

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119089696**

Date In: <b>9/1/19-16:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 1901213624</b>	SAS e-filing		
Veh No: <b>SKA 7870A</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>8/7/19-22:00</b>	i-Motor Claim Form	<b>MA119089696</b>	<b>9/1/19 17:06</b>
OD: <b>TP</b> 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: <b>JMC 64901</b>	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

<b>NA1905085</b>	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
	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:-		
	OD*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	09/07/2019 16:52
Date Of Accident	08/07/2019 22:00
Exact Location Of Accident	ORCHARD LINK TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3870A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J2Y TRADING
Co Reg No	53352514D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92714775
Alternative Phone No	OFFICE-92714775

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	NO
Policy Number	5108298741
Cover Note Number	

### Driver

Name of Driver	JERVIS NG SOO SIAN
NRIC No	S9107837F
Date Of Birth	01/03/1991
Occupation	INDOOR
Date Of Driving Pass	07/08/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92714775
Fax Number	
Contact Number	OFFICE-92714775
Email Address	NOEMAIL

Address	BLK 715 CLEMENTI WEST STREET 2 #06-73
Postcode	120715
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?	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)	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	SMF6490T
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)	2

Passenger 1

NAME: :

GENDER: :

## SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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:

*[Signature]*

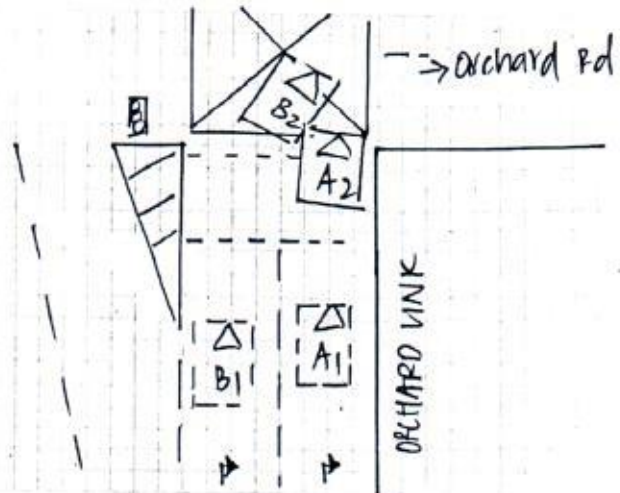
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*

SKETCH PLAN

Vehicle A: SKA3870A

Vehicle B: CMF6490T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SKA3870A, was travelling along the stated venue. As the traffic light was in my favour, I proceeded. Vehicle 'B', CMF6490T, who was on my left, turned as well. Vehicle 'B', came onto my side and grazed into my vehicle's front left portion. Vehicle 'B', then drove off and I gave her a chase until Eunos, where she eventually came out of her vehicle to exchange particulars with me. I wish to state that her rear right wheel / tyre was the cause of the graze.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/07/2019 (DD/MM/YYYY), TIME: 21:57 (HH:MM)

LOCATION: Orchard Link towards Orchard Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA3870A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5108598741  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA WISH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: J2Y Trading (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53352514D CONTACT: 9371 4775  
 c) ADDRESS: 6 Cantonment Close #107-93  
S(061008)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Jervis Ng Goo Sian (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 9107637F CONTACT: 9371 4775  
 c) ADDRESS: 715 Clementi West St 2 #06-73 S(120715)

\* d) DATE OF BIRTH: 01/03/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 0

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF6490T MODEL:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT:  CONTACT:   
 THIRD PARTY VEHICLE  
 d) VEHICLE NUMBER:  MODEL:   
 e) DRIVER'S NAME:   
 f) NRIC/FIN/PASSPORT:  CONTACT:

\* No of passenger  
 (including driver)  
(01)

\* No of passenger  
 (including driver)  
 male passenger (02) female driver

\* No of passenger  
 (including driver)  
( )

email =

fax =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S9107837F**  
Name:

**JERVIS NG SOO SIAN**

**For LKK/NAC Use Only**

Birth Date: **01 Mar 1991**

Issue Date: **18 Oct 2016**



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9107837F**



Name

**JERVIS NG SOO SIAN**

**吳 賜 賢**

**For LKK/NAC Use Only**

Race

**CHINESE**

Date of birth

**01-03-1991**

Sex

**M**

Country of birth

**SINGAPORE**

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	11 Oct 2010
Class 2A	Motorcycles between 201 cc and 400 cc	06 Jan 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	07 Aug 2009

For LKK/NAC Use Only

NP 428A



Licence No: S9107837F

3849217



NRIC No. S9107837F

For LKK/NAC Use Only

Date of issue

02-03-2006

APT BLK 715 CLEMENTI WEST STREET 2 #08-73  
SINGAPORE 120715

NRIC No: S9107837F

Date: 07/04/2016

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/07/2019 22:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKA3870A"/>	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"/>	5108298741		J2Y TRADING	S3352514D	GPC	drive CLASSIC	SKA3870A	SKA3870A	25/03/2019	23/02/2020

Policy Information

Policy No.

5108298741

Policyholder Name

J2Y TRADING

Policyholder NRIC

53352514D

Certificate No.

Address

BLK 8 #07-93 CANTONMENT CLOSE CANTONMENT TOWERS SINGAPORE 081008

Product Name

PRIVATE CAR INSURANCE

Plan

Group Policy Flag

N

Policy issue Date

25/03/2019

Effective Date

25/03/2019 00:00

Expiry Date

23/02/2020 23:59

Excess Type

Per Accident

All Claims Excess

Third Party Excess

1500

Own damage Excess

2000

Windscreen Excess

100

Additional Excess

0

OS Premium

0

Outside Singapore OD Excess

2000

Outside Singapore TP Excess

1500

Young/Inexperience Driver Excess

Agent

COWELL INSURANCE (AGENCY)

Agent Tel.

63392592

GST Flag

Y

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Mailing Address

Address 1

BLK 8 #07-93

Address 2

CANTONMENT CLOSE

Address 3

CANTONMENT TOWERS

Address 4

SINGAPORE 081008

Address Type

Singapore address

Post Code

081008

Unit No.

07-93

Related Policy Number

5108298741

Insured Object: SKA3870A

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5108298741&l... 9/7/2019

## Claim Handling

Exit

Accident MT/1052611

Policy No.	5108298741	Vehicle No.	SKA3870A	GST Registration No.	
Certificate No.					
Policyholder Name	JZY TRADING			Policyholder NRIC	53952514D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92714775	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPI	<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	Yes

**Accident Details**

Report Date	09/07/2019 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/07/2019	Time of Accident (hh:mm)	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ORCHARD LINK TWOS ORCHARD RD				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status verified	Yes
Modification History	09/07/2019 17:06:10 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	BLK 8 #07-93	Address 2	CANTONMENT CLOSE	Address 3	CANTONMENT TOWERS
Address 4	SINGAPORE 081008	Address Type	Singapore address	Post Code	081008
Unit No.	07-93	Related Policy Number	5108298741		

**Q1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/03/1991
Unnamed driver Name	JERVIS NG SIO SIAN	Driver NRIC	S9107837F	Driving Experience	9
Register Date of Driver License	07/08/2009	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	92714775	Contact No.(Office)	0	Address 3	VISTA 18
Address 1	BLK 715	Address 2	CLEMENTI WEST STREET 2	Post Code	120715
Address 4	SINGAPORE 120715	Address Type	Singapore address		
Unit No.	06-73				
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="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	DO-MX	Insured Name	JZY TRADING	Insured NRIC	53952514D
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SKA3870A	TP Vehicle Number	SMP6490T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKA3870A / SMP6490T ON 8 Jul 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	09/07/2019 17:08	Claim Close Date		Date Received	09/07/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1052611	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2019 17:08

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
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? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	SAS	Normal	SAS 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:08	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jul 2019 17:07	Photos	Normal	Photos 2019-7-9		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	