

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119099855**

Date In: 30/7/19 - 16:34	Job description	Date & Time Completed	Done by
Ref No: NA114C19019387/24	SAS e-filing		
Veh No: 5D7987A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 30/7/19 12:50	i-Motor Claim Form	MA11055750-01	30/7/19 17:39
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **FBLS942L** 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

NA1905659	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (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	30/07/2019 16:34
Date Of Accident	30/07/2019 12:50
Exact Location Of Accident	BLK 59 BEDOK SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT987A
Insured/Policyholder	
Name Of Registered Owner	TAN BOON HUOY
NRIC No	S2006328I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84405053
Alternative Phone No	OFFICE-84405053

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097537511-01
Cover Note Number	

Driver

Name of Driver	FOO SOON LAN
NRIC No	S0068512G
Date Of Birth	10/06/1948
Occupation	INDOOR
Date Of Driving Pass	17/12/1969
Driving Experience	49 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96846881
Fax Number	
Contact Number	OFFICE-96846881
Email Address	NOEMAIL

Address	295 BEDOK SOUTH AVENUE 3 #12-01
Postcode	469296
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL5942L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHD AZIM BIN MOHD FOAD
NRIC/Passport Number	S8733711A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

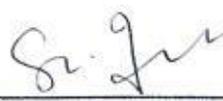
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

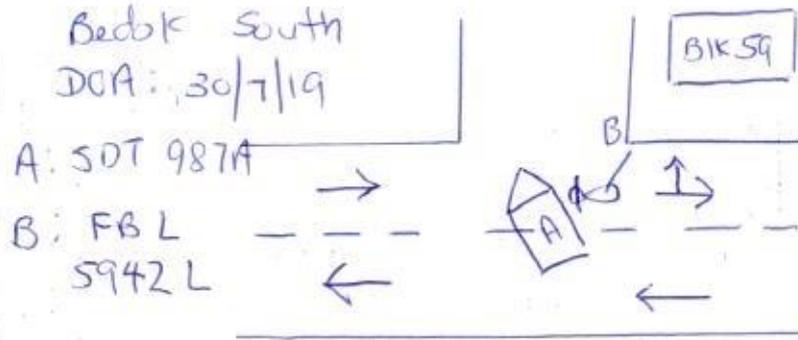


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I put on my signal and wanted to turn into the
clpark, suddenly veh B go against the flow
of traffic and collided onto my veh RH portion.

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.:

Personal Particulars

Date of Accident: 30/7/19 Time of Accident: 12.50pm
 Exact Location of Accident: Bedok South BIK 59
 Owner's Name: Tan Boon Huay NRIC No: S2006328 HP No: 84405053
 Driver's Name: Foo Soon Lan NRIC No: S0068512 HP No: 96846881
 Date of Birth: 10/6/1948 Driving Licence Passing Date: 17/12/1989 Occupation: Indoor / Outdoor
 Address: 295 Bedok South Ave 3 #12-01 (469296)
 Relationship of Driver with Insured: Spouse Email Address: _____
 Vehicle No: SOT 987A Make & Model: Toyota
 Insurance Co: NTUC Coverage: Comprehensive Policy No: 5097537511-01

- *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
- *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
- * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1+1 B: 1+0 C: _____ D: _____
man
- *Was Anybody Injured? (Yes / No) If yes,
 Name / NRIC / In Vehicle: _____
- *Was The Accident Reported To The Police ?
 No Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
 No Yes, Vehicle Registration No: _____ insurer: _____
- *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes / No)

Third Party Driver's Particulars

Vehicle B No: FBL 5942L Make & Model: _____
 Driver's Name: Muhd Azin Bin Muhd Foad NRIC No: S8733711A HP No: _____
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0068512G

Name

FOO SOON LAN



符春兰

Race
CHINESE

Sex
F

Date of Birth
10-06-1948

Country of Birth
SINGAPORE

For LKK/NAC Use Only

SINGAPORE 110

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0068512G

Name: FOO SOON LAN

Birth Date: 10 Jun 1948

Issue Date: 11 Nov 2003

100099 1979K

1048095



IPC No. S0068512G



Blood Group Date of issue
B+ 21-06-1993

Address

295 BEDOK SOUTH AVENUE 3
#12-01
SINGAPORE 1646

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

17 Dec 1969

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



License No. S0068512G

NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097537511-01

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SDT987A**
Chassis Number : MRO53AK5004011648
2. Name of Policyholder : TAN BOON HUOY
3. Effective Date of Insurance : 07 Mar 2019
4. Expiry Date of Insurance : 06 Mar 2020
5. 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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: TAN BOON HUOY
NAMED DRIVER (1)	: FOO SOON LAN
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 14 Feb 2019 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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="30/07/2019 12:50"/>
Vehicle No.(For Motor)	<input type="text" value="SDT987A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S097537511-01		TAN BOON HUOY	S20063281	GPC	drive PREMIUM	SDT987A	SDT987A	07/03/2019	06/03/2020

Policy Information

Policy No.	5097537511-01	Policyholder Name	TAN BOON HUOY	Policyholder NRIC	S2006328I
Certificate No.					
Address	295 BEDOK SOUTH AVENUE 3 #12-01 BEDOK COURT SINGAPORE 469296				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/02/2019	Effective Date	07/03/2019 00:00	Expiry Date	06/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DNG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	295 BEDOK SOUTH AVENUE 3	Address 2	#12-01 BEDOK COURT	Address 3	SINGAPORE 469296
Address 4		Address Type	Singapore address	Post Code	469296
Unit No.	12-01	Related Policy Number	5097537511-01		

Insured Object: SDT987A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1055750

Policy No.	5097537511-01	Vehicle No.	SOT987A	GST Registration No.	
Certificate No.					
Policyholder Name	TAN BOON HUOY			Policyholder NRIC	S20063201
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	84405053	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	40	Private Hire	No

Accident Details

Report Date	30/07/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/07/2019	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BLK 59 BEDOK SOUTH				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	9999999.99
Excess Waiver			

GST Registered Information

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

Policyholder Mailing Address

Address 1	295 BEDOK SOUTH AVENUE 3	Address 2	#12-01 BEDOK COURT	Address 3	SINGAPORE 469296
Address 4		Address Type	Singapore address	Post Code	469296
Unit No.	12-01	Related Policy Number	S097537511-01		

01 Driver Info

Driver Name	POO SOON LAM	Driver Type	Named Driver	Driver DOB	16/06/1948
Unnamed driver Name		Driver NRIC	S00685120	Driving Experience	49
Register Date of Driver License	17/12/1989	Driver Age	71	Contact No.(Home)	0
Contact No.(Mobile)	96846881	Contact No.(Office)	0	Address 1	SINGAPORE 469296
Address 1	295 BEDOK SOUTH AVENUE 3	Address 2	BEDOK COURT	Address 3	SINGAPORE 469296
Address 4		Address Type	Singapore address	Post Code	469296
Unit No.	12-01				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	TAN BOON HUOY	Insured NRIC	S20063201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	SOT987A	TP Vehicle Number	FBL5942L
Claimant Type Claim Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SOT987A / FBL5942L ON 30 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	30/07/2019 17:39	Claim Close Date		Date Received	30/07/2019 17:41
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1055750	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2019 17:41

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	SAS	Normal	SAS 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:40	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2019 17:39	Photos	Normal	Photos 2019-7-30		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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