

NATIONAL Assessment Centre Services

[wef 1 Jan'03] **MNA119070204**

Date In: 29/1/19 - 19:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900 9544/124	SAS e-filing		
Veh No: 86V93057	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 29/1/19 - 07:50	i-Motor Claim Form	M7/1046962-021	29/1/19 19:23
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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SD27/330**

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

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 2003)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ*:

*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 (N-in 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	29/05/2019 19:00
Date Of Accident	29/05/2019 07:50
Exact Location Of Accident	CORPORATION RD TWDS JURONG WEST AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU9305T
Insured/Policyholder	
Name Of Registered Owner	EASY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83184681
Alternative Phone No	OFFICE-83184681
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094576865-01
Cover Note Number	
Driver	
Name of Driver	WAN YONG LEE
NRIC No	S9401589H
Date Of Birth	11/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88181787
Fax Number	
Contact Number	OFFICE-88181787
Email Address	NOEMAIL

Address	BLK 677C JURONG WEST STREET 64 #12-287
Postcode	643677
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDZ7133U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KOK HWEE
NRIC/Passport Number	S1812147F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WAN YONG LEE
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGU9305T

YES

NO

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 revoke 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 lodging 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 based 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:

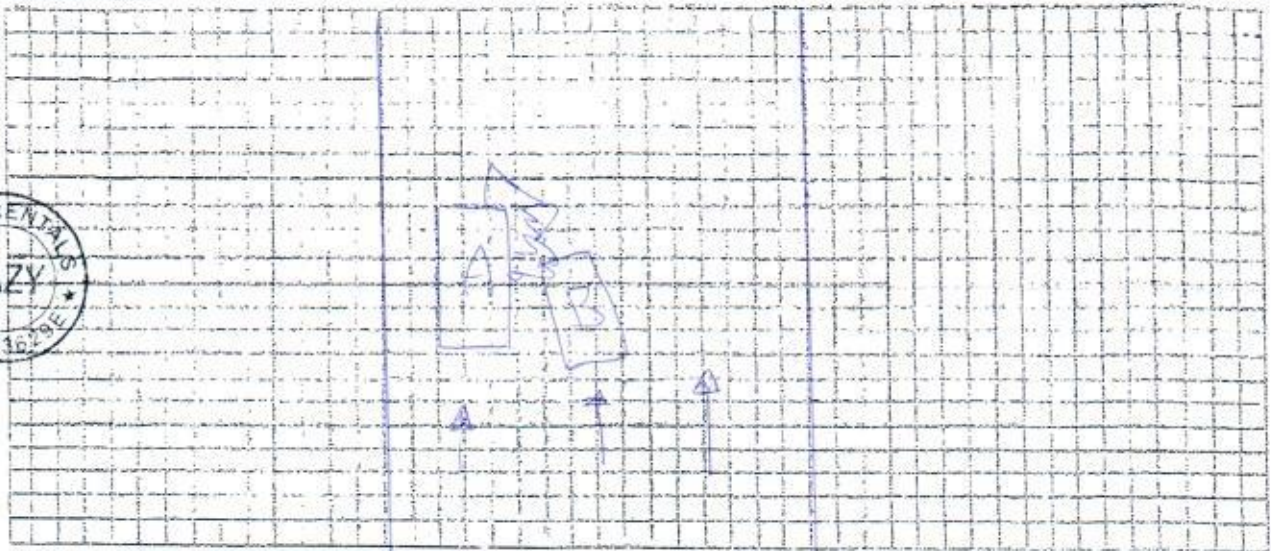
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Vehicle A: SGU9305T

Vehicle B: SDZ 7133U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29th of May 2019, 7:50am in the morning;
I was driving along Corporation Road, towards
Jurong West Avenue 4. on the shoulder left lane
when suddenly a blue Qashqai carplate
SDZ7133U just swing into my lane and
collided to the right side of my vehicle.
The owner then wanted to do a private
settlement with me but I rejected as I
am not the owner of the vehicle.

DECLARATION

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

Policyholder's Name:
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 : 29 May 2019 Accident Time: 7.50am (24-HR-Format)
Accident Place : Along Corporation Road towards Jurong West Ave 4
Vehicle Reg. No. (Car Plate No.) : SGU9305T
Vehicle Make/Model : SGU9305T
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : FAZY RENTALS
Owner or Company Contact No. : 8318 4681 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : WAN YONG LEE
DRIVER'S Date Of Birth : 11/01/1994 DRIVER'S License Pass Date 07 Dec 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : APT BLK 677C JURONG WEST STREET 64
#12-287, S643677
DRIVER'S Contact No./ Alt No. : 1) 8818 1787 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : platinumwerk2@gmail.com
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): 01

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: SDZ 7133U

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: TAY KOK HWEI

Name Driver: _____

IC No. Driver: S1812147F

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9401589H



Name
WAN YONG LEE

阮 詠 勵

Race
CHINESE

Date of birth
11-01-1994

Sex
M

Country of birth
SINGAPORE



For LKK/NAC Use Only

4389698



NRIC No. S9401589H



Date of issue
17-04-2009

Address
APT BLK 677C JURONG WEST STREET 64
#12-287
SINGAPORE 643677

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9401589H**
Name: **WAN YONG LEE**

Birth Date: 11 Jan 1994
Issue Date: 07 Dec 2018

002876725F

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 07 Dec 2018

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1968
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094576865-01

Cover : 4RVO CLASSIC
50U9305T
JHMF0462075290380
EASY RENTALS PTE LTD
27 Apr 2019
26 Apr 2020

1. Index mark and Registration Number of Vehicle
2. Chassis Number
3. Name of Policyholder
4. Effective Date of Insurance
5. Expiry Date of Insurance
6. 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.

7. 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)	\$52,000
EXCESS (SECTION 2)	\$51,500
WINDSCREEN EXCESS	\$5100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 24 Sep 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIM

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	29/05/2019 07:50
Vehicle No. (For Motor)	SGU9305T	Certificate Number	

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5094576865-01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SGU9305T	SGU9305T	27/04/2019	

 Policy Information

Policy No.	5094576865-01	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E
Certificate No.					
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	918.64		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDING	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

 Insured Object: **SGU9305T**
 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/09/2018 00:00	Basic Information Endorsement	000001286908786	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 2. SME5126H 09-10-2018 \$1,281.61 In view of this amendment, an additional premium of \$2,563.22 (inclusive of GST) is payable under your policy. Please
		Basic Information		Endorsement Take	

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1046762

Policy No.	5094576865-01	Vehicle No.	SGU9305T	GST Registration No.	
Certificate No.					
Policyholder Name	EASY RENTALS PTE LTD			Policyholder NRIC	201723629E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83184681	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	29/05/2019 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	29/05/2019	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CORPORATION RD TWOS JURONG WEST AVE 4				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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			

Policyholder Mailing Address

Address 1	10 BURCH STREET	Address 2	#02-20 WEST CONNECT BUILDI	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WAN YONG LEE	Driver NRIC	S9401589H	Driver DOB	11/01/1994
Register Date of Driver License	07/12/2018	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	88181787	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 677C	Address 2	JURONG WEST STREET 64	Address 3	EDBLWEISS@JURONG
Address 4	SINGAPORE 643677	Address Type	Singapore address	Post Code	643677
Unit No.	12-287				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	☒ Yes ☐ No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	EASY RENTALS PTE LTD	Insured NRIC	201723629E
Contact No.(Mobile)	88694660	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	SHAWN.APEX@AUTOMOTIVE@SGH	O1 Vehicle Number	SGU9305T	TP Vehicle Number	SDZ7133U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGU9305T / SDZ7133U ON 29 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	GJA report	Received
Date Registered	29/05/2019 19:23	Claim Close Date		Date Received	29/05/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1046762	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	29/05/2019 19:24
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Browse...	Clear	Please Select	NO	Normal
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 (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	SAS	Normal	SAS 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:24	Photos	Normal	Photos 2019-5-29		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 19:23	Photos	Normal	Photos 2019-5-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	