

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05) **NA119121666**

Date In: <b>31/1/19 10:49</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA119121666</b>	SAS e-filing		
Veh No: <b>5JL127A</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A <b>28/12/19 19:35</b>	i-Motor Claim Form	<b>MT11073896-001</b>	<b>31/1/19 11:09</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</u> Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **JCA 638E** 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Driver/Owner:</b>	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
<b>Contact No:</b>	7) N1 : Idac DA + SMRT Survey \$160		
<b>Damaged Portion:</b>	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	QD*		
	*N5: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11) : TP (Non INC) against INC	\$20	
<b>Dat. 1:</b>	9) N12: Idac Mobile	\$0	
<b>Dat. 2 / 3:</b>	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	31/12/2019 10:49
Date Of Accident	28/12/2019 19:35
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1270A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPT MOTORING LLP
Co Reg No	TXXXXX974B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5108483099
Cover Note Number	

### Driver

Name of Driver	TEO CHIN CHUAN
NRIC No	SXXXX412G
Date Of Birth	06/06/1984
Occupation	INDOOR
Date Of Driving Pass	20/08/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90255240
Fax Number	
Contact Number	OFFICE-90255240
Email Address	NOEMAIL

Address	BLK 523 BEDOK NORTH STREET 3 #02-362
Postcode	460523
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 - 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?	YES
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: : PETER YESHWANT ERNEST GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191229/2037.

#### 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	SKH658E
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 TEO CHIN CHUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJZ1270A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name PETER YESHWANT ERNEST

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJZ1270A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode





Date of Accident : 28/12/2019 Accident Time: 193500 (24-HR-Format)  
 Accident Place : KPE towards TPE, Tunnel  
 Vehicle Reg. No. (Car Plate No.) : SJZ1230A  
 Vehicle Make/Model : Kia Forte  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : SPT Motoring LLP 716LL1974  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : ICO CHIN CHUAN 884164126  
 DRIVER'S Date Of Birth : 06/06/1984 DRIVER'S License Pass Date 20/08/2004  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : Blk 523 Bedok North St 3 #02-362 5460523  
 DRIVER'S Contact No. / Alt No. : 1) 90255240 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): 02 \* injuries (female passenger)  
 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: <u>SKH658E</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	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/20191229/2037

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20191229/2037

**CONTINUATION OF REPORT**

Driver			
Name	TEO CHIN CHUAN		ID No. S8416412G
Related Vehicle	SJZ1270A (Car)		Contact No. 90255240
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2019	Date Discharge	29/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Passenger			
Name	PETER YESHWANT ERNEST		ID No. S2733991C
Related Vehicle	SJZ1270A (Car)		Contact No. -
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 29/12/2019 at 1935hrs, I was driving a white car SJZ1270A and was sending my passenger from 388 Ubi Avenue 1 to 630 Pasir Ris Dr 3. I was driving along Kallang Paya Lebar Expressway (KPE) tunnel towards Tampines Expressway (TPE). I was driving at the middle lane of a 3-lane road.

Suddenly, a white car SKH658E hit the right portion of my car. The damages occurred were dented on the right rear portion of my car, front right window was shattered, right side mirror was broken, both doors on the right side was dented, the right rear rim was dented and the rear right side of the tyre burst. I injured my neck due to the impact. My passenger also told me that she felt pain on the stomach.

My passenger called for the police. The police and ambulance came at 1940hrs. The paramedics then made a check on me and I was conveyed conscious to Sengkang General Hospital. I was admitted for one day and received 4 days of MC. I wish to state that I do not have any particulars of the other driver.

I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20191229/2037

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

3 of 3

Report No. T/20191229/2037

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 NORISHAM BIN KAMIZAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2019 14:39
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476090	Classification Of Case:
Authentication Stamp NP168	

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108483099	5108483099-000005	SPT MOTORING LLP	T16LL1974B	GFM	Third Party, Fire & Theft	SJZ1270A	SJZ1270A	29/03/2019	28/03/2020

Continue

Policy Information

Policy No.	5108483099	Policyholder Name	SPT MOTORING LLP	Policyholder NRIC	T16LL1974B
Certificate No.	5108483099-000005				
Address	10 ANG MO KIO INDUSTRIAL PARK 2A #01-08 AMK AUTOPOINT SINGAPORE 568047				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/03/2019	Effective Date	29/03/2019 00:00	Expiry Date	28/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	10 ANG MO KIO INDUSTRIAL PARK	Address 2	#01-08 AMK AUTOPOINT	Address 3	SINGAPORE 568047
Address 4		Address Type	Singapore address	Post Code	568047
Unit No.	01-08	Related Policy Number	5111425485		

Insured Object: 5108483099-000005

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/03/2019 00:00	Basic Information Endorsement	000001287035735	Endorsement Take Effective	Update M2

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1077896

Policy No.	S108483099	Vehicle No.	SJZ1270A	GST Registration No.	
Certificate No.	S108483099-000005				
Policyholder Name	SPT MOTORING LLP			Policyholder NRIC	T16LL1974B
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	31/12/2019 11:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	28/12/2019	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS TPE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
<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	10 ANG MO KIO INDUSTRIAL PV	Address 2	#01-08 AMK ALTOPOINT	Address 3	SINGAPORE 568047
Address 4		Address Type	Singapore address	Post Code	568047
Unit No.	01-08	Related Policy Number	S111425485		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/06/1984
Unnamed driver Name	TEO CHEN CHUAN	Driver NRIC	SXXXX412G	Driving Experience	15
Register Date of Driver License	20/08/2004	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	90255240	Contact No.(Office)	0	Address 3	SINGAPORE 460523
Address 1	BLK 523	Address 2	BEDOK NORTH STREET 3	Post Code	460523
Address 4		Address Type	Singapore address		
Unit No.	02-362				
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		
<b>Modification History</b>					

<b>Claim 001</b> <span style="background-color: #e0e0e0; padding: 2px;">New</span>					
Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="SPT MOTORING LLP"/>	Insured NRIC	<input type="text" value="T16LL1974B"/>
Contact No.(Mobile)	<input type="text" value="98180881"/>	Contact No.(Home)	<input type="text" value=""/>	Contact No.(Office)	<input type="text" value=""/>
Email Address	<input type="text" value=""/>	DI Vehicle Number	<input type="text" value="SJZ1270A"/>	TP Vehicle Number	<input type="text" value="SKH658E"/>
Claimant Type Claimant *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	<input type="text" value="SJZ1270A / SKH658E On 28 Dec 2019"/>				
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>	Name of Preferred Workshop	<input type="text" value=""/>
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="31/12/2019 11:09"/>	Claim Close Date	<input type="text" value=""/>	Date Received	<input type="text" value="31/12/2019 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AX letter					
<b>Save</b> <b>Submit</b>					
<b>Attachment</b>					
▼					
Accident No.	MT/1077896	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/12/2019 11:10		
Path *		Category *		Confidential	Urgency *
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>
<input type="text" value=""/>	<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	SAS	Normal	SAS 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Dec 2019 11:10	Photos	Normal	Photos 2019-12-31	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	