

NATIONAL Assessment Centre Services (wef 1 Jan 05) **NA19101886**

Date In: 3/8/19-16:26	Job description	Date & Time Completed	Done by
Ref No: NA/NC190360924	SAS e-filing		
Veh No: PAF3505	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/2/19-09:20	i-Motor Claim Form	NA/1055503-02V	3/8/19 16:35
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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **Barrier** 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

NA1905757	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Int. 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)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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 willful 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	03/08/2019 16:26
Date Of Accident	25/07/2019 09:20
Exact Location Of Accident	DOWNTOWN EAST OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8350S
Insured/Policyholder	
Name Of Registered Owner	TING TRANSPORT PTE LTD
Co Reg No	201915298G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018406
Alternative Phone No	OFFICE-91018406

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	RM117NSRDEB
Exact Purpose for which vehicle was being used at time of accident	WOKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	YES
Policy Number	5110150621-01
Cover Note Number	

Driver

Name of Driver	TOH CHOON PENG
NRIC No	S1549507C
Date Of Birth	08/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98588197
Fax Number	
Contact Number	OFFICE-98588197
Email Address	NOEMAIL

Address	BLK 658 JALAN TENAGA #09-150
Postcode	410658
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	COLLIDED INTO PROPERTY
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	1
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)	26

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 - G/20190802/2057.

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	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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**.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

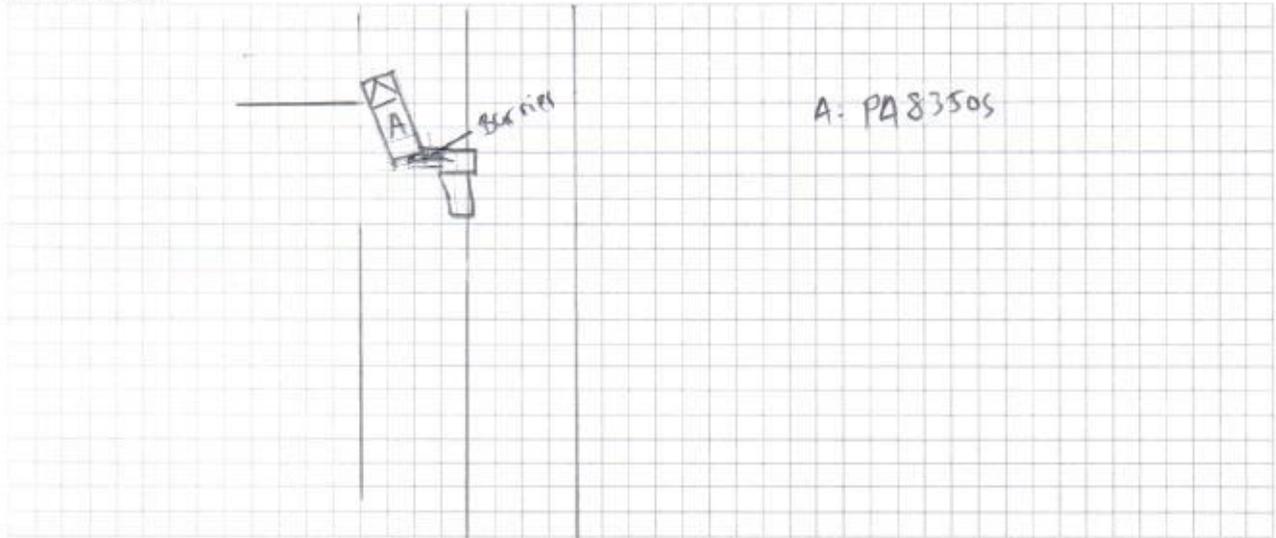


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/20/19 08024 2017.

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: (25 / 7 / 19.) (DD/MM/YYYY), TIME: (09 : 20) (HH:MM)

LOCATION: Downtown East open space carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: P883505
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 510150601-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Ting Transport Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91018406
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Choon Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S809507C CONTACT: 98588192
c) ADDRESS: Blk 658 Jalan Tenang 409-150 (410638)

*d) DATE OF BIRTH: (8 / 3 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES / NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Dunlop MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(25/6)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = ting-transport@hotmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



G/20190802/2057

1 of 2

POLICE REPORT (NP299)

Report No. G/20190802/2057

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

Date/Time Report Made 02/08/2019 13:11		Vide Report No.		Station Diary No. 5	
Name Of Informant TOH CHOON PENG		Address APT BLK 658 JALAN TENAGA #09-150 SINGAPORE 410658			
ID Type / ID No. NRIC NO / S1549507C		Contact No. Home/Office		Mobile 98588197	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Bus driver		Sex Male	Age 57	Date of Birth 08/03/1962	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 25/07/2019 09:20		Location Of Incident 1 PASIR RIS CLOSE DOWNTOWN EAST SINGAPORE 519599			

Brief details.

On 25/07/2019 at about 0920hrs, I am driving bus reg no:PA8350S (orange color/45 seater) entering Pasir Ris Downtown East. At that point of time I had school children and teachers from My First Skool (Punggol) as my passenger.

As I enter the Pasir Ris Downtown East carpark gantry and when I turn left, I heard a little sound from my rear side of the bus as such I checked my side mirror, nothing happens.

When I alighted the children and teachers, I made a check on my bus rear side and discovered that my

Signature Of Officer Recording The Report: G / Sr Staff Sgt ZULKANA IEN BIN ENDRA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2019 13:11
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHUA ZHI WEN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190802/2057

rear right slight scratch as such I called my supervisor, namely Andrew hp: 91018406 and informed him about the bus rear side had some scratches.

It was not raining at that point of time and no one was injured. My supervisor told me if there is anything, somebody will call and notify them. My company is one, Tonwin Bus Services located at Blk 319 Clementi Ave 4 #06-83 Singapore 120319 Tel:67740663/98471111 Fax:67775473.

On 01/08/2019, my supervisor called me informing me that the NTUC insurance company told me to make a police report for insurance claim as the incident happened on 25/07/2019, as my bus had some scratches on the rear right side. My supervisor also told me that maybe my bus that I drove on that day had hit the carpark gantry box (yellow color) at Pasir Ris Downtown East without me realizing. My supervisor also send me a picture of the carpark gantry yellow box.

My bus had a camera, however install on both side to view the rear only.

I had been driving bus for company Tonwin Bus Service for about 2 years. I had been working and driving bus for about 25 years.

Claim number is one: MT/105503-001

As such I was advised and I am lodging this report for insurance claim and for my record purposes.

Signature Of Officer Recording The Report: G / Sr Staff Sgt ZULKANAIEN BIN ENDRA 
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHUA ZHI WEN Contact No.: 62447200

Signature Of Informant: 
Date/Time: 02/08/2019 13:11
Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1549507C



Name
TOH CHOON PENG

杜春平
 Race
CHINESE

Date of birth
08-03-1962 Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Life ID Number: S1549507C
 Name
TOH CHOON PENG

Birth Date: 08 Mar 1962
 Issue Date: 26 Feb 2003

000242597K

Land Transport Authority

VOCATIONAL LICENCE



Licence No. S1549507C
 Name: **TOH CHOON PENG**

Issue Date: 7/5/2014

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

4787396



NRIC No. S1549507C



Date of issue
06-09-2011

Address
**APT BLK 658 JALAN TENAGA
 #09-150
 SINGAPORE 410658**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Mar 1983
Class 4	heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Jul 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	18 Nov 1983

Licence No. S1549507C

SP 428A

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	20/07/1994



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"/>	5110150621-01	5110150621-01-000001	TING TRANSPORT PTE. LTD.	201915298G	GFM	Third Party, Fire & Theft	PA8350S	PA8350S	21/06/2019	20/06/2020

Continue

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/1055503

Policy No.	S110150621-01	Vehicle No.	PAB3505	GST Registration No.	
Certificate No.	S110150621-01-000001				
Policyholder Name	TING TRANSPORT PTE. LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201915298G
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TC
KRSK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	29/07/2019 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	25/07/2019	Time of Accident (H:MM)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Carpark barrier at Downtown East				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	3,000.00		
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	29/07/2019 17:35:11 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	81 KAKI BUKIT AVENUE 1	Address 2	#03-16 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 417943
Address 4		Address Type	Singapore address	Post Code	417943
Unit No.	03-16	Related Policy Number	S110665555		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 3		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	TING TRANSPORT PTE. LTD.	Insured NRIC	201915298G
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	+
Email Address		OT Vehicle Number	PAB3505	TP Vehicle Number	BARRIER
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PAB3505 / BARRIER ON 25 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/08/2019 16:38	Claim Close Date		Date Received	03/08/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1055503	Claim No.	002
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/08/2019 16:39

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:39	SAS	Normal	SAS 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Aug 2019 16:38	Photos	Normal	Photos 2019-8-3		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"/>				