

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA1191365K-21

Date In: 14/12/19-18:18	Job description	Date & Time Completed	Done by
Ref No: 40/14C19018084/24	SAS e-filing		
Veh No: 5761952	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/12/19-17:30	i-Motor Claim Form	M71066846-001	14/12/19 18:28
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: JDF 4140C

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

NA1902690

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

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

2) DA: Damage Assessment (\$100); INC (\$30)

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 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	14/10/2019 18:18
Date Of Accident	13/10/2019 17:30
Exact Location Of Accident	BLK 160 WOODLANDS ST 13 SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1915Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZULKIFLI BIN AHMAD BAJURI
NRIC No	S9102134Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83384433
Alternative Phone No	OFFICE-83384433

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO-10 RS 2.0 M
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	5107592179
Cover Note Number	

Driver

Name of Driver	AHMAD FAIS BIN AHMAD BAJURI
NRIC No	S9648047D
Date Of Birth	18/12/1996
Occupation	INDOOR
Date Of Driving Pass	30/06/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83384433
Fax Number	
Contact Number	OFFICE-83384433
EEmail Address	NOEMAIL

Address	BLK 851 WOODLANDS STREET 83 #10-32
Postcode	730851
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	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	SJF4140C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	AHMAD FAIS BIN AHMAD BAJURI
------	-----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJG1915Z

YES

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:

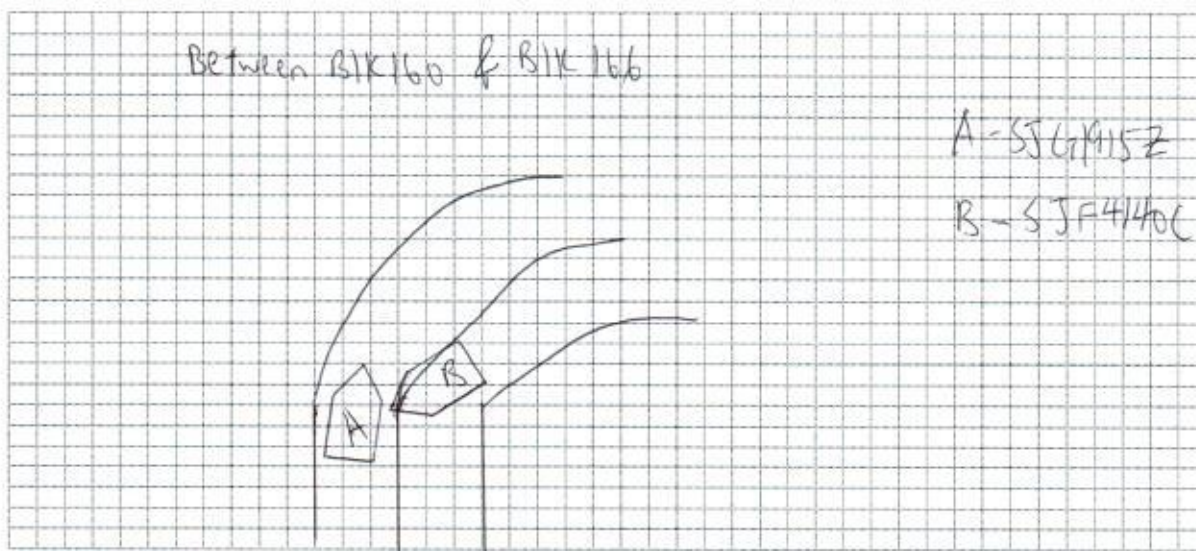
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I WAS TRAVELLING ALONG CARPARK SERVICE ROAD WOODLAND STREET 13 BLK 160 & BLK 166. I WAS STATIONARY WAITING FOR VEHICLE B TO ENTER THE BEND. AS VEHICLE B PASSED THE BEND, VEHICLE B HIT ONTO THE FRONT RIGHT OF MY VEHICLE.

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 Reporting Draft

VEHICLE NO: SJG1915Z

MODEL: EVO 10

Relationship Brothers
No injuries

DATE OF ACCIDENT	14/10/19		
TIME OF ACCIDENT	1730	HRS	AM/PM
LOCATION OF ACCIDENT	SERVICE ROAD WOODLAND STREET 13 BLK160 & BLK 166		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	MUHAMMAD ZULKIFLI BIN AHMAD BAJURI		
CONTACT NO.	83384433		
NRIC	S9102134Z		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: AHMAD FAIS BIN AHMAD BAJURI		
NRIC	S9648047D	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	83384433	OFFICE:	HOME:
ADDRESS	APT BLK 851 WOODLANDS ST 83 #10-32 S(730851)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO: <i>Siblings</i>		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	<input checked="" type="radio"/> NO / IF YES:		
CONTACT NO.			
POLICE REPORT	<input checked="" type="radio"/> NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJF4140C	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119136395 Vehicle Registration No: SJG1915Z
Name(as shown in NRIC) : MUHAMMAD ZULKIFLI BIN AHMAD RAJURE NRIC/FIN/Passport No : S9102134Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 851 WOODLANDS STREET 83 #10-32 Singapore(730851)
Contact (Tel) : 83384433 Mobile No. : _____
Email Address : _____
Date of Accident : 13/10/2019 Time of Accident : 17:30
Place of Accident : BLK 160 WOODLANDS ST 13 SERVICE RD
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WISH TO STATE THAT I FELT UNWELL AND WENT TO CONSULT A DOCTOR
AND WAS GIVEN MC



Policyholder / Driver's Signature
Date: _____



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

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5107592179
The Policyholder	: MUHAMMAD ZULKIFLI BIN AHMAD BAJURI BLK 851 #10-32 WOODLANDS STREET 83 SINGAPORE 730851

Period of Insurance	: 18 Feb 2019 To 17 Feb 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$3,963.84

Interest Insured

Cover Type	: drive CLASSIC		
Primary Driver	: MUHAMMAD ZULKIFLI BIN AHMAD BAJURI		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: MITSUBISHI/EVO X	Capacity	: 2000cc
Registration Number	: SJG1915Z	Registration Year	: 2008
Chassis Number	: CZ4A0000939	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$1,500	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: BENEFIT AUTO ENTERPRISE PTE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: N/A

Memo A : N/A

Endorsement Operative : N/A

Agency	: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue	: 18 Feb 2019 13:04 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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="13/10/2019 17:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SJG1915Z"/>	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"/>	5107592179		MUHAMMAD ZULKIFLI BIN AHMAD BAJURI	S9102134Z	GPC	drive CLASSIC	SJG1915Z	SJG1915Z	18/02/2019	17/02/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5107592179	Policyholder Name	MUHAMMAD ZULKIFLI BIN AHM.	Policyholder NRIC	S9102134Z
Certificate No.					
Address	BLK 851 #10-32 WOODLANDS STREET 83 SINGAPORE 730851				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/02/2019	Effective Date	18/02/2019 00:00	Expiry Date	17/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 851 #10-32	Address 2	WOODLANDS STREET 83	Address 3	SINGAPORE 730851
Address 4		Address Type	Singapore address	Post Code	730851
Unit No.	10-32	Related Policy Number	5107592179		

 Insured Object: SJG1915Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1066846

Policy No.	S107592179	Vehicle No.	SIG1915Z	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ZULKIFLI BIN AHMAD BAJUR			Policyholder NRIC	S9102134Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83384433	Contact No.(Office)	0	Contact No.(Home)	0
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 Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	14/10/2019 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/10/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 160 WOODLANDS ST 13 SERVICE RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	4000.00	Total TP Excess Applicable			

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

Policyholder Mailing Address	
Address 1	BLK 851 #10-32
Address 2	WOODLANDS STREET 83
Address 3	SINGAPORE 730851
Address 4	
Address Type	Singapore address
Post Code	730851
Unit No.	10-32
Related Policy Number	S107592179

OI Driver Info	
Driver Name	Unnamed Driver
Driver Type	Unnamed Driver
Unnamed driver Name	AHMAD FAIS BIN AHMAD BAJUR
Driver NRIC	S9648047D
Register Date of Driver License	30/06/2016
Driver Age	22
Driver DOB	18/12/1996
Contact No.(Mobile)	83384433
Contact No.(Office)	0
Driving Experience	3
Address 1	BLK 851
Address 2	WOODLANDS STREET 83
Address 3	SINGAPORE 730851
Address 4	
Address Type	Singapore address
Post Code	730851
Unit No.	10-32
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

Modification History

Claim 001 **New**

Claim Type *	OD-MIX	Insured Name	MUHAMMAD ZULKIFLI BIN AHM	Insured NRIC	S9102134Z
Contact No.(Mobile)	83384433	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	zulfazma@live.com	OT Vehicle Number	SIG1915Z	TP Vehicle Number	SJF4140C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIG1915Z / SJF4140C ON 13 Oct 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	14/10/2019 18:28	Claim Close Date		Date Received	14/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.		MT/1066846	Claim No.		001
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date		14/10/2019 18:28
Path *	Category *	Confidential	Urgency *	Description *	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	
Browse...	Clear	Please Select	NO	Normal	

<div> <div>Thumbnail</div> <div> <div>Attachment List</div> <div> <div>Send Message</div> </div> </div> </div>						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	SAS	Normal	SAS 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Oct 2019 18:28	Photos	Normal	Photos 2019-10-14		
<div> <div>Video List</div> <div> <div> <div> <div>Uploaded By/Date</div> <div>Folder Date</div> <div>File Name</div> <div>Source</div> <div>Action</div> </div> <div> <div>Display in New Window</div> <div>Scan and uploading</div> </div> </div> </div> </div>						