

NATIONAL Assessment Centre Services

Wef: 1 Jan 2003

Date In: 31/1/03 - 14:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000/706/24	SAS e-filing		
Veh No: 5JG9446K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/1/03 - 17:15	i-Motor Claim Form	27/1/03 24:12	31/1/03 19:23
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: 5JG9446K

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

NA2000894

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1

Ref 2/3

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

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1*

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idao 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 a/crossaid.

ACCIDENT STATEMENT

Date Of Report	31/01/2020 19:12
Date Of Accident	24/01/2020 17:45
Exact Location Of Accident	TPE (SLE) BEFORE JALAN KAYU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9946K
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE LTD
Co Reg No	2XXXXX996K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93639889
Alternative Phone No	OFFICE-93639889

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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
Fleet Policy	YES
Policy Number	5112974558
Cover Note Number	

Driver

Name of Driver	WINSON TAN CHIA HAO
NRIC No	SXXXX013A
Date Of Birth	13/11/1993
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87841384
Fax Number	
Contact Number	OFFICE-87841384
Email Address	NOEMAIL

Address	BLK 121A EDGEDALE PLAINS #08-239
Postcode	821121
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	CHAIN COLLISION
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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCU6M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKM989Z

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

WINSON TAN CHIA HAO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJK9946K

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.

X

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

TPB Toward SUE, Before Jalan Kayu Exit

Vehicle A
- SJK 9946K

3

Vehicle B
- SCU 6M

2

Vehicle C
- SKM 989Z

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along TPB toward SUE direction. I was on the extreme right lane.

While driving straight ahead, somewhere before Jalan Kayu exit, due to the heavy traffic the vehicle in front of me joined brake and came to a complete stop, and so I too applied brake to complete stop. When my vehicle almost to stop completely, suddenly I felt a great impact from the rear of my vehicle, which results of being pushed forward and hit onto the rear portion of the vehicle in front.

Alighted from my vehicle and realized it was a vehicle with licence plate, (SCU 6M) that collided to the rear of my vehicle that pushed me forward and hit onto the vehicle in front.

Vehicle A - SJK 9946K

Vehicle B - SCU 6M

Vehicle C - SKM 989Z

DECLARATION

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

8

Policyholder's Signature
Date & Time:



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

M.

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

[Signature]

Vehicle No.	SSK 9946K	Model / Make	HONDA FIT
Date of Accident	24/01/2020		
Time of Accident	1745	HRS	
Location of Accident	TPE Toward SUE Before Jalan Kaya exit.		
Exact purpose use during accident	Working.		
Name of Owner	MUNCHI LEASING PTE LTD		
Telephone No.	H/P: 9363 9889	Home :	Office :
NRIC	2018 3296K		
Address	421 TAYLOR RD AVE, #01-20 Tayore 8 S(787805)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5112974558-000009		
Name of Driver	As Above If <u>No</u> , WINSON TAN CHIA HAO		
NRIC	5934303A	Any Passengers :	2 (1 MALE, 1 FEMALE)
Date of birth	13/11/1993		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	20 JUL 2015		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8784 1354	Home :	Office :
Address	BLK 121A EDGEMOOR PLAINS #08-239 S(821121)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state <u>RENTAL</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If <u>Yes</u> , Who?		
Name And Contact No.	<u>DRIVER ONLY</u> / WINSON TAN CHIA HAO		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SCU 6 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SKM 9892	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	<u>FRONT</u> / <u>REAR</u>		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.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: 5112974558-000009

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJK9946X**
Chassis Number : **GE61075751**
2. Name of Policyholder : **MUNCHI LEASING PTE. LTD.**
3. Effective Date of Insurance : **03 Oct 2019**
4. Expiry Date of Insurance : **02 Oct 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 3 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ASIA CARZ HOLDING PTE. LTD.
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 27 Sep 2019 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC_PAYA_UB1_800601

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

Policy Query

Policy No.	<input type="text" value="5112974558"/>	Date of Accident	<input type="text" value="24/01/2020 17:45"/>
Vehicle No. (For Motor)	<input type="text" value="5JK9946K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NOIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112974558	5112974558-000809	MUNICH LEASING PTE. LTD.	201832996K	GFM	Third Party	5JK9946K	5JK9946K	03/10/2019	02/10/2020

Policy Information

Policy No.	5112974558	Policyholder Name	HUNCHI LEASING PTE. LTD.	Policyholder NRIC	201832996K
Certificate No.	5112974558-000009				
Address	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE 767805				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/09/2019	Effective Date	03/10/2019 00:00	Expiry Date	02/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess	0	OS Premium	7615.73		
Outside Singapore OO Excess		Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVENUE	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 767805
Address 4		Address Type	Singapore address	Post Code	767805
Unit No.	01-20	Related Policy Number	5112974558		

Insured Object: 5112974558-000009

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident-MT/1002452

Policy No.	5112374558	Vehicle No.	5CK9946K	GST Registration No.	
Certificate No.	5112374558-000008				
Policyholder Name	MUNCHI LEADING PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201832994K
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	89426689	Special Remarks		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	
ATN	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Extension(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	31/01/2020 19:22	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/01/2020	Time of Accident (h:mm)	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TPE (SLE) BEFORE SALEM KARY EVGT				

Total Payouts Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	1,380.00
100% OD Excess	0.50	100% TP Excess	
Additional Excess	0	Driver is Covered?	
Total OD Excess Applicable	0.00	Total TP Excess Applicable	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	431 THOMSON INDUSTRIAL AVENUE	Address 2	410-35 TADOKU S	Address 3	SINGAPORE 759805
Address 4		Address Type	Singapore address	Post Code	087608
Unit No.	01-20	Related Policy Number	5112374558		

OT Driver Info

Driver Name	Unmarked Driver	Driver Type	Unmarked Driver	Driver DOB	13/11/1985
Unmarked driver Name	WINSON TAN CHIA HAO	Driver NRIC	S0000015A	Driving Experience	4
Register Date of Driver License	30/07/2015	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	87841384	Contact No.(Office)	0	Address 1	PUNGGOL ROAD
Address 1	BLK 122A	Address 2	5000043 PLAINS	Address 3	
Address 4	SINGAPORE 621131	Address Type	Singapore address	Post Code	621131
Unit No.	0B-239	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **Rev**

Claim Type *	CO-MP	Insured Name	MUNCHI LEADING PTE. LTD.	Insured NRIC	201832994K
Contact No.(Mobile)	81833206	Contact No.(Home)		Contact No.(Office)	0
Email Address		OT vehicle Number	5CK9946K	TP vehicle Number	5CK9946K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	5CK9946K / SCUM On 24 Jan 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GSA report	Received
Accuse Forfeiture	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/01/2020 00:00
Date Reported	31/01/2020 19:22	Claim Close Date			
Report Taken By	Debian				

☒ Print AX letter**Save** **Submit****Attachment**

or

Accident No.	MT/1002452	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	31/01/2020 19:24

Rate *	Category *	Cylinder(s)	Urgency *	Description *
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
	Browser Deal Please Select	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	

Attachment List							Send Message
Attachment	Uploaded By/Date	Category	Y/N	Urgency	Description	Msg Sent (CO)	
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	NAC Driving License	Y	Normal	NAC Driving License 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	NAC Driving License	Y	Normal	NAC Driving License 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	NAC Driving License	Y	Normal	NAC Driving License 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	SAB		Normal	SAB 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
	NAC_PAVA_URL_800601 NATIONAL ASSESSMENT CENTRE SERV(CS) on 31 Jan 2020 19:34	Photos		Normal	Photos 2020-1-31		
Video List							
Uploaded By/Date	Folder Code	File Name		Source	Action		
<div>Drinks in SWA Window</div> <div>Start and recording</div>							