

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA1917670

Date In: 26/8/19-18:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC190504724	SAS e-filing		
Veh No: SKC14042	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/8/19-20:55	i-Motor Claim Form	M/1059518-001	26/8/19 20:44
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: YMB3420	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

NA1906457	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
	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 / 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	26/08/2019 18:54
Date Of Accident	23/08/2019 20:55
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK1404Z
Insured/Policyholder	
Name Of Registered Owner	STARTUP REMIX
Co Reg No	53291509K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96684998
Alternative Phone No	OFFICE-96684998
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200 BLUE EFFICIENCY
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102952068-01
Cover Note Number	
Driver	
Name of Driver	KANG WEN JUN, JEREMY
NRIC No	S9647365F
Date Of Birth	29/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684998
Fax Number	
Contact Number	OFFICE-96684998
Email Address	NOEMAIL

Address	BLK 222 TAMPINES STREET 24 #12-96
Postcode	521222
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20190824/7011.

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	YM8347H
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

KANG WEN JUN, JEREMY

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK1404Z

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 Authorized 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 rescind the 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.

STARTUP REMIX

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

Vehicle A: SRK140112
Vehicle B: YMB34741

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

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

STARTUP REMIX

Policyholder's Signature
Date & Time:

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

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

Date of Accident : 23 August 2019 Accident Time: 855 pm (24-HR-Format)
Accident Place : Newton Circus Roundabout
Vehicle Reg. No. (Car Plate No.) : SKK 1404Z
Vehicle Make/Model : Merc A200
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Startup Remix 53291509K
Owner or Company Contact No. : 91146899 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Kang Wen Jun Jeremy S9647365F
DRIVER'S Date Of Birth : 29-Dec-1996 DRIVER'S License Pass Date 25 Jan 2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 222 Tampines street 24 #12-96 s (521202)
DRIVER'S Contact No. / Alt No. : 1) 96684998 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): 2 female

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: YM 8347H

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: _____



POLICE REPORT (NP299)

Report No. E/20190824/7011

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made <u>24/08/2019 14:47</u>	Vide Report No.	Station Diary No.
Name Of Informant KANG WEN JUN, JEREMY	Address APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222	
ID Type / ID No. NRIC NO / S9647365F	Contact No. Home/Office: Mobile: 96684998	
Nationality <u>SINGAPORE CITIZEN</u>	Email Address jeremykang_96@gmail.com	
Occupation director	Sex Male	Age 22
	Date of Birth 29/12/1996	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident <u>23/08/2019 20:55 - 23/08/2019 21:30</u>	Location Of Incident NEWTON CIRCUS	

Brief details.

On the above stated time and date I was driving my vehicle bearing SKK1404Z on the left lane of Newton circus, after i have completed my turn into Newtown circus from Dunearn Road. I was about to turn into Scotts Road when a lorry bearing YM8347H from the 3rd lane cut into my lane and hit my driver side door. I was in pain and went to Mount Elizabeth Novena Hospital where i am currently treated for Whiplash related injuries. I have taken down all the pictures as evidence.

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 24/08/2019 14:47 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20190824/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190824/7011

Victim			
Person Name	KANG WEN JUN, JEREMY		
ID Type	NRIC NO	ID No	S9647365F
Gender	Male	Age	22
Race	Chinese	Language	English
Occupation	director	Address Type	
Address	APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222	Mobile No	96684998
Is Informant A Victim?	Yes		
Person Name	Xin Yi Wan		
Gender	Female	Race	Chinese
Mobile No	83571696	Relation To Informant	Grab Passenger
Person Name	KANG WEN JUN, JEREMY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 14:47
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9647365F

KANG WEN JUN, JEREMY

Birth Date: 29 Dec 1996

Issue Date: 25 Jan 2016

002522313H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S9647365F

KANG WEN JUN, JEREMY

江文俊

Race: CHINESE

Date of birth: 29-12-1996

Country/Place of birth: SINGAPORE

59647365F

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

EFFECTIVE DATE: 25 Jan 2016

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

Licence No: S9647365F

NP 428A

5472623

S9647365F

17-01-2016

Address: 5PT BLK 222 TAMPINES STREET #4 #12-96 SINGAPORE 521222

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102952068-01		STARTUP REMIX	53291509K	GPC	drivo CLASSIC	SKK1404Z	SKK1404Z	10/08/2019	09/08/2020

 Policy Information

Policy No.	5102952068-01	Policyholder Name	STARTUP REMIX	Policyholder NRIC	53291509K
Certificate No.					
Address	NIL				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	19/07/2019	Effective Date	10/08/2019 00:00	Expiry Date	09/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	POH CHEE LENG	Agent Tel.	98585688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 222 #12-96	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 521222
Address 4		Address Type	Singapore address	Post Code	521222
Unit No.	12-96	Related Policy Number	5102952068-01		

 Insured Object: SKK1404Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/08/2019 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We would like to inform you that from 10 Aug 2019, you are entitled to 10% NCD under your policy. After the NCD adjustment, the revised premium is \$2,314.97(inclusive of GST). Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

- Exit

Accident MT/1059518

Policy No.	5102952068-01	Vehicle No.	SKK1404Z	GST Registration No.	
Certificate No.					
Policyholder Name	STARTUP REMIX	Cover Type	drive CLASSIC	Policyholder NRIC	53291509K
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96684998	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	26/08/2019 20:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/08/2019	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTOWN CIRCUS ROUNDABOUT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	4500.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	26/08/2019 20:43:58 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 222 #12-96	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE 521222
Address 4		Address Type	Singapore address	Post Code	521222
Unit No.	12-96	Related Policy Number	5102952068-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1996
Unnamed driver Name	KANG WEN JUN, JEREMY	Driver NRIC	S9647365F	Driving Experience	3
Register Date of Driver License	25/01/2016	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	96684998	Contact No.(Office)	0	Address 3	SINGAPORE 521222
Address 1	BLK 222	Address 2	TAMPINES STREET 24	Post Code	521222
Address 4		Address Type	Singapore address		
Unit No.	12-96				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	STARTUP REMIX	Insured NRIC	53291509K
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SKK1404Z	TP Vehicle Number	YMB347H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKK1404Z / YMB347H ON 23 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/08/2019 20:44	Claim Close Date		Date Received	26/08/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment















Accident No.	MT/1059518	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 20:45

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="button" value="GO"/>	<input type="button" 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="button" value="GO"/>	<input type="button" 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="button" value="GO"/>	<input type="button" 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="button" value="GO"/>	<input type="button" 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="button" value="GO"/>	<input type="button" value="Normal"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	SAS		Normal	SAS 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:45	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:44	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:44	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:44	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:44	Photos		Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Aug 2019 20:44	Photos		Normal	Photos 2019-8-26		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		