

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MUA119074875

Date In: 10/6/19 - 04:07	Job description	Date & Time Completed	Done by
Ref No: NA114C 150124/24	SAS e-filing		
Veh No: 9A 7733C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/6/19 - 22:50	i-Motor Claim Form	M7/104825-29	10/6/19 11:35
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: 9A 7733C 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

NA152453V	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In 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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	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	

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 09:07
Date Of Accident	08/06/2019 22:50
Exact Location Of Accident	BLK 865 TAMPINES ST 83 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7733C
Insured/Policyholder	
Name Of Registered Owner	JMJ TRANSPORT SERVICES
Co Reg No	53221303C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER 3.0GL A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097217032-01
Cover Note Number	

Driver

Name of Driver	HAMIS BIN ARIFFIN
NRIC No	S1440099J
Date Of Birth	21/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1989
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90027353
Fax Number	
Contact Number	OFFICE-90027353
Email Address	NOEMAIL

Address	BLK 44 SIMS DRIVE #03-169
Postcode	380044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/201906092100.

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	SLP5936R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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

Sketch plan area with grid lines and handwritten notes:

- Vertical text on the left: "Tilt 805 7m pinto 5 87 open space car park."
- Handwritten labels: "A: PA7733C" and "B: SLP5936R".
- Diagram showing two rectangular boxes labeled 'A' and 'B' with arrows indicating movement or direction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident section with horizontal lines for text entry.

Refer to police report - 7/20190609/2100.

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/20190609/2100

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190609/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 17:38		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: HAMIS BIN ARIFFIN			Address: APT BLK 44 SIMS DRIVE #03-169 SINGAPORE 380044		
ID Type / ID No.: NRIC NO / S1440099J			Contact No.: Home/Office: Mobile: 90027353		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 21/07/1960	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2019 22:50	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 83 Open space carpark of Blk 865 Tampines Street 83, Lot no. 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7733C	Van	TOYOTA	HIACE COMMUTER 3.0GL A	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190609/2100

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

2 of 3

Report No. T/20190609/2100

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, I discovered a white in colour note on my windscreen. The note informed me that my vehicle was grazed by a Toyota car bearing plate number SLP5936R and drove off. The note does not leave any contact number for me to call. Thus, I decided to lodge this report. I made a check on my van and discovered a long stretch of scratched mark on left side body of my van near to the left rear tyre.

I wish to state that the lot that I parked my van was a parallel lot and the left side of my van is facing moving traffic.



**SINGAPORE
POLICE FORCE**



T/20190609/2100

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20190609/2100

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 3 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/06/2019 17:38

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1440099J**

Name **HAMIS BIN ARIFFIN**

Birth Date **21 Jul 1960**

Issue Date **02 Sep 2014**

002339943C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1440099J**

Name **HAMIS BIN ARIFFIN**

Place **MALAY**

Date of Birth **21-07-1960** Sex **M**

Country of Birth **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1440099J**

Name: **HAMIS BIN ARIFFIN**

Issue Date: **16/11/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	03 May 1978
Class 2A Motorcycles between 201 cc and 400 cc	03 May 1978
Class 2 Motorcycles $>$ 400 cc	03 May 1978
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	05 Jun 1978
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	12 Feb 1982
Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	

NP 428A

Licence No: **S1440099J**

For LKK/NAC Use Only

1543633

Barcode

NPC No: **S1440099J**

Biometric Data

Blood Group: **O+** Date of issue: **26-12-1993**

NPC No: **S1440099J** Date: **12-11-1989** No: **2324186**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	14/11/1989

Barcode

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

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"/>	5097217032-01		JM1 TRANSPORT SERVICES	53221303C	GBS	Third Party, Fire & Theft	PA7733C	PA7733C	23/01/2019	22/01/2020

Policy Information

Policy No.	5097217032-01	Policyholder Name	JMJ TRANSPORT SERVICES	Policyholder NRIC	53221303C
Certificate No.					
Address	BLK 44 #03-169 SIMS DRIVE SINGAPORE 380044				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/01/2019	Effective Date	23/01/2019 00:00	Expiry Date	22/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	YETTA INSURANCE AGENCY PTE	Agent Tel.	67741318	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 44 #03-169	Address 2	SIMS DRIVE	Address 3	SINGAPORE 380044
Address 4		Address Type	Singapore address	Post Code	380044
Unit No.	26-04	Related Policy Number	5107296529		

Insured Object: PA7733C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1048215

Policy No.	5097217033-01	Vehicle No.	PA7733C	GST Registration No.	
Certificate No.					
Policyholder Name	JHU TRANSPORT SERVICES			Policyholder NRIC	53221303C
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KPK	<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(%)	10	Private Hire	No

Accident Details

Report Date	10/06/2019 11:33	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/06/2019	Time of Accident hh:mm	22:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 965 TAMPINES ST 83 OPEN SPACE CARPARK				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	10/06/2019 11:34:21 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 44 #03-169	Address 2	SIMS DRIVE	Address 3	SINGAPORE 380044
Address 4		Address Type	Singapore address	Post Code	380044
Unit No.	25-04	Related Policy Number	5107295529		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HAMIS BIN ARIFIN	Driver NRIC	S14400991	Driver DOB	21/07/1960
Register Date of Driver License	14/11/1969	Driver Age	58	Driving Experience	29
Contact No.(Mobile)	90027353	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 44	Address 2	SIMS DRIVE	Address 3	SIMS VISTA
Address 4	SINGAPORE 380044	Address Type	Singapore address	Post Code	380044
Unit No.	03-169				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	JHU TRANSPORT SERVICES	Insured NRIC	53221303C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	PA7733C	TP Vehicle Number	SLP5936R
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PA7733C / SLP5936R 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 11:35	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1048215	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/06/2019 11:36

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	

Browse...

Clear

Please Select

▼

Normal

▼

Browse...

Clear

Please Select

▼

Normal

▼

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	SAS	Normal	SAS 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 11:35	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"/>				