

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAN 9037M1**

Date In: 21/1/17 - 16:48	Job description	Date & Time Completed	Done by
Ref No: NA/14C 19209692/24	SAS e-filing		
Veh No: 504 988 12	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/14 - 20:55	i-Motor Claim Form	M1/104718-001	21/1/17 17:41
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: 6x62074	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 190410	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	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		

Auditors Comments:-

at 1:

at 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	31/05/2019 16:48
Date Of Accident	30/05/2019 20:55
Exact Location Of Accident	SLIP RD JLN BUKIT MERAH TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBH9881Z
Insured/Policyholder	
Name Of Registered Owner	SNG KWANG BENG JULIAN
NRIC No	S0054452C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97931899
Alternative Phone No	OFFICE-97931899
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	200E 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5105961774
Cover Note Number	
Driver	
Name of Driver	SNG KWANG BENG JULIAN
NRIC No	S0054452C
Date Of Birth	29/11/1954
Occupation	INDOOR
Date Of Driving Pass	31/07/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97931899
Fax Number	
Contact Number	OFFICE-97931899
Email Address	NOEMAIL

Address	3 JALAN SERULING
Postcode	576837
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190531/2136.

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	GX6207Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MING HAO
NRIC/Passport Number	
Contact Number	96879148
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

SNG KWANG BENG JULIAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SBH9881Z

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:

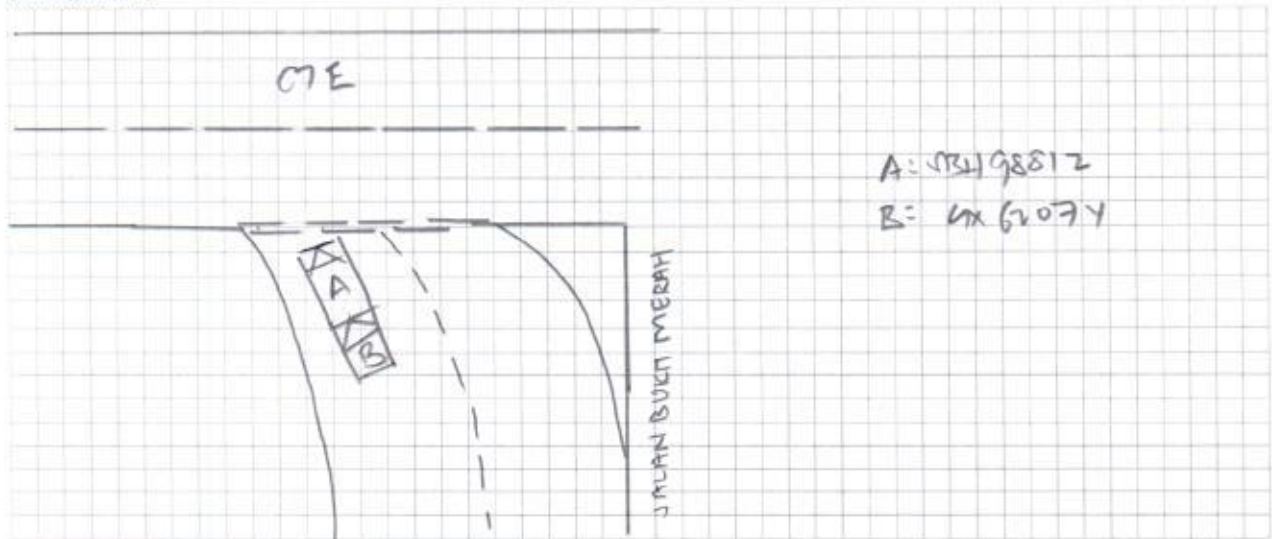
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

Refer to police report - 7th 19 2023 / 2136.

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.:



SINGAPORE POLICE FORCE



T/20190531/2136

1 of 3

Report No. T/20190531/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 16:19		Vide Report No.:		Station Diary No.: 23
Informant's Particulars				
Name of Informant: SNG KWANG BENG, JULIAN		Address: 3 JALAN SERULING SINGAPORE 576837		
ID Type / ID No.: NRIC NO / S0054452C		Contact No.: Home/Office: Mobile: 97931899		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 29/11/1954	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Managing director/Chief executive officer		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 20:55	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Filter lane into CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX6207Y	Van				Slightly Damaged	1
SBH9881Z	Car	MERCEDES BENZ	200E AUTO	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBH9881Z	NTUC Income Insurance Co-Operative Limited	5105961774	01/12/2018	30/11/2019



SINGAPORE POLICE FORCE



T/20190531/2136

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Report No. T/20190531/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MING HAO	ID No.	NIL
Related Vehicle	GX6207Y (Van)	Contact No.	96879148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SNG KWANG BENG, JULIAN	ID No.	S0054452C
Related Vehicle	SBH9881Z (Car)	Contact No.	97931899
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/05/2019 at about 2055hrs, I was driving on the second lane along Jalan Bukit Merah towards CTE. I stopped before the give way line on the filter lane from Jalan Bukit Merah to CTE to give way to the traffic from the main road. Suddenly, I felt an impact from the rear and realized that a van had collided onto my vehicle rear portion. I got down of my vehicle and exchanged phone number with the other driver, however he did not provide his particulars. I made a check on my vehicle and noticed that the rear portion was damaged.

After the incident, I felt pain and discomfort on the head area and went to a hospital for check up and was given 5 days of MC.

There is no camera installed in my vehicle.

No police or ambulance came down to scene. No pedestrian was involved. No government property was damaged.



SINGAPORE
POLICE FORCE



T/20190531/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20190531/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 2 LIM ZHENG HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2019 16:19

Officer In Charge Of Case:

TP / AET /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0054452C



Name

SNG KWANG BENG, JULIAN

孫光明

Race

CHINESE

Date of Birth

29-11-1954

Country of Birth

SINGAPORE

Sex

M

S0054452C

REPUBLIC OF SINGAPORE
DRIVING LICENCE

Portrait photo of Sng Kwang Beng, Julian

License Number: S0054452C
Name: SNG KWANG BENG, JULIAN

Birth Date: 29 Nov 1954
Issue Date: 14 Jul 2004

Barcode: 001258157E

For LKK/NAC Use Only

0218586

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



NRIC No: S0054452C

Blood Group: AB+
Date of issue: 10-01-1992

Address:

NRIC No: 1574240

PASS DATE

31 Jul 1978

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg



Licence No: S0054452C

NP 42RA

For LKK/NAC Use Only

eBaoTech

General Claim

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="30/05/2019 20:55"/>							
Vehicle No. (For Motor)	<input type="text" value="S8H9881Z"/>	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"/>	5105961774		SNG KWANG BENG JULIAN	S0054452C	GPC	Third Party	S8H9881Z	S8H9881Z	01/12/2018	30/11/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5105961774	Policyholder Name	SNG KWANG BENG JULIAN	Policyholder NRIC	S0054452C
Certificate No.					
Address	3 JALAN SERULING FABER GARDEN SINGAPORE 576837				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/11/2018	Effective Date	01/12/2018 00:00	Expiry Date	30/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	3 JALAN SERULING	Address 2	FABER GARDEN	Address 3	SINGAPORE 576837
Address 4		Address Type	Singapore address	Post Code	576837
Unit No.		Related Policy Number	5105961774		

Insured Object: SBH9881Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/12/2018 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 01 Dec 2018, you are entitled to 50% NCD under your policy. In view of your NCD entitlement, a cheque refund of \$442.49 (inclusive of GST) will be mailed to you.

Continue

Cancel

Claim Handling

Exit

Accident MT/1047108

Policy No.	5105961774	Vehicle No.	SBH9881Z	GST Registration No.	
Certificate No.					
Policyholder Name	SNG KWANG BENG JULIAN			Policyholder NRIC	S0054452C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97931899	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<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(%)	50	Private Hire	No

↳ **Accident Details**

Report Date	31/05/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/05/2019	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD JLN BUKIT MERAH TWDS CTE				

↳ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	3 JALAN SERULING	Address 2	FABER GARDEN	Address 3	SINGAPORE 576837
Address 4		Address Type	Singapore address	Post Code	576837
Unit No.		Related Policy Number	5105961774		

↳ **OT Driver Info**

Driver Name	SNG KWANG BENG JULIAN	Driver Type	Main Driver	Driver DOB	29/11/1954
Unnamed driver Name		Driver NRIC	S0054452C	Driving Experience	40
Register Date of Driver License	31/07/1978	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	97931899	Contact No.(Office)	0	Address 3	SINGAPORE 576837
Address 1	3 JALAN SERULING	Address 2	FABER GARDEN	Post Code	576837
Address 4		Address Type	Singapore address		
Unit No.					
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 *	CO-MX	Insured Name	SNG KWANG BENG JULIAN	Insured NRIC	S0054452C
Contact No.(Mobile)	97931899	Contact No.(Home)	64586998	Contact No.(Office)	63392456
Email Address	monasc.ng@gmail.com	OT Vehicle Number	SBH9881Z	TP Vehicle Number	GX5207Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SBH9881Z / GX5207Y ON 30 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	31/05/2019 17:41	Claim Close Date		Date Received	31/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1047108	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/05/2019 17:43

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

10

Normal



















Please Select

10

Normal

☐ 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 31 May 2019 17:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:42	SAS	Normal	SAS 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:42	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:42	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:42	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 31 May 2019 17:41	Photos	Normal	Photos 2019-5-31		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"/>				