

# NATIONAL Assessment Centre Services: (wef 1 Jan'05) **MHA11914243**

Date In: <b>26/12/19 - 12:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA11914243/24</b>	SAS e-filing		
Veh No: <b>53D12254</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>26/12/19 - 13:25</b>	i-Motor Claim Form	<b>27/10/2019 - 201</b>	<b>26/12/19 18:00</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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: <b>5M7655X</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%. 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

<b>NA11914243</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) Int 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		
	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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	26/10/2019 17:50
Date Of Accident	26/10/2019 13:25
Exact Location Of Accident	BENCOOLEN ST TWDS FORT CANNING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1225Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S JAGATHISAN
NRIC No	S9324465F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87424671
Alternative Phone No	OFFICE-87424671

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM RSZ 1.8 A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100785327-01
Cover Note Number	

### Driver

Name of Driver	S JAGATHISAN
NRIC No	S9324465F
Date Of Birth	05/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424671
Fax Number	
Contact Number	OFFICE-87424671
EMail Address	NOEMAIL



Address	BLK 492 ADMIRALTY LINK #19-175
Postcode	750492
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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	SMJ6055X
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 S JAGATHISAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJD1225Y

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/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:

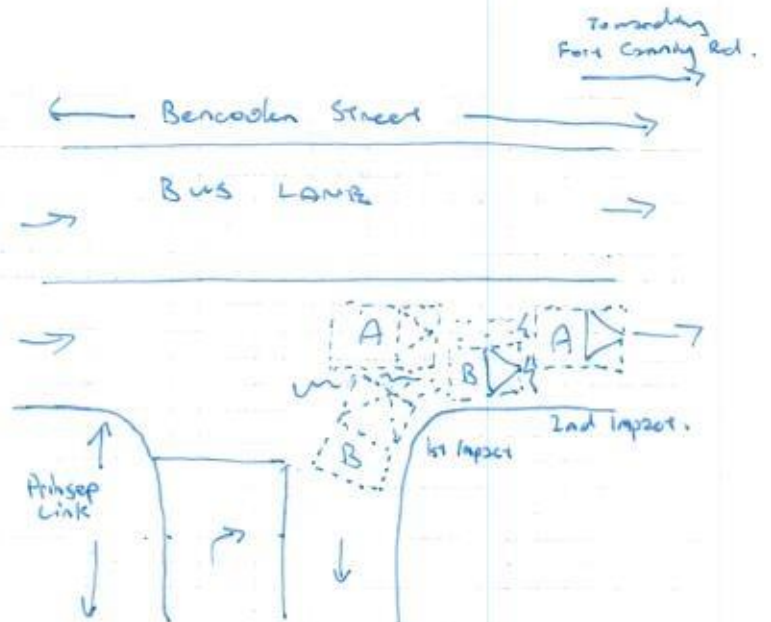
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Vehicle A  
- SJD 1225 Y  
Vehicle B  
- SMJ 6055 X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Bencoolen Street towards Fort Canning Rd direction. I was on the right lane.

While travelling straight, while passing by the intersection of Bencoolen Street/ Prinsep Link, suddenly a car came out from Prinsep Link. Immediately I horned and try to alert the driver.

But nevertheless the vehicle didn't stopped and come out, resulting of causing damage to the right side and the rear right portion of my vehicle.

Alighted from my vehicle and realized it was a vehicle ( SMJ 6055 X ) that collided to my vehicle.

Vehicle A - SJD 1225 Y

Vehicle B - SMJ 6055 X.

## 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.:



<b>Vehicle No.</b>	SJD 1225 Y	<b>Model / Make</b>	HONDA SCRAM
<b>Date of Accident</b>	26/10/19		
<b>Time of Accident</b>	1325	<b>HRS</b>	
<b>Location of Accident</b>	Berwoodan Street toward Fort Ganning Rd		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	S. JAGATHISAN		
<b>Telephone No.</b>	H/P : 8742 4671	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 9324465 F		
<b>Address</b>	BLK 492 Admiralty Link #19-175 S(750492)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5100785327-01		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	2 (1 male, 1 female)
<b>Date of birth</b>	05 JUL 1993		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	11 MAY 2013		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state	OWNER	
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?	- Driver only	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SMJ 6055 X	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	RIGHT SIDE, REAR RIGHT.		
<b>Camera Recorder</b>	Yes/ No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTB LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



## 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:** 5100785327-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD1225Y**  
 Chassis Number : RN61059303
2. Name of Policyholder : S JAGATHISAN
3. Effective Date of Insurance : 11 Mar 2019
4. Expiry Date of Insurance : 10 Mar 2020
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: S JAGATHISAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT 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 : QUOTIGO PTE. LTD. (00000573831)  
 Date of Issue : 26 Feb 2019 10:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100785327-01		S JAGATHISAN	S9324465F	GPC	drive CLASSIC	SJD1225Y	SJD1225Y	11/03/2019	10/03/2020



Policy Information					
Policy No.	5100785327-01	Policyholder Name	S JAGATHISAN	Policyholder NRIC	S9324465F
Certificate No.					
Address	BLK 492 #19-175 ADMIRALTY LINK SINGAPORE 750492				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/02/2019	Effective Date	11/03/2019 00:00	Expiry Date	10/03/2020 23:59
Excess Type		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 492 #19-175	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750492
Address 4		Address Type	Singapore address	Post Code	750492
Unit No.		Related Policy Number	5100785327-01		
Insured Object: SJD1225Y					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					



## Claim Handling

## Accident MT/1068731

Policy No.	S100785327-01	Vehicle No.	SJD1225Y	GST Registration No.	
Certificate No.					
Policyholder Name	S JAGATHISAN	Cover Type	drive CLASSIC	Policyholder NRIC	S9324465F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	87424671	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	26/10/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	26/10/2019	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BENCOOLEN ST TWOS FORT CANNING RD				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 492 #19-175	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750492
Address 4		Address Type	Singapore address	Post Code	750492
Unit No.		Related Policy Number	S100785327-01		
<b>01 Driver Info</b>					
Driver Name	S JAGATHISAN	Driver Type	Main Driver	Driver DOB	05/07/1993
Unnamed driver Name		Driver NRIC	S9324465F	Driving Experience	6
Register Date of Driver License	11/05/2013	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	87424671	Contact No.(Office)	0	Address 3	SINGAPORE 750492
Address 1	BLK 492	Address 2	ADMIRALTY LINK	Post Code	750492
Address 4		Address Type	Singapore address		
Unit No.	19-175				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	S JAGATHISAN	Insured NRIC	S9324465F
Contact No.(Mobile)	87424671	Contact No.(Home)	67886749	Contact No.(Office)	
Email Address	RAMESH199318@GMAIL.COM	01 Vehicle Number	SJD1225Y	TP Vehicle Number	SM36055X
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	SJD1225Y / SM36055X ON 26 Oct 2019				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/10/2019 18:00	Claim Close Date	<input type="text"/>	Date Received	26/10/2019 18:01
Report Taken By	Jackson	Workshop Repairer	<input type="text"/>	Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<b>Save Submit</b>					














## Attachment

Accident No.	MT/1068731	Claim No.	001																																								
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	26/10/2019 18:01																																								
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<input type="checkbox"/> Send Message																																											

## Attachment List

Msg Sent?



Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:01	SAS		Normal	SAS 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:01	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:01	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:01	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 18:00	Photos		Normal	Photos 2019-10-26		
<b>Video List</b>							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in new Window</div> <div>Scan and uploading</div>							