

# NATIONAL Assessment Centre Services.

[wef 1 Jan 05] **MHA1914366**

Date In: <b>23/10/19-14:46</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 19018811/24</b>	SAS e-filing		
Veh No: <b>JMH15882</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>23/10/19-15:10</b>	i-Motor Claim Form	<b>M7166821V-001</b>	<b>23/10/19 15:41</b>
OD <b>TP</b> / 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: <b>JKW335M</b>	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

<b>NA1908007</b>	<b>Invoice Preparation Checklist</b>		Ant (\$) Est Bill	Ant (\$) 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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*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 (N-in 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	23/10/2019 14:40
Date Of Accident	22/10/2019 15:10
Exact Location Of Accident	UBI AVE 2 TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3588Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE HOON
NRIC No	S1772430D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90900138
Alternative Phone No	OFFICE-90900138

### Vehicle Particulars

Manufacturer	MAZDA
Model	AXELA 1.5XD AUTO
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	5112090495
Cover Note Number	

### Driver

Name of Driver	TAN LEE HOON
NRIC No	S1772430D
Date Of Birth	13/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90900138
Fax Number	
Contact Number	OFFICE-90900138
EMail Address	NOEMAIL



Address	BLK 326 UBI AVENUE 1 #10-579
Postcode	400326
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: : MALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW3335M
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 TAN LEE HOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN3588Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mailed 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.

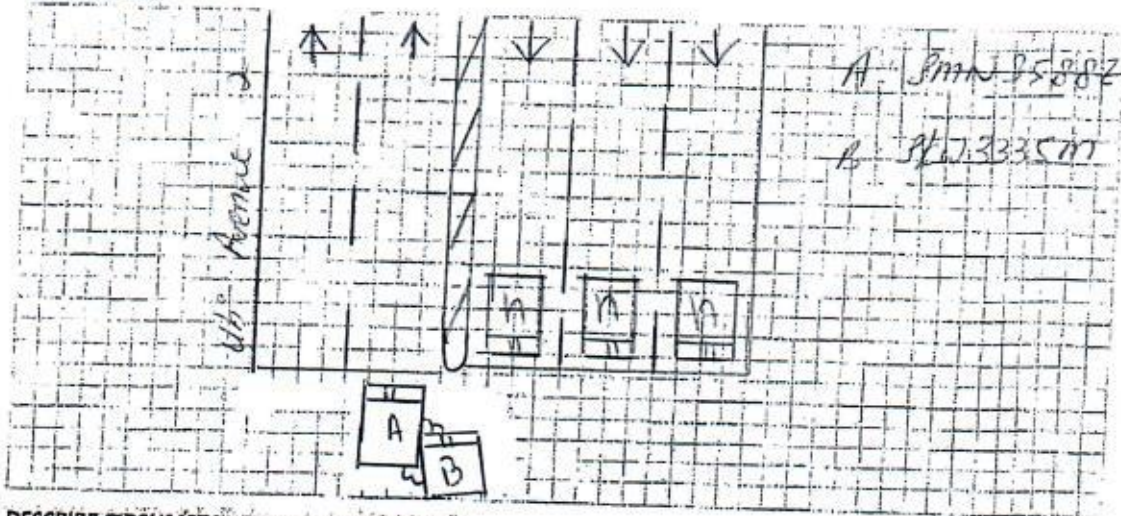
Policyholder's Signature  
Date & Time:

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 straight along Ubi Avenue 2 towards Raja Lebar. As I was about to complete crossing the junction, vehicle (B) suddenly cut left into my lane in the middle of the road and collided onto my vehicle rear right portion. I would like to state that the lane which vehicle (B) was travelling in is a turn right only lane. My car camera has captured the whole incident.

## 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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 22/10/14 (DD/MM/YY) Time: 3:10pm (HH:MM)
Exact location of accident	Ubi Ave 2 towards Paya Lebar

## Details of vehicle

Vehicle registration number	SMN 35882
Vehicle make and model	Mazda 3
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Tan LEE Hoon	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S1772430	
Contact	9090 0138	
Address	326 Ubi Ave 1 #10-677 S(400 326)	

## Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	13/3/1965	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	16/7/1985	



### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	Tan Lee Hoon
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Skw 3335M
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	



Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Tan Lee Hoon
Injuries sustained	Body
Which vehicle person in?	SMA 3588 2
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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="22/10/2019 15:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SMN3588Z"/>	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"/>	5112090495		TAN LEE HOON	S1772430D	GPC	drivo CLASSIC	SMN3588Z	SMN3588Z	22/08/2019	21/08/2020
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5112090495	Policyholder Name	TAN LEE HOON	Policyholder NRIC	S1772430D
Certificate No.					
Address	BLK 326 #10-679 UBI AVENUE 1 KAMPUNG UBI ESTATE SINGAPORE 400326				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/08/2019	Effective Date	22/08/2019 00:00	Expiry Date	21/08/2020 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	QUOTIGO PTE. LTD.	Agent Tel.	63853303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 326 #10-679	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400326	Address Type	Singapore address	Post Code	400326
Unit No.	10-679	Related Policy Number	5112090495		

Insured Object: SMN3588Z

## Endorsements

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



## Claim Handling

Accident MT/1068212

Policy No.	5112090495	Vehicle No.	SMN3588Z	GST Registration No.	
Certificate No.					
Policyholder Name	TAN LEE HOON			Policyholder NRIC	S1772430D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90900138	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
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	Yes
<b>Accident Details</b>					
Report Date	23/10/2019 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	22/10/2019	Time of Accident h:mm	15:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	UBI AVE 2 TWDS PAYA LEBAR RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
CO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED CO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total CO Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 326 #10-679	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400326	Address Type	Singapore address	Post Code	400326
Unit No.	10-679	Related Policy Number	5112090495		
<b>DI Driver Info</b>					
Driver Name	TAN LEE HOON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1772430D	Driver DOB	13/03/1966
Register Date of Driver License	01/01/2008	Driver Age	53	Driving Experience	11
Contact No.(Mobile)	90900138	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 326	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
Address 4	SINGAPORE 400326	Address Type	Singapore address	Post Code	400326
Unit No.	10-679				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	CO-Ins	Insured Name	TAN LEE HOON	Insured NRIC	S1772430D
Contact No.(Mobile)	90900138	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SMN3588Z	TP Vehicle Number	SKW3335M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN3588Z / SKW3335M ON 22 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/10/2019 15:41	Claim Close Date		Date Received	23/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AIC letter					

Save Submit

## Attachment

Accident No.	MT/1068212	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/10/2019 15:42
Path *	Category *	Confidential	Urgency *
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal
Browse...	Please Select	NO	Normal



☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:42	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:42	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:42	SAS	Normal	SAS 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:42	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:42	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Oct 2019 15:41	Photos	Normal	Photos 2019-10-23	

☐ View List

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