

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA1916474

Date In: 26/11/19-18:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020717/24	SAS e-filing		
Veh No: 963114C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/11/19-00:15	i-Motor Claim Form	M/1077333-001	26/11/19 19:04
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: JFB763SR	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

NA200009	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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:-		
QC Checked by (Engr-In-Charge):	OD:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N11 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	26/12/2019 18:43
Date Of Accident	25/12/2019 00:15
Exact Location Of Accident	UPP SERANGOON RD OUTSIDE ST PAUL CHURCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3114C
Insured/Policyholder	
Name Of Registered Owner	ETHOS LIMOUSINE SERVICES
Co Reg No	5XXXX518J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98325234
Alternative Phone No	OFFICE-98325234

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5 CVT S/R
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	5097865627-01
Cover Note Number	

Driver

Name of Driver	THAN ENG LIANG, SEBASTIAN (CHEN YINGLIANG)
NRIC No	SXXXX787F
Date Of Birth	28/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86662738
Fax Number	
Contact Number	OFFICE-86662738
EMail Address	NOEMAIL

Address	BLK 504D YISHUN STREET 51 #12-138
Postcode	764504
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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/20191226/7020.

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	SFB7635R
Vehicle Make/Model/Colour	FORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTIANNE RAMESHWARAN
NRIC/Passport Number	SXXXX202Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THAN ENG LIANG, SEBASTIAN (CHEN YINGLIANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLC3114C
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:

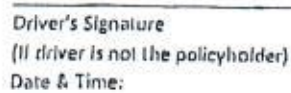

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



doi:10.1371/journal.pone.0142042.g002

Date of Accident : 25/12/2019 Accident Time: 1215 AM (24-HR-Format)
Accident Place : Upp Serangoon outside St Paul church
Vehicle Reg. No. (Car Plate No) : SLC 3114C
Vehicle Make/Model : Toyota vallfire
Insurance Company : Nkul Policy No. _____
Owner or Company Name /IC No. : Ethos Limousine Services
Owner or Company Contact No. : 98325234 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Than Eng Liang, Sebastian (Chen Ying Liang) S880287F
DRIVER'S Date Of Birth : 28/01/1988 DRIVER'S License Pass Date 08/07/2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hiver
DRIVER'S Address : BLK 504D Yishun Pt 51 #12-138 S764504
DRIVER'S Contact No./ Alt No. : 1) 86662738 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 * Injured
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: 9FB7635R

Vehicle Reg. No: _____

Vehicle Make/Model: Ford

Vehicle Make/Model: _____

Name Driver: Christianne Rameshwaran

Name Driver: _____

IC No. Driver: 913632027

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20191226/7020

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

1 of 3

Report No. T/20191226/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2019 15:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: THAN ENG LIANG, SEBASTIAN			Address: APT BLK 504D YISHUN STREET 51 #12-138 SINGAPORE 764504		
ID Type / ID No.: NRIC NO / S8802787F			Contact No.: Home/Office: Mobile: 86662738		
Nationality: SINGAPORE CITIZEN			Email: THANENGLIANG@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 28/01/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LIMOUSINE DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2019 00:15	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SFB7635R	Car	FORD			Slightly Damaged	0
SLC3114C	Car	TOYOTA	VELLFIRE	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191226/7020

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

2 of 3

Report No. T/20191226/7020

CONTINUATION OF REPORT

Driver			
Name	THAN ENG LIANG, SEBASTIAN	ID No.	S8802787F
Related Vehicle	SLC3114C (Car)	Contact No.	86662738
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SLC3114C ON UPPER SERANGOON ROAD, WHILE WAITING AT THE TRAFFIC JUNCTION, SUDDENLY I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE AND CAME TO REALISE THAT VEHICLE B BEARING CARPLATE NUMBER SFB7635R HAD LOST CONTROL OF THE VEHICLE AND COLLIDED ON THE REAR RIGHT SIDE OF MY VEHICLE. I FELT PAIN ON MY LOWER BACK AND CONSULTED A DOCTOR AFTER WHICH I WAS GIVEN A 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20191226/7020

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

3 of 3

Report No. T/20191226/7020

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 /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
26/12/2019 15:39

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.	<input type="text"/>	Date of Accident	<input type="text" value="25/12/2019 00:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SLC3114C"/>	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"/>	5097865627-01		ETHOS LIMOUSINE SERVICES	53350518J	GPC	drive CLASSIC	SLC3114C	SLC3114C	13/04/2019	12/04/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5097865627-01	Policyholder Name	ETHOS LIMOUSINE SERVICES	Policyholder NRIC	53350518J
Certificate No.					
Address	35 BRIGHTON AVENUE SINGAPORE 559280				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/04/2019	Effective Date	13/04/2019 00:00	Expiry Date	12/04/2020 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	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	35 BRIGHTON AVENUE	Address 2	SINGAPORE 559280	Address 3	
Address 4		Address Type	Singapore address	Post Code	559280
Unit No.		Related Policy Number	5105341549-01		

▶ Insured Object: SLC3114C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1077333

Policy No.	5097865627-01	Vehicle No.	SLC3114C	GST Registration No.	
Certificate No.					
Policyholder Name	ETHOS LIMOUSINE SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	53350518J
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98325234	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	26/12/2019 19:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/12/2019	Time of Accident hh:mm	00:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD OUTSIDE ST PAUL CHURCH				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	26/12/2019 19:03:21 System changed GST Status verified from No to Yes				
Policyholder Mailing Address					
Address 1	35 BRIGHTON AVENUE	Address 2	SINGAPORE 559280	Address 3	
Address 4		Address Type	Singapore address	Post Code	559280
Unit No.		Related Policy Number	5105341549-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/01/1988
Unnamed driver Name	THAN ENG LIANG, SEBASTIAN (Driver NRIC	SXXXX787F	Driving Experience	9
Register Date of Driver License	08/07/2010	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	86662738	Contact No. (Office)	0	Address 3	ACACIA BREEZE @ YISHUN
Address 1	BLK 504D	Address 2	YISHUN STREET 51	Post Code	764504
Address 4	SINGAPORE 764504	Address Type	Singapore address		
Unit No.	12-11B	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
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-MX	Insured Name	ETHOS LIMOUSINE SERVICES	Insured NRIC	53350518J
Contact No. (Mobile)	98325234	Contact No. (Home)		Contact No. (Office)	62894118
Email Address	KCCHOW@SUI.SG	01 Vehicle Number	SLC3114C	TP Vehicle Number	SFB7635R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLC3114C / SFB7635R On 25 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	26/12/2019 19:04	Claim Close Date		Date Received	26/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1077333	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2019 19:05
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:05	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	SAS	Normal	SAS 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 19:04	Photos	Normal	Photos 2019-12-26		
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			