

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 190749 V1

Date In: 10/6/19-0956	Job description	Date & Time Completed	Done by
Ref No: NA/10K192/018/24	SAS e-filing		
Veh No: 5BR55616	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/6/19-13:20	i-Motor Claim Form	M7/1248183-001	10/4/19 10:14
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: 104995A	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

NA190454	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) 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		
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: Idno 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 (N-on INC) against INC \$20		
	9) N12: Idno 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	10/06/2019 09:56
Date Of Accident	08/06/2019 15:20
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR5621G
Insured/Policyholder	
Name Of Registered Owner	NG KIAN MENG
NRIC No	S7521149Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94354546
Alternative Phone No	OFFICE-94354546

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6A
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	5072027210-04
Cover Note Number	

Driver

Name of Driver	NG KIAN MENG (HUANG JIANMIN)
NRIC No	S7521149Z
Date Of Birth	24/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94354546
Fax Number	
Contact Number	OFFICE-94354546
Email Address	NOEMAIL

Address	596 YISHUN RING ROAD #10-22
Postcode	768697
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190609/2104.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9795A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AB AZIS BIN SHINA BUDEEN
NRIC/Passport Number	S0312503C
Contact Number	85907293
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	NG KIAN MENG (HUANG JIANMIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBR5621G
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.
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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:

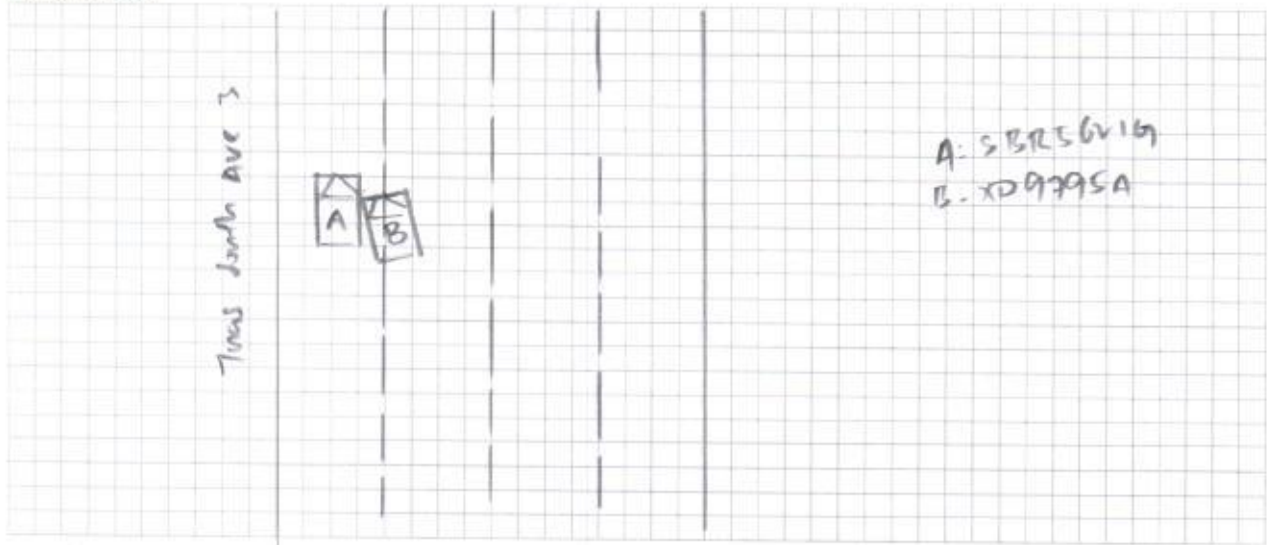
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 - 17/09/2014.

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/20190609/2104

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20190609/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 17:58	Vide Report No.:	Station Diary No.: 155
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Informant's Particulars

Name of Informant: NG KIAN MENG			Address: 596 YISHUN RING ROAD #10-22 SINGAPORE 768697		
ID Type / ID No.: NRIC NO / S7521149Z			Contact No.: Home/Office: Mobile: 94351546		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 24/07/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAFETY MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 15:20	Type of Location: Straight Road
Location: Along Road 1 TUAS SOUTH AVENUE 3 along Tuas South Ave 3 towards Tua South Ave 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBR5621G	Car	TOYOTA	COROLLA 1.6A	Green	Seriously Damaged	0
XD9795A	Truck				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBR5621G	NTUC Income Insurance Co-Operative Limited	5072027210-04	01/05/2019	30/04/2020



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KIAN MENG	ID No.	S7521149Z
Related Vehicle	SBR5621G (Car)	Contact No.	94351546
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	09/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	AB AZIS BIN SHIHA BUDEEN	ID No.	S0312503C
Related Vehicle	XD9795A (Truck)	Contact No.	85907293
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

Brief Details.

On 08/06/2019 at about 1520hrs, I was driving my vehicle SBR5621G a Green Toyota Corolla, along Tuas South Ave 3.

I was driving in my lane and a White Volvo truck XD9795A, cut into my lane, I kept honking at him however, he did not stop changing lanes. He then scratched across my vehicle from my right hand side, but he still did not stop until a certain distance that he pulled over and we exchanged particulars.

On 09/06/2019, I kept feeling a nagging pain on my neck and shoulder regions and decided to go to a clinic for a check-up and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190609/2104

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20190609/2104

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:

L /

Sgt 2 GERALDINE QUEK JIE YI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073

Signature Of Informant:

Date/Time:

09/06/2019 17:58

Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 085

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7521149Z



Name

NG KIAN MENG
(HUANG JIANMIN)

黄建民

Race

CHINESE

Date of birth

24-07-1975

Sex

M

Country of birth

SINGAPORE

S7521149Z

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name S7521149Z

NG KIAN MENG
(HUANG JIANMIN)

Birth Date 24 Jul 1975

Issue Date 05 Dec 2006



001463575E

For LKK/NAC Use Only

3794860



NRIC No: S7521149Z



Date of issue
20-10-2005

596 YISHUN RING ROAD #10-22
SINGAPORE 788897

NRIC No: S7521149Z Date: 01/10/2018

For LKK/NAC Use Only

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 05 Dec 2006
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



Licence No: S7521149Z

NP 428A

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S072027210-04		NG KIAN MENG	S7521149Z	GPC	Third Party	SBR5621G	SBR5621G	01/05/2019	30/04/2020

▼ Policy Information

Policy No.	5072027210-04	Policyholder Name	NG KIAN MENG	Policyholder NRIC	S7521149Z
Certificate No.					
Address	596 YISHUN RING ROAD #10-22 THE WISTERIA SINGAPORE 768697				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/04/2019	Effective Date	01/05/2019 00:00	Expiry Date	30/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENCY	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	596 YISHUN RING ROAD	Address 2	#10-22 THE WISTERIA	Address 3	SINGAPORE 768697
Address 4		Address Type	Singapore address	Post Code	768697
Unit No.		Related Policy Number	5072027210-04		

▶ Insured Object: SBR5621G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1048183

EXIT

Policy No.	5072027210-04	Vehicle No.	5BR5621G	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIAN MENG	Cover Type	Third Party	Policyholder NRJC	57521149Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	94354546	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	10/06/2019 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/06/2019	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OO Standard Excess	0.00	TP Standard Excess	0.00		
YIED OO Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OO Excess Applicable	0.00	Total TP Excess Applicable	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	596 YISHUN RING ROAD	Address 2	#10-22 THE WISTERIA	Address 3	SINGAPORE 768697
Address 4		Address Type	Singapore address	Post Code	768697
Unit No.		Related Policy Number	5072027210-04		

OI Driver Info

Driver Name	NG KIAN MENG	Driver Type	Main Driver	Driver DOB	24/07/1975
Unnamed driver Name		Driver NRJC	57521149Z	Driving Experience	12
Register Date of Driver License	05/12/2006	Driver Age	43	Contact No. (Mobile)	0
Contact No. (Mobile)	94354546	Contact No. (Office)	0	Address 3	SINGAPORE 768697
Address 1	596 YISHUN RING ROAD	Address 2	THE WISTERIA	Post Code	768697
Address 4		Address Type	Singapore address		
Unit No.	10-22				
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 *	OO-Mix	Insured Name	NG KIAN MENG	Insured NRJC	57521149Z
Contact No. (Mobile)	94354546	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	kianmeng_ng@yahoo.com.sg	OI Vehicle Number	5BR5621G	TP Vehicle Number	XD9795A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	5BR5621G / XD9795A ON 8 Jun 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	10/06/2019 10:14	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1048183	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/06/2019 10:15
Path *	Browse... Clear		
Category *	Please Select	Confidential	Urgency *
		Normal	Description *

Browse...	Clear	Please Select	N/A	Normal
Browse...	Clear	Please Select	N/A	Normal
Browse...	Clear	Please Select	N/A	Normal
Browse...	Clear	Please Select	N/A	Normal
Browse...	Clear	Please Select	N/A	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:15	SAS	Normal	SAS 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:15	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 10:14	Photos	Normal	Photos 2019-6-10		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"/>	