

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA 11912051**

Date In: 14/9/19 16:16	Job description	Date & Time Completed	Done by
Ref No: NA/NC192 (6264)24	SAS e-filing		
Veh No: SW 22911E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/9/19 - 17:55	i-Motor Claim Form	MA/1062459-001	14/9/19 16:27
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: **SM126906V** 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

NA 119 06924	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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 : 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 \$0		
	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	14/09/2019 16:16
Date Of Accident	13/09/2019 17:55
Exact Location Of Accident	UPP THOMSON RD OPP MEADOW GREEN CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2291E
Insured/Policyholder	
Name Of Registered Owner	TEH SUAN YEE (ZHENG XUANYI)
NRIC No	S7244841C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98307927
Alternative Phone No	OFFICE-98307927

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096895774-01
Cover Note Number	

Driver

Name of Driver	TEH SUAN YEE (ZHENG XUANYI)
NRIC No	S7244841C
Date Of Birth	24/11/1972
Occupation	INDOOR
Date Of Driving Pass	13/09/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98307927
Fax Number	
Contact Number	OFFICE-98307927
EMail Address	NOEMAIL

Address	97 JALAN SENDUDOK #04-68
Postcode	769474
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 - 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?	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

REFER TO 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	SMN6906U
Vehicle Make/Model/Colour	VOLSWAGEN/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU KAI LUN
NRIC/Passport Number	S8408342I
Contact Number	96557779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **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:

14-9-19

SRM/SP/2017/Inf/001/001

Driver's Signature

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 13-09-19 Time 1756 Hrs
 Exact Location Of Accident * OPP Meadow Green Condo Upp Thomson

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLV 2291 E
 Insured/Policyholder:
 Name of Registered Owner * Teh Suan Yee
 NRIC/FIN/Passport Number * S7244841C
 Vehicle Particulars:
 Manufacturer Toyota
 Model Axio
 Exact Purpose for which vehicle was being used at time of accident * Private use Commercial use Hire & reward
 Others - please specify _____
 Are you claiming under your own insurance policy for repair to your vehicle? * Yes No Others _____
 If No, please state action to be taken * Third Party Claim Reporting Only
 Vehicle Category * Private Commercial Motorcycle

Insurance Particulars:
 Name of Insurance Company * NTUC
 Type of Coverage * Comprehensive
 Fleet Policy Yes No
 Policy Number * 5096895774-01
 Cover Note Number _____

Driver:
 Name of Driver * Teh Suan Yee
 NRIC/FIN/Passport Number * S7244841C
 Date of Birth * 24.11.72
 Occupation * Engineer
 Date of Driving Pass * 13-Sep-1993 ⁸³
 Gender * Male Female
 Mobile Number 98307927
 Address 97 Jln Sengkang #04-68 S769474
 Email Address _____
 Was driver an employee of the Insured's Company? * Yes No
 If no, Relationship of the Driver with the Insured * owner

SAS 1

Driver only

Vehicle Registration Number of Driver's Own Vehicle (if applicable) _____
Insurance Company of Driver's Own Vehicle (if applicable) _____

General information of the Accident

Type of Accident * Collision front to rear
Weather Conditions * Clear Raining Others _____
Road Surface * Dry Wet Others _____

Other information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name * _____
Address * _____
Approximate Age * _____
Injuries Sustained * _____
If vehicle Occupants, state in which vehicle? _____
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station _____
Was notice of intended Prosecution given? * Yes No
If Yes, against whom? _____

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SMP 6906U
Vehicle Make / Model / Colour Volkswagen White
Detail Of Properties _____
Name of Driver * XU KALLUN
NRIC/Passport Number 584083421
Contact Number * 96557779
Email Address _____
Address _____
Insurance Company Name _____
Nature of Damage _____

Details Of Witness

Name _____
Phone Number _____
Email Address _____

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: 5096895774-01

Cover : drivo CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV2291E |
| Chassis Number | : NRE1610021130 |
| 2. Name of Policyholder | : TEH SUAN YEE (ZHENG XUANYI) |
| 3. Effective Date of Insurance | : 26 Dec 2018 |
| 4. Expiry Date of Insurance | : 25 Dec 2019 |
| 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TEH SUAN YEE (ZHENG XUANYI)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 29 Nov 2018 17:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5096895774-01		TEH SUAN YEE (ZHENG XUANYI)	S7244841C	GPC	drive CLASSIC	SLV2291E	SLV2291E	26/12/2018	25/12/2019

Continue

▼ Policy Information

Policy No.	5096895774-01	Policyholder Name	TEH SUAN YEE (ZHENG XUANYI)	Policyholder NRIC	S7244841C
Certificate No.					
Address	97 JALAN SENDUDOK #04-68 THE NAUTICAL SINGAPORE 769474				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/11/2018	Effective Date	26/12/2018 00:00	Expiry Date	25/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	97 JALAN SENDUDOK	Address 2	#04-68 THE NAUTICAL	Address 3	SINGAPORE 769474
Address 4		Address Type	Singapore address	Post Code	769474
Unit No.		Related Policy Number	5096895774-01		

▶ Insured Object: SLV2291E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1062439

Policy No.	5096895774-01	Vehicle No.	SLV2291E	GST Registration No.	
Certificate No.					
Policyholder Name	TEH SUAN YEE (ZHENG XUANYI)	Policyholder NRIC	S7244841C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98307927	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/09/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/09/2019	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP THOMSON RD OPP MEADOW GREEN CONDO				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore DD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	97 JALAN SENDUDOK	Address 2	#04-58 THE NAUTICAL	Address 3	SINGAPORE 769474
Address 4		Address Type	Singapore address	Post Code	769474
Unit No.		Related Policy Number	5096895774-01		

Q1 Driver Info

Driver Name	TEH SUAN YEE (ZHENG XUANYI)	Driver Type	Main Driver		
Unnamed driver name		Driver NRIC	S7244841C	Driver DOB	24/11/1972
Register Date of Driver License	13/09/1993	Driver Age	46	Driving Experience	26
Contact No.(Mobile)	98307927	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	97 JALAN SENDUDOK	Address 2	THE NAUTICAL	Address 3	SINGAPORE 769474
Address 4		Address Type	Singapore address	Post Code	769474
Unit No.	04-58				
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 *	<input type="text" value="OD-MX"/>	Insured Name	TEH SUAN YEE (ZHENG XUANYI)	Insured NRIC	S7244841C
Contact No.(Mobile)	98307927	Contact No.(Home)	68521659	Contact No.(Office)	
Email Address	suanyee88@yahoo.com.sg	DI Vehicle Number	SLV2291E	TP Vehicle Number	SMN6906U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	SLV2291E / SMN6906U ON 13 Sept 2019				
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text" value=""/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/09/2019 16:27	Claim Close Date	<input type="text" value=""/>	Date Received	14/09/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1062439	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/09/2019 16:28

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:28	SAS		Normal	SAS 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Sep 2019 16:27	Photos		Normal	Photos 2019-9-14	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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