

NATIONAL Assessment Centre Services

Date In: 24/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014924/13	SAS e-filing		
Veh No: GZ2587R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/08/19 0925	i-Motor Claim Form	MT/1054506-001	
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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: GBF3307R	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%; F: 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	Amt (\$)	Amt (\$)
		1st 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	24/08/2019 16:04
Date Of Accident	23/08/2019 09:25
Exact Location Of Accident	SLIP RD FROM TPE INTO LOYANG AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ2587R
Insured/Policyholder	
Name Of Registered Owner	H & J CAKE SHOP PRIVATE LTD.
Co Reg No	201507227G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90038553
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082375812-03
Cover Note Number	
Driver	
Name of Driver	THAN THIAN SENG JONATHAN
NRIC No	S1684343A
Date Of Birth	18/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94722500
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 286 YISHUN AVE 6 #12-104
Postcode	760286
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 - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3307R
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)	

DETAILS OF INJURED PERSON 1

Name	THAN THIAN SENG JONATHAN
------	--------------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GZ2587R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

H&J CAKE SHOP
PTE LTD

Policyholder's Signature
Date & Time:

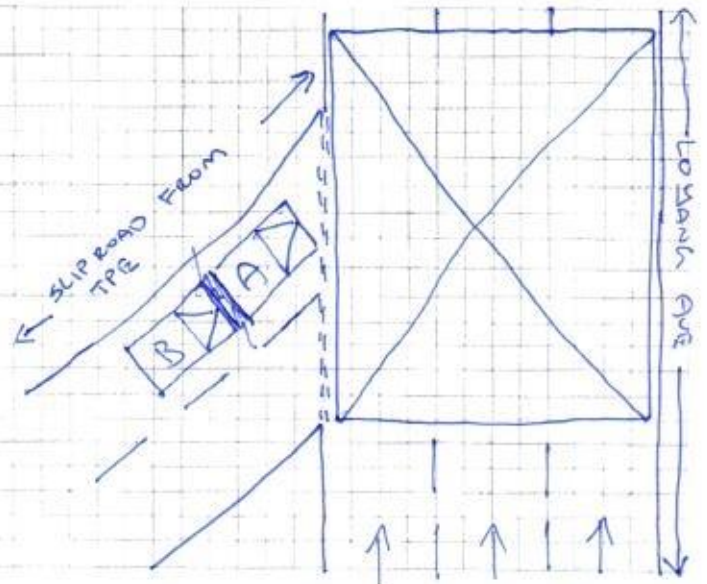

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 24/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A - GZ 2587 R

Vehicle B - GBF 3307 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary stopped at the give way line of the slip road from TPE into Loyang Ave towards Changi Village direction. I was on the left lane of the 2 lane carriage way.

While stopping at the give way line, suddenly I felt a great impact from the rear of my vehicle, as I was giving way to the on-going vehicle along Loyang Ave.

Alighted from my vehicle and realized it was a vehicle with licence plate number (GBF 3307 R) collided to the rear of my vehicle while I was in a stationary position.

Vehicle A - GZ 2587 R

Vehicle B - GBF 3307 R

[Handwritten signature]

DECLARATION

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

H&J CAKE SHOP
PTE LTD

Policyholder's Signature
Date & Time:

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

[Handwritten signature] 24/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	GE 2587R		Model / Make	TOYOTA HIACE	
Date of Accident	23/08/19				
Time of Accident	0925		HRS		
Location of Accident	SLIP ROAD FROM TPE INTO LOYANG AVE TOWARD CHANGI VILLAGE DIRECTION				
Exact purpose use during accident	WORKING HOUR				
Name of Owner	H & J CAKE SHOP PTE LTD				
Telephone No.	H/P: 90038553		Home :	Office :	
NRIC	201507227A				
Address	325 WOODLANDS ST 32 #01-139 S(730325)				
Claim type	OD		THIRD PARTY		REPORTING ONLY
Insurance Company	NTUC				
Type of Coverage	Comprehensive		Third Party		Third Party / Fire / Theft
Policy No.	5082375812-03				
Name of Driver	As Above If No, THAN THIAN SENG JONATHAN				
NRIC	S 1684343A		Any Passengers : NIL		
Date of birth	18/07/1965				
Occupation	Outdoor / Indoor				
Driving License Pass Date	12 SEP 1997				
Gender	Male / Female				
Contact No.	H/P: 94722500		Home :	Office :	
Address	BLK 286 YISHUN AVE 6 #12-104 S(760286)				
Driver have any own vehicle	No, If yes, Reg No.				
Relationship	Employee, If no, state				
Weather condition	Clear Raining Other				
Road Surface	Dry Wet Other				
Any Injuries	No, If Yes, Who?				
Name And Contact No.	THAN THIAN SENG JONATHAN, 94722500				
Name And Contact No.					
Police Report	No, If Yes, Where?				
Vehicle B No.	GBF 3307R		Any Passengers :		
Name of Driver			Contact No. :		
Vehicle C No.			Any Passengers :		
Vehicle D No.			Any Passengers :		
Vehicle E no.			Any Passengers :		
Vehicle F No.			Any Passengers :		
Vehicle G No.			Any Passengers :		
Witness Name			Witness Contact :		
Accident Portion	REAR				
Camera Recorder	Yes / No				
Email Address					
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	IAN				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1684343A



Name

THAN THIAN SENG JONATHAN

For LKK/NAC Use Only

Race

CHINESE

Date of birth

18-07-1965

Country/Place of birth

SINGAPORE

Sex

M

5373611



NRIC No. S1684343A



For LKK/NAC Use Only

Date of issue

14-09-2015

Address

APT BLK 286 YISHUN AVENUE 6
#12-104
SINGAPORE 760286

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1684343A

Name

THAN THIAN SENG JONATHAN

For LKK/NAC Use Only

Birth Date: 18 Jul 1965

Issue Date: 15 Sep 2003



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

PASS DATE

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

12 Sep 1997

For LKK/NAC Use Only

NP 428A



Licence No. S1684343A

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 : 5082375812-03

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ2587R |
| Chassis Number | : JTFH502P300037641 |
| 2. Name of Policyholder | : H & J CAKE SHOP PRIVATE LTD. |
| 3. Effective Date of Insurance | : 15 Aug 2019 |
| 4. Expiry Date of Insurance | : 14 Aug 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
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 : CROSBY INSURANCE AGENCY (00000570899)
Date of Issue : 06 Aug 2019 13:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquiries on claims, vehicle breakdown and towing

Call our hotline at 6788 6616.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Young and inexperienced driver excess

If the vehicle is driven by an authorised driver who is under 27 years old or has held a Singapore driving licence for less than two years, an extra excess of S\$1,000 will apply.

If you sell your vehicle

You can call us or email us at csquery@income.com.sg to cancel your policy. In any event, your policy shall be automatically cancelled once your vehicle is sold. Any refund is worked out as follows.

$$\text{Premium Refund} = \frac{0.85 \times \text{the premium} \times \text{the unexpired period of insurance (days)}}{\text{the original period of insurance (days)}}$$

If you take up another insurance policy with us within 90 days from the effective date this policy is cancelled, the following apply.

$$\text{Premium Refund} = \frac{\text{the premium} \times \text{the unexpired period of insurance (days)}}{\text{the original period of insurance (days)}}$$

No refund of premium will be given in the event that any claim has been made or we have paid one or more claims under your policy. If your policy is cancelled before or after the effective date of insurance, we will charge a minimum premium of S\$26.75 (after GST).

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Claim Handling

The premium on this policy has not been collected.

Accident MT/1059506

Policy No.	5082375812-03	Vehicle No.	GZ2587R	GST Registrat
Certificate No.				
Policyholder Name	H & J CAKE SHOP PRIVATE LTD.			Policyholder t
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	90038553	Contact No.(Office)	0	Contact No.(t
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	26/08/2019 19:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/08/2019	Time of Accident hh:mm	09:25	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM TPE INTO LOYANG AVE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History	26/08/2019 19:10:56 System changed GST Status Verified from No to Yes			

▼ Policyholder Mailing Address

Address 1	BLK 163 #01-448	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4	SINGAPORE 560163	Address Type	Singapore address	Post Code
Unit No.	01-139	Related Policy Number	5082375812-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	THAN THIAN SENG JONATHAN	Driver NRIC	S1684343A	Driver DOB
Register Date of Driver License	12/09/1997	Driver Age	54	Driving Exper
Contact No.(Mobile)	94722500	Contact No.(Office)	0	Contact No.(t
Address 1	BLK 286	Address 2	YISHUN AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-104			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	81334763	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GZ2587R / GBF3307R ON 23 Aug 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/08/2019 19:12
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Attachment



Accident No.	MT/1059506	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 00:00

Path *		Category *		Confid
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:12	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			