

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MHA/19/1005

Date In: 23/8/19 12:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19/4844/124	SAS e-filing		
Veh No: 6W5778C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/8/19-16:45	i-Motor Claim Form	M/1059093-001	23/8/19 13:37
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: JICU69004	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

NA/19/0418	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			
QC Checked by (Engr-In-Charge):	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:-			
	QD:			
	* 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 (N-in 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	23/08/2019 12:21
Date Of Accident	22/08/2019 16:45
Exact Location Of Accident	PIE (TUAS) BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GW5778C
Insured/Policyholder	
Name Of Registered Owner	RED FLARE PRODUCTIONS PTE LTD
Co Reg No	201306686G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67022040
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087165576-02
Cover Note Number	
Driver	
Name of Driver	YEO BOON WANG
NRIC No	S9503371G
Date Of Birth	29/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91159542
Fax Number	
Contact Number	OFFICE-91159542
EMail Address	NOEMAIL

Address	BLK 686 HOUGANG STREET 61 #03-182
Postcode	530686
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	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

ON STATED DATE AND TIME, AS I WANTED FILTER FROM 4TH LANE TO 3RD LANE. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHERE THERE WAS NO ONCOMING VEHICLES ALONG 3RD LANE, I INCH FORWARD TO 3RD LANE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B CUT ONTO MY LANE FROM 2ND LANE TO 3RD LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU6900Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHIEW BENG
NRIC/Passport Number	S1558680Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: ;

GENDER: ;

Passenger 2

NAME: ;

GENDER: ;

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.

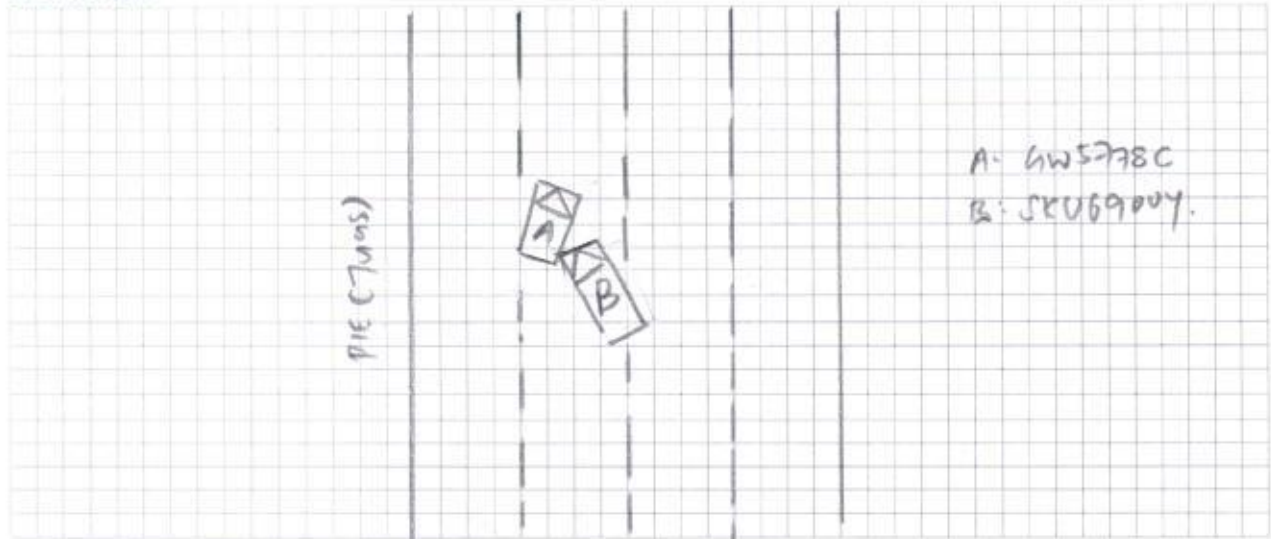


Policyholder's Signature
Date & Time:

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

Refer to statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



F/20190607/2093

1 of 4

Report No. F/20190607/2093

Date/Time Report Made 07/06/2019 18:07		Vide Report No.		Station Diary No. 70	
Name Of Informant YEO BOON WANG		Address APT BLK 686 HOUGANG STREET 61 #03-182 SINGAPORE 530686			
ID Type / ID No. NRIC NO / 59503371G		Contact No. Home/Office Mobile 91159542			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation UNEMPLOYED		Sex Male	Age 24	Date of Birth 29/01/1995	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 07/06/2019 13:00		Location Of Incident 686 HOUGANG STREET 61 HOUGANG SPRING SINGAPORE 530686			
		Void deck			

Brief details.

On the above mentioned date, time and place, I discovered the lost of the below mentioned items. I made a search but to no avail.

Property Information

Signature Of Officer Recording The Report

F / Sgt 2 ASHLEY ANDREW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI MUHAMMAD HELMI BIN MOHD KHALID
Contact No.: 64890999

Authentication Stamp

Signature Of Informant

Date/Time:
07/06/2019 18:07

Classification Of Case

FUPO hotline number: 68429645



Signature

Singapore Police Force



SINGAPORE
POLICE FORCE

POLICE REPORT (NP122)



F/20190607/2093

2 of 4

CONTINUATION OF REPORT

Report No. F/20190607/2093

SN Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1 Identity Card	Lost	SINGAPORE NRIC		S950337 1G	1		ONE SINGAPORE NRIC BELONGING TO YEO BOON WANG
2 Identity Card	Lost	SCDF 11B		S950337 1G	1		ONE HOMETEAM SCDF 11B BELONGING TO YEO BOON WANG
3 Credit Card / Debit Card/ ATM Card	Lost	POSB			1		ONE POSB DEBIT CARD WITH MASTERS BELONGING TO YEO BOON WANG

Signature Of Officer Recording The Report:

F / Sgt 2 ASHLEY ANDREW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI MUHAMMAD HELMI BIN MOHD KHALID
Contact No. 64890999

Authentication Stamp

Signature Of Informant

Date/Time:
07/06/2019 18:07

Classification Of Case:

FUPO House number: 66429645



F/20190607/2093

3 of 4

CONTINUATION OF REPORT

Report No. F/20190607/2093

4	Credit Card / Debit Card/ ATM Card	Lost	OCBC LTD		1	ONE OCBC FRANKCARD WITH VISA BELONGING TO YEO BOON WANG
5	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD		1	ONE UOB DEBIT CARD WITH VISA
6	Licence	Lost	Qualified Driving Licence	S950337 1G	1	ONE SINGAPORE DRIVING LICENSE BELONGING TO YEO BOON WANG
7	CashCard	Lost			1	ONE CASHCARD WITH NETS
8	General property	Lost			1	ONE NEBO NTUC LINKCARD

Signature Of Officer Recording The Report:

F / Sgt 2 ASHLEY ANDREW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Insurgang N.P.C /
SI MUHAMMAD HELMI BIN MOHD KHALID
Contact No: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
07/06/2019 18:07

Classification Of Case:

FUPO hotline number: 65420545



Sgt 18640

OFFICE OF THE SINGAPORE POLICE

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="22/08/2019 16:45"/>
Vehicle No. (For Motor)	<input type="text" value="GW5778C"/>	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"/>	5087165576-02		RED FLARE PRODUCTIONS PTE LTD	201306686G	GCV	Third Party	GW5778C	GW5778C	01/06/2019	31/05/2020

 Policy Information

Policy No.	5087165576-02	Policyholder Name	RED FLARE PRODUCTIONS PTE	Policyholder NRIC	201306686G
Certificate No.					
Address	69 UBI ROAD 1 #09-17 OXLEY BIZHUB SINGAPORE 408731				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/05/2019	Effective Date	01/06/2019 00:00	Expiry Date	31/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	69 UBI ROAD 1	Address 2	#09-17 OXLEY BIZHUB	Address 3	SINGAPORE 408731
Address 4		Address Type	Singapore address	Post Code	408731
Unit No.	09-17	Related Policy Number	5087165576-02		

 Insured Object: GW5778C

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1059090

Policy No.	S087165576-02	Vehicle No.	GW5778C	GST Registration No.	
Certificate No.					
Policyholder Name	RED FLARE PRODUCTIONS PTE LTD	Cover Type	Third Party	Policyholder NRIC	201306686G
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	67022040	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	23/08/2019 13:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	22/08/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE KALLANG BAHRU EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	23/08/2019 13:36:34 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	69 UBI ROAD 1	Address 2	#09-17 OXLEY BIZHUB	Address 3	SINGAPORE 408731
Address 4		Address Type	Singapore address	Post Code	408731
Unit No.	09-17	Related Policy Number	S087165576-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/01/1995
Unnamed driver Name	YEO BOON WANG	Driver NRIC	S9503371G	Driving Experience	4
Register Date of Driver License	01/01/2015	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	91199542	Contact No.(Office)	0	Address 3	HOUANG SPRING
Address 1	BLK 686	Address 2	HOUANG STREET 61	Post Code	530685
Address 4	SINGAPORE 530685	Address Type	Singapore address		
Unit No.	03-182				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-Mix	Insured Name	RED FLARE PRODUCTIONS PTE	Insured NRIC	201306686G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GW5778C	TP Vehicle Number	SKU6900Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GW5778C / SKU6900Y ON 22 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/08/2019 13:37	Claim Close Date		Date Received	23/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

















Accident No.	MT/1059090	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/08/2019 13:38

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/O"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/O"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/O"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/O"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/O"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ 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 23 Aug 2019 13:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:38	SAS		Normal	SAS 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Aug 2019 13:37	Photos		Normal	Photos 2019-8-23		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"/>		