

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MHA119100861**

Date In: 1/8/19-15:4~	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19013503/24	SAS e-filing		
Veh No: 615165 VLC	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19-1620	i-Motor Claim Form	M/11056038-201	1/8/19 15:37
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: **1018094** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		for Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
Dat 2 / 3:	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	01/08/2019 15:42
Date Of Accident	26/07/2019 16:20
Exact Location Of Accident	THOMSON PLAZA LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1652K
Insured/Policyholder	
Name Of Registered Owner	PERAMAKAN VENTURES PTE LTD
Co Reg No	201536982H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90474322
Alternative Phone No	OFFICE-90474322

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107165074
Cover Note Number	

Driver

Name of Driver	MOHAMMED ISA BIN MOHAMMED NOOR
NRIC No	S1714313A
Date Of Birth	13/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81304996
Fax Number	
Contact Number	OFFICE-81304996
EEmail Address	NOEMAIL

Address BLK 12 BEDOK SOUTH AVENUE 2
 #03-628
 Postcode 460012
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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 THOMSON NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - E/20190731/2078.

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 XD1809Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 revoke 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 stored 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 (a) 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.

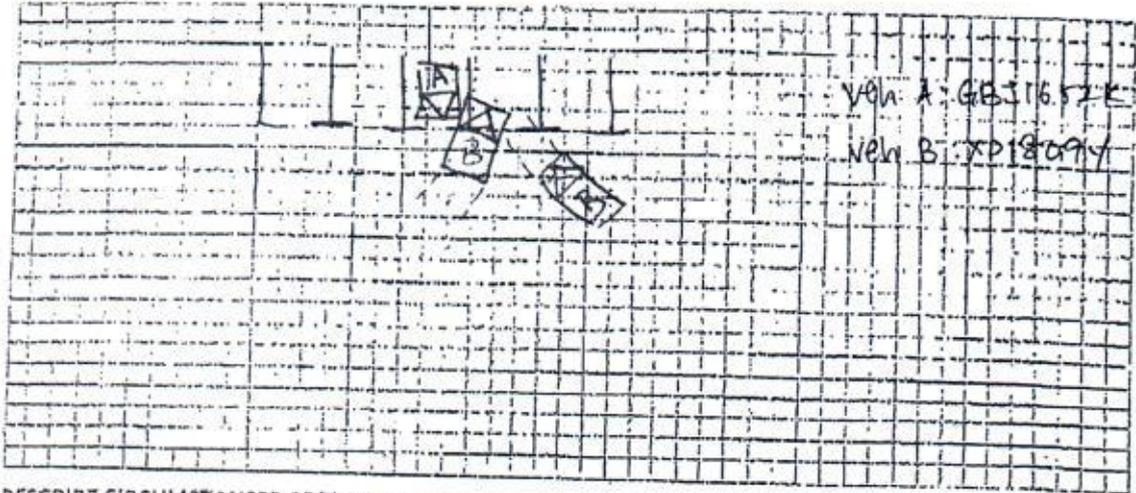


Policyholder's Signature
Date & Time:

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 -

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's
Date & Time:



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

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

Date of Accident : 26 July 2019 Accident Time: 1620 (24-HR-Format)
 Accident Place : Thomson Plaza Loading / unloading Bay
 Vehicle Reg. No. (Car Plate No.) : GBJ1652K
 Vehicle Make/Model : Hiace
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Peramakan Ventures Pte Ltd 201536982H
 Owner or Company Contact No. : 90474322 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Mohammed Isa Bin Mohammed Noor
 DRIVER'S Date Of Birth : 13-10-1965 DRIVER'S License Pass Date 27 Jun 1986
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 12 Bedok South Avenue 2 #03-628 s (460012)
 DRIVER'S Contact No. / Alt No. : 1) 81304996 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@MyCar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 0

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>XD1809Y</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



E/20190731/2078

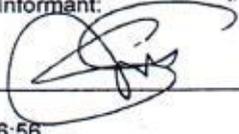
2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190731/2078

affirmed it was a fresh mark as I check daily for any fresh damages before driving my company van. I am lodging this report for insurance claim purpose. I do not wish police to investigate in this matter.

Signature Of Officer Recording The Report: E / Sgt 2 JEFFREY LOIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2019 16:58
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SI KANG BEE YAN Contact No.: 63910000	Classification Of Case:

Authentication Stamp

 SINGAPORE POLICE FORCE SN 070  SIGNATURE

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1714313A



Name: MOHAMMED ISA BIN MOHAMMED NOOR

Race: MALAY
 Date of Birth: 13-10-1965
 Country of Birth: SINGAPORE

Sex: M

S1714313A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1714313A

MOHAMMED ISA BIN MOHAMMED NOOR

Birth Date: 13 Oct 1965
 Issue Date: 22 Jun 2013

002193760J

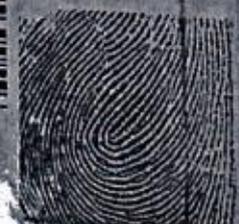



For LKK/NAC Use Only

3246824



NSIC No. S1714313A



Blood Group: B+
 Date of issue: 29-01-2001

APT BLK 12 BEDOK SOUTH AVENUE 2 #03-628
 SINGAPORE 460012
 S1714313A

10/11/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

27 Jun 1965

NP 428A

Licence No. S1714313A



For LKK/NAC Use Only

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107165074		PERAMAKAN VENTURES PTE. LTD.	201536982H	GCV	Comprehensive	GBJ1652K	GBJ1652K	24/01/2019	23/01/2020

Continue

Policy Information

Policy No.	5107165074	Policyholder Name	PERAMAKAN VENTURES PTE. LT	Policyholder NRIC	201536982H
Certificate No.					
Address	10 BUKIT CHERMIN ROAD #03-00 KEPPEL CLUB SINGAPORE 109918				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	23/01/2019	Effective Date	24/01/2019 00:00	Expiry Date	23/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 BUKIT CHERMIN ROAD	Address 2	#03-00 KEPPEL CLUB	Address 3	SINGAPORE 109918
Address 4		Address Type	Singapore address	Post Code	109918
Unit No.	03-00	Related Policy Number	5102771330-01		

Insured Object: GBJ1652K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 24 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: GDH2011015595 ENGINE NUMBER: 1GD8350619 VEHICLE REGISTRATION NUMBER: GBJ1652K ORIGINAL REGISTRATION DATE: 24 Jan 2019

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1056038

Policy No.	5107165074	Vehicle No.	GBJ1652K	GST Registration No.	
Certificate No.					
Policyholder Name	PERAMAKAN VENTURES PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201536982H
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90474322	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	01/08/2019 15:55	Accident Report Within 24 Hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	26/07/2019	Time of Accident h:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON PLAZA LOADING/UNLOADING BAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	03/12/2015
GST Registration No.	201536982H	GST Status Verified	Yes
Modification History	01/08/2019 15:56:42 System changed GST Registered from No to Yes 01/08/2019 15:56:42 System changed GST Registration No. from null to 201536982H 01/08/2019 15:56:42 System changed GST Registration Date from null to 03/12/2015		

Policyholder Mailing Address

Address 1	10 BUKIT CHERMIN ROAD	Address 2	#03-00 KEPPEL CLUB	Address 3	SINGAPORE 109918
Address 4		Address Type	Singapore address	Post Code	109918
Line No.	03-00	Related Policy Number	5102771230-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/10/1965
Unnamed Driver Name	MUHAMMAD ISA BIN MUHAMMAD	Driver NRIC	S1714313A	Driving Experience	33
Register Date of Driver License	27/06/1986	Driver Age	53	Contact No. (Home)	0
Contact No. (Mobile)	81304996	Contact No. (Office)	0	Address 3	SINGAPORE 460012
Address 1	BLK 12	Address 2	BEDOK SOUTH AVENUE 2	Post Code	460012
Address 4		Address Type	Singapore address		
Unit No.	03-028	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer 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 *	OD-MX	Insured Name	PERAMAKAN VENTURES PTE. LT	Insured NRIC	201536982H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	GBJ1652K	TP Vehicle Number	XD1809Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ1652K / XD1809Y ON 26 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	GJA report	Received
Date Registered	01/08/2019 15:57	Claim Close Date		Date Received	01/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save **Submit**

Attachment

Accident No.	MT/1056038	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Updated Date	01/08/2019 15:59

Path * Category * Confidential Urgency * Description *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="T/F"/>	<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="T/F"/>	<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="T/F"/>	<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="T/F"/>	<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="T/F"/>	<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 01 Aug 2019 15:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	SAS	Normal	SAS 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:58	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Aug 2019 15:57	Photos	Normal	Photos 2019-8-1		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"/>				