

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA11915591

Date In: 27/10/19-15:41	Job description	Date & Time Completed	Done by
Ref No: NA11915591	SAS e-filing		
Veh No: 5JVS802	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/10/19-07:32	i-Motor Claim Form	NA11065082-001	27/10/19 15:54
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: ( )

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

## Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Fit Bill

Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

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 \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref. 1:

Ref. 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	02/10/2019 15:41
Date Of Accident	01/10/2019 07:30
Exact Location Of Accident	MARINE CRESCENT TWDS MARINE PARADE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3380Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAH CHENG SUN
NRIC No	S1753564A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96909838
Alternative Phone No	OFFICE-96909838

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5104021057-01
Cover Note Number	

### Driver

Name of Driver	TEO SHER LING (ZHANG SILING)
NRIC No	S8335720G
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	04/11/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97119500
Fax Number	
Contact Number	OFFICE-97119500
Email Address	NOEMAIL

Address	BLK 74 MARINE DRIVE #08-41
Postcode	440074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/2037.

#### Attachment(s)

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



## 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:

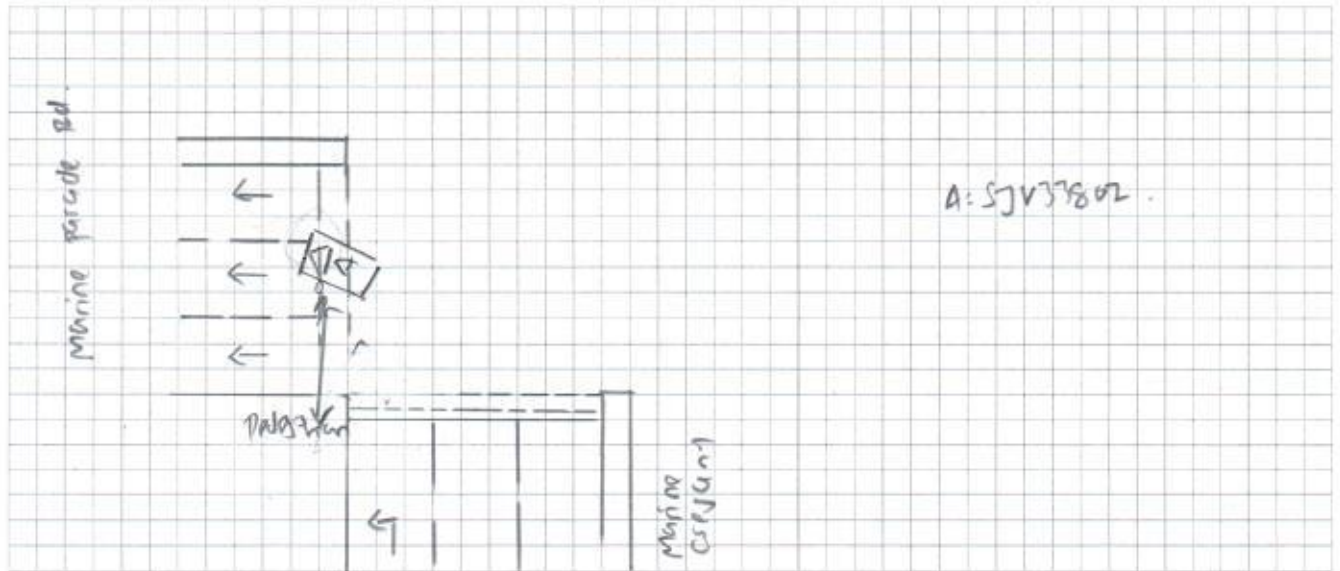
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 police report - 7/2019/2001/2007.

I wish to state that she actually <sup>was</sup> ~~was~~ towards left front part of my vehicle.

she told the doctor that she was jaywalking.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 10 / 19) (DD/MM/YYYY), TIME: 07 : 30 (HH:MM)

LOCATION: Marine Crescent Road Marine Parade Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JCV33802  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 510421057-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Chuan Cheng Jun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1733564A CONTACT: 96429838  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Teo Jia Ling (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S58357206 CONTACT: 92119500  
 c) ADDRESS: Blk 24 Marine Drive #08-41 (44074)

\*d) DATE OF BIRTH: (7 / 11 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
 (Including driver)  
 (1)

\* No of passengers  
 (Including driver)  
 ( )

\* No of passengers  
 (Including driver)  
 ( )

Email = teosherling@yahoo.com.sg

fax =

video =



# SINGAPORE POLICE FORCE



T/20191001/2037

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20191001/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2019 10:57	Vide Report No.:	Station Diary No.: 18
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: TEO SHER LING			Address: APT BLK 74 MARINE DRIVE #08-41 SINGAPORE 440074		
ID Type / ID No.: NRIC NO / S8335720G			Contact No.: Home/Office: Mobile: 97119500		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 07/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOMEMAKER			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/10/2019 07:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINE CRESCENT MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3380Z	Car	NISSAN	SYLPHY	Blue		0

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used





Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TEO SHER LING		ID No.	S8335720G
Related Vehicle	SJV3380Z (Car)		Contact No.	97119500
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Pedestrian</b>				
Name	WANG SHUNYING		ID No.	G1088679T
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 01/10/2019 at about 0730hrs, I was going home from Marine Terrace Hawker Center. I was driving from Marine Terrace to Marine Crescent. Upon reaching the junction of Marine Crescent and Marine Parade Road, my intention is to turn left to Marine Parade Road. There were a few cars in front of me that were already turning left. I have also seen the traffic light indicating that I am allowed to turn left. The traffic light was in my favor.

Out of a sudden, a pedestrian came from the left and my vehicle collided into her. I did not see the pedestrian until my vehicle collided into her. Immediately, I applied brake and my vehicle came to a stop. It was a slight impact as my vehicle was not traveling at a fast speed. I alighted the vehicle to check on the pedestrian. There were 2 other passers by that came to assist me as well. The pedestrian did not sustain any serious injury. However, she complained of pain and holding on to her right ribs. Therefore, I volunteered to send her to the nearest hospital (Parkway East Hospital). The pedestrian has complained of a headache at the hospital. However, the doctor has made a check but did not find any injuries. I have also paid medical fees for the pedestrian. The medical fee is SGD\$332.14.

I would like to state that there were no ambulance or traffic police at the scene. I have an in-car camera in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20191001/2037

3 of 3

Report No. T/20191001/2037

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MICHAEL LEE CHOON WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2019 10:57

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

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="01/10/2019 07:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SJV3380Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104021057-01		CHUAH CHENG SUN	S1753564A	GPC	drive CLASSIC	SJV3380Z	SJV3380Z	22/09/2019	21/09/2020
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5104021057-01	Policyholder Name	CHUAH CHENG SUN	Policyholder NRIC	S1753564A
Certificate No.					
Address	BLK 14 #05-180 MARINE TERRACE MARINE TERRACE BREEZE SINGAPORE 440014				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/07/2019	Effective Date	22/09/2019 00:00	Expiry Date	21/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 14 #05-180	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE BREEZE
Address 4	SINGAPORE 440014	Address Type	Singapore address	Post Code	440014
Unit No.	05-180	Related Policy Number	5104021057-01		

▶ Insured Object: SJV3380Z

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Accident MT/1065087

#### Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIAH CHENG SUN	Insured NRIC	S173564A
Contact No. (Mobile)	97660223	Contact No. (Home)	67405718	Contact No. (Office)	
Email Address		Ol Vehicle Number	SJV3380Z	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJV3380Z ON 1 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/10/2019 15:54	Claim Close Date		Date Received	02/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/1065087	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2019 15:55


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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<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="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>



message.html

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:55	SAS		Normal	SAS 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2019 15:54	Photos		Normal	Photos 2019-10-2

## Video List

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