

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 190822-01

Date In: 29/5/17 - 19:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC1920934/14	SAS e-filing		
Veh No: JMF6160X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/1/14 - 17.10	i-Motor Claim Form	M7/1246211-001	29/5/17 23:10
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: Vch No: JH 1193A 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

Invoice Preparation Checklist

Am't (\$) for 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:-

ON*

*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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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	27/05/2019 09:26
Date Of Accident	25/05/2019 13:10
Exact Location Of Accident	JALAN ANAK BUKIT TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6160X
Insured/Policyholder	
Name Of Registered Owner	TAN MICHELLE
NRIC No	S9507596G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96212042
Alternative Phone No	OFFICE-96212042

Vehicle Particulars

Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
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	5104999809
Cover Note Number	

Driver

Name of Driver	TAN MICHELLE
NRIC No	S9507596G
Date Of Birth	05/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96212042
Fax Number	
Contact Number	OFFICE-96212042
EMail Address	NOEMAIL

Address	BLK 605 AMG MO KIO AVENUE 5 #07-2735
Postcode	560605
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?	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	SLH1145A
Vehicle Make/Model/Colour	MERZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUAN YANG KAI PAUL
NRIC/Passport Number	S1503647H
Contact Number	97881982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN MICHELLE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMF6160X
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.:

A hand-drawn diagram on a grid background. It features a 4x4 grid of points. Arrows are drawn at several points: an upward arrow at (row 2, col 1), an upward arrow at (row 2, col 2), a rightward arrow at (row 3, col 3), and a rightward arrow at (row 3, col 4). At the top right, there is a house icon with a chimney. The chimney is labeled with the number '10' and the house body is labeled with the number '4'. The entire diagram is enclosed within a rectangular frame defined by vertical and horizontal lines.

I WAS TRAVELLING ALONG JALAN ANAK BUKIT TOWARD PIE CHANGI AIRPORT. I HAD STOP AT THE JUNCTION. WAITING FOR TRAFFIC LIGHT TO BE GREEN.

AFTER CONFIRMED GREEN LIGHT I PROCEED MY WAY TOWARD PIE CHANGI AIRPORT. SUDDENLY I FELT A IMPACT FROM LEFT THAT I NOTICE VEHICLE B. SUH 1145 A HAD HIT ON TO MY VEHICLE LEFT FRONT. VIDEO CAPTURED HE TRYING CUT INTO MY LANE.

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

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 25/08/19

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

Date of Accident : 25/05/2019 Accident Time: 1310 (24-HR-Format)
Accident Place : JAKAL ANAK BUKIT TOWARDS PIE CHANG AIRPORT
Vehicle Reg. No. (Car Plate No.) : SMP 6160 X
Vehicle Make/Model : HONDA FIT
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : _____
Owner or Company Contact No. : 9621 2042 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : TAN MICHELLE S950 75966
DRIVER'S Date Of Birth : 05/03/1995 DRIVER'S License Pass Date 02/01/2015
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other Owner
DRIVER'S Address : BLK 605 ANG MO KIO AVENUE 5 #07-2735 S(560605)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): NIL
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: SUT 1145 A
Vehicle Make/Model: MG3
Name Driver: CHUAN YANG KAI PAUL
IC No. Driver: L 150 3647 H
Driver's Contact & Add: 9788 1982

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119068022 Vehicle Registration No: SMF6160X
Name(as shown in NRIC) : TAN MICHELLE NRIC/FIN/Passport No : S9507596G
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 605 AMG MO KIO AVENUE 5 #07-2735 Singapore(560605)
Contact (Tel) : _____ Mobile No. : 96212042
Email Address : _____
Date of Accident : 25/05/2019 Time of Accident : 13:10
Place of Accident : JALAN ANAK BUKIT TWDS PIE (CHANGI)
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend gender of driver

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9507596G**

Name:

TAN MICHELLE

Birth Date: **05 Mar 1995**

Issue Date: **02 Jan 2015**



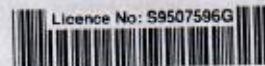
002382127J

SG
50

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 02 Jan 2015



Licence No: S9507596G

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9507596G




Name
TAN MICHELLE
陈 敏 雪
Race
CHINESE
Date of birth
05-03-1995
Country of birth
SINGAPORE

Sex
F

193





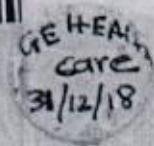
4564673



NRIC No. S9507596G



Date of issue
09-04-2010



Address

APT BLK 605 ANG MO KIO AVENUE 5
#07-2735
SINGAPORE 560605

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="25/05/2019 13:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SMF6160X"/>	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"/>	S104999809		TAN MICHELLE	S9507596G	GPC	drive CLASSIC	SMF6160X	SMF6160X	02/11/2018	01/11/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5104999809	Policyholder Name	TAN MICHELLE	Policyholder NRIC	S9507596G
Certificate No.					
Address	BLK 605 #07-2735 ANG MO KIO AVENUE 5 YIO CHU KANG GREEN SINGAPORE 560605				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Excess Type		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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 605 #07-2735	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CHU KANG GREEN
Address 4	SINGAPORE 560605	Address Type	Singapore address	Post Code	560605
Unit No.	07-2735	Related Policy Number	5104999809		

► Insured Object: SMF6160X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Nov 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BANK LTD CHASSIS NUMBER: GP51330561 ENGINE NUMBER: LEB1436753 VEHICLE REGISTRATION NUMBER: SMF6160X ORIGINAL REGISTRATION DATE: 02 Nov 2018
2	02/11/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 02 Nov 2018 TO 01 Nov 2019

Continue

Cancel

Claim Handling

Exit

Accident MT/1046341

Policy No.	S104999809	Vehicle No.	SMF6160X	GST Registration No.	
Certificate No.					
Policyholder Name	TAN MICHELLE			Policyholder NRIC	S9507596G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96212042	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	711
K/F	<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(%)	0	Private Hire	No

Accident Details

Report Date	27/05/2019 23:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/05/2019	Time of Accident (hh:mm)	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN ANAK BUKIT TWDS PIE (CHANGI)				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 605 #07-2735	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CHU KANG GREEN
Address 4	SINGAPORE 560605	Address Type	Singapore address	Post Code	560605
Unit No.	07-2735	Related Policy Number	S104999809		

OI Driver Info

Driver Name	TAN MICHELLE	Driver Type	Main Driver	Driver DOB	05/03/1995
Unnamed driver Name		Driver NRIC	S9507596G	Driving Experience	4
Register Date of Driver License	02/01/2015	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	96212042	Contact No.(Office)	0	Address 3	YIO CHU KANG GREEN
Address 1	BLK 605	Address 2	ANG MO KIO AVENUE 5	Post Code	560605
Address 4	SINGAPORE 560605	Address Type	Singapore address		
Unit No.	07-2735				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 *	OD-IXX	Insured Name	TAN MICHELLE	Insured NRIC	S9507596G
Contact No.(Mobile)		Contact No.(Home)	N/A	Contact No.(Office)	
Email Address		OI Vehicle Number	SMF6160X	TP Vehicle Number	SLH1145A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMF6160X / SLH1145A ON 25 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	27/05/2019 23:12	Claim Close Date		Date Received	27/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1046341	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2019 23:13

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

Please Select

NO






















Normal

Please Select

NO

Normal

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	SAS	Normal	SAS 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:13	Photos	Normal	Photos 2019-5-27		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 23:12	Photos	Normal	Photos 2019-5-27		Edit

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				