HR-Format)
Accident Place : KPE (TPE) exit Tampines Road
Vehicle Reg. No. (Car Plate No.) : SLQ4120D
Vehicle Make/Model : TOYOTA SIENTA
Insurance Company : NTUC Policy No. 5092396047-01
Owner or Company Name /IC No. : SINGAPORE WAV TRANSPORT
Owner or Company Contact No. : 8189 6233 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LUM CHEE MENG
DRIVER'S Date Of Birth : 06/10/1968 DRIVER'S License Pass Date 27/8/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 10 HONGKANG STREET 32 #10-27 S(534037)
DRIVER'S Contact No./ Alt No. : 1) 8189 6233 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: SJS 8601U

Vehicle Reg. No: _____

Vehicle Make/Model: TOYOTA VIOS

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6871460E



Name
LUM CHEE MENG

林志明

Race
CHINESE

Date of birth
06-10-1968

Sex
M

Country of birth
MALAYSIA

S6871460E

4619860



NRIC No. S6871460E



Date of issue
23-08-2010

10 HOUGANG STREET 32 #10-27
SINGAPORE 534037

NRIC No: S6871460E Date: 20/04/2015 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S6871460E

Name
LUM CHEE MENG

Birth Date: 06 Oct 1968

Issue Date: 27 Aug 2003




000777554H

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	21 Sep 1991
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Sep 1991

NP 428A



Licence No: S6871460E

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: 5092396047-01

Cover : drive PREMIUM

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLQ4120D |
| Chassis Number | : NSP1727001207 |
| 2. Name of Policyholder | : SINGAPORE WAV TRANSPORT |
| 3. Effective Date of Insurance | : 07 Jul 2018 |
| 4. Expiry Date of Insurance | : 06 Jul 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.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 22 Jun 2018 18:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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="25/05/2019 21:25"/>
Vehicle No.(For Motor)	<input type="text" value="SLQ4120D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	SD92396047-01		SINGAPORE WAV TRANSPORT	53362685D	GPC	drivo PREMIUM	SLQ4120D	SLQ4120D	07/07/2018	06/07/2019

Policy Information

Policy No.	5092396047-01	Policyholder Name	SINGAPORE WAV TRANSPORT	Policyholder NRIC	53362685D
Certificate No.					
Address	10 HOUGANG STREET 32 #10-27 PARC VERA SINGAPORE 534037				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/06/2018	Effective Date	07/07/2018 00:00	Expiry Date	06/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 HOUGANG STREET 32	Address 2	#10-27 PARC VERA	Address 3	SINGAPORE 534037
Address 4		Address Type	Singapore address	Post Code	534037
Unit No.	#10-27	Related Policy Number	5092396047-01		

Insured Object: SLQ4120D

Endorsements

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

Claim Handling

Accident MT/1046339

• **Exit**

Policy No.	S092396047-01	Vehicle No.	SLQ41200	GST Registration No.	533626850
Certificate No.					
Policyholder Name	SINGAPORE WAY TRANSPORT			Policyholder NRIC	533626850
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	81896233	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
KFK	<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(%)	50	Private Hire	Yes
Accident Details					
Report Date	27/05/2019 22:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/05/2019	Time of Accident (hours)	21:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD KPE (TPE) TWDS TAMPINES RD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	27/05/2019 22:55:22 System changed GST Registered from Yes to No 27/05/2019 22:55:22 System changed GST Registration No. from 533626850 to null 27/05/2019 22:55:22 System changed GST Registration Date from 15/05/2017 to null				
Policyholder Mailing Address					
Address 1	10 HOUGANG STREET 32	Address 2	#10-27 PARC VERA	Address 3	SINGAPORE 534037
Address 4		Address Type	Singapore address	Post Code	534037
Unit No.	#10-27	Related Policy Number	S092396047-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LUM CHEE MENG	Driver NRIC	S6871460E	Driver DOB	06/10/1968
Register Date of Driver License	21/09/1991	Driver Age	50	Driving Experience	27
Contact No.(Mobile)	81896233	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	10 HOUGANG STREET 32	Address 2	PARC VERA	Address 3	SINGAPORE 534037
Address 4		Address Type	Singapore address	Post Code	534037
Unit No.	10-27				
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		

Modification History

Claim 001 New

Claim Type *	00-MX	Insured Name	SINGAPORE WAV TRANSPORT	Insured NRIC	63362685D
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	63340783
Email Address		OI Vehicle Number	SLQ4120D	TP Vehicle Number	5J58601U
Claimant Type Claimant Type *	Please Select	Type of Benef *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLQ4120D / 5J58601U ON 25 May 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Received
Date Registered	27/05/2019 22:56	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/05/2019 00:00
Report Taken By	Jackson	Claim Close Date			
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/1046339	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2019 22:57

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select <input type="button" value="Clear"/>	<input type="button" value="NO"/>	<input type="button" 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 CES) on 27 May 2019 22:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:57	SAS	Normal	SAS 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 27 May 2019 22:56	Photos	Normal	Photos 2019-5-27		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"/>				