

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA1919162012

Date In: 19/1/19 - 13:58	Job description	Date & Time Completed	Done by
Ref No: NA1919162012	SAS e-filing		
Veh No: JLN46822	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/1/19 - 08:20	i-Motor Claim Form	19/1/19 14:43	
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: JLN46822

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

NA1909508	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat. 1:

Pat. 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	19/12/2019 13:58
Date Of Accident	18/12/2019 08:20
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4982Z
Insured/Policyholder	
Name Of Registered Owner	PATRICK HEW CHEE HOONG
NRIC No	S0131595A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88172290
Alternative Phone No	OFFICE-88172290

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	5101004590-01
Cover Note Number	

Driver

Name of Driver	IMRAN BIN SAMAD
NRIC No	S8117126B
Date Of Birth	11/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88080961
Fax Number	
Contact Number	OFFICE-88080961
Email Address	NOEMAIL

Address	BLK 512 WELLINGTON CIRCLE #06-04
Postcode	750512
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191218/7006.

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	SLG4562P
Vehicle Make/Model/Colour	TOYOTA WISH
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	IMRAN BIN SAMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN4982Z
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.:

VEHICLE A: SUN4982J
VEHICLE B: SLG4562P

Vehicle A: SLN4982Z
Vehicle B: SLG4562P

Refer to police report

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

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

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

Date of Accident : 18 Dec 2019 Accident Time: 0820 Hrs (24-HR-Format)
Accident Place : Canberra link
Vehicle Reg. No. (Car Plate No.) : SLN4982Z
Vehicle Make/Model : Honda Vezel
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : Patrick New Chee Hong
Owner or Company Contact No. : 88172290 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Imran Bin Samad S8117126B
DRIVER'S Date Of Birth : 11/06/1981 DRIVER'S License Pass Date 07/09/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: friend
DRIVER'S Address : B1K 512 Wellington Circle #06-04
DRIVER'S Contact No. / Alt No. : 1) 88080961 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01 * MC 3 days

Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLG4562P	Vehicle Reg. No: _____
Vehicle Make/Model: Toyota Wish	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20191218/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191218/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2019 12:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: IMRAN BIN SAMAD			Address: APT BLK 512 WELLINGTON CIRCLE #06-04 SINGAPORE 750512		
ID Type / ID No.: NRIC NO / S8117126B			Contact No.: Home/Office: Mobile: 88080961		
Nationality: SINGAPORE CITIZEN			Email: AIM.IMRAN81@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 11/06/1981	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: NINJA VAN DELIVERY MAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2019 08:20	Type of Location: Straight Road
Location: CANBERRA LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG4562P	Car	TOYOTA	WISH	Silver	Slightly Damaged	0
SLN4982Z	Car	HONDA	VEZEL	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191218/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191218/7006

CONTINUATION OF REPORT

Driver				
Name	IMRAN BIN SAMAD		ID No.	S8117126B
Related Vehicle	SLN4982Z (Car)		Contact No.	88080961
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/12/2019		Date Discharge	18/12/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SLN4982Z ON CANBERRA LINK, AS THE TRAFFIC LIGHT WAS AMBER TURNING RED, I SLOWED DOWN AND CAME TO A COMPLETE HALT AT THE TRAFFIC JUNCTION. SHORTLY AFTER, I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE AND REALISE THAT VEHICLE B BEARING CARPLATE NUMBER SLG4562P HAD REAR ENDED MY VEHICLE. I WISH TO STATE THAT I WAS ALREADY STATIONARY AT THE TRAFFIC WAITING FOR IT TO TURN GREEN BEFORE HE COLLIDED ONTO ME. I FELT PAIN AND CONSULTED A DOCTOR SHORTLY AFTER WHICH I WAS THEN AWARDED WITH A 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20191218/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191218/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/12/2019 12:09

Classification Of Case:

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"/>	5101004590-01		PATRICK HEW CHEE HOONG	S0131595A	GPC	drive CLASSIC	SLN4982Z	SLN4982Z	28/05/2019	27/05/2020

▼ Policy Information

Policy No.	5101004590-01	Policyholder Name	PATRICK HEW CHEE HOONG	Policyholder NRIC	S0131595A
Certificate No.					
Address	BLK 577 #15-660 HOUGANG AVENUE 4 SINGAPORE 530577				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/05/2019	Effective Date	28/05/2019 00:00	Expiry Date	27/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 577 #15-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.	15-660	Related Policy Number	5101004590-01		

► Insured Object: SLN4982Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/07/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 08 Jul 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$539.79(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1076458

Policy No.	S101004590-01	Vehicle No.	SLN4982Z	GST Registration No.	
Certificate No.					
Policyholder Name	PATRICK HEW CHEE HOONG	Cover Type	drive CLASSIC	Policyholder NRIC	S0131596A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	88172290	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	19/12/2019 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/12/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANBERRA LDNKK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	1500				
Total OD Excess Applicable	2600.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 577 #15-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.	15-660	Related Policy Number	S101004590-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	IMRAN BIN SAHAD	Driver NRIC	S81171268	Driver DOB	11/06/1981
Register Date of Driver License	07/09/2012	Driver Age	38	Driving Experience	7
Contact No.(Mobile)	88080961	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 512	Address 2	WELLINGTON CIRCLE	Address 3	WELLINGTON VALE
Address 4	SINGAPORE 750512	Address Type	Singapore address	Post Code	750512
Unit No.	06-04				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-Mix	Insured Name	PATRICK HEW CHEE HOONG	Insured NRIC	S0131596A
Contact No.(Mobile)	96939330	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SLN4982Z	TP Vehicle Number	SLG4562P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLN4982Z / SLG4562P ON 18 Dec 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	19/12/2019 14:43	Claim Close Date		Date Received	19/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

▼

Accident No. MT/1076458 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 19/12/2019 14:44

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List							
Attachment	uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	SAS		Normal	SAS 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 19 Dec 2019 14:44	Photos		Normal	Photos 2019-12-19		
Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
		Display in New Window	Scan and uploading				