

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05)

NA2002159

Date In: 13/3/20-15:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC2002159/24	SAS e-filing		
Veh No: J6W 6755	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/12-19:02	i-Motor Claim Form	17/3/20 18:01	
OD: (P) 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: JH 87744 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

NA2002159	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idao 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 (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	13/03/2020 15:51
Date Of Accident	07/03/2020 19:00
Exact Location Of Accident	MOULMEIN RD TWDS NEWTON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW6675J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEASE2OWN.SG
Co Reg No	5XXXX207C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67474743

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112951788
Cover Note Number	

### Driver

Name of Driver	PNG SHAO PENG, DAISON (FANG SHAOPING, DAISON)
NRIC No	SXXXX426D
Date Of Birth	15/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94558827
Fax Number	
Contact Number	OFFICE-94558827
Email Address	NOEMAIL

Address	BLK 201D COMPASSVALE DRIVE #05-563
Postcode	544201
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	WET

#### 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?	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	SHB774U
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ON KOK SIN
NRIC/Passport Number	SXXXX554H
Contact Number	81891137
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PNG SHAO PENG, DAISON (FANG SHAOPING, DAISON)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGW6675J

YES

NO

SKETCH PLAN

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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:





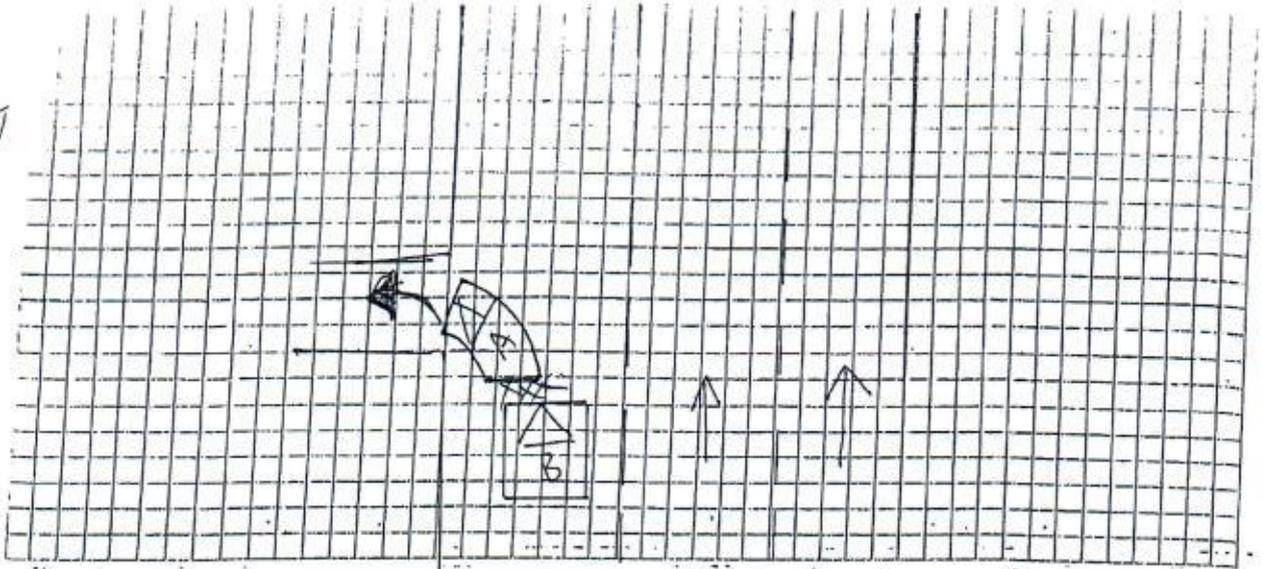
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Veh A  
SLW 6675J

Veh B  
SHB 774U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *wouldmain Road towards Newton*

ON The stated Time and Date

I was travelling my vehicle bearing car plate SLW.6675J along *wouldmain*  
*Road Towards Newton on Lane 3. While I was Turning In to ST Resistance Novena*  
a vehicle bearing car plate SHB 774 U was collided onto my rear. I wish  
to state that I felt unwell and consult a doctor and given 2 days MC.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's  
Date & Time:



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

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

Date of Accident : 7/03/2020 Accident Time: 19 00 (24-HR-Format)  
 Accident Place : Moulmein Road Towards Newton  
 Vehicle Reg. No. (Car Plate No.) : SGW 6675 J  
 Vehicle Make/Model : Toyota vios  
 Insurance Company : NTUC Policy No. 5105286918  
 Owner or Company Name /IC No. : Allumforming. SG  
 Owner or Company Contact No. : 6747 4743 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Daimon Png Shao Peng 581344260  
 DRIVER'S Date Of Birth : 15-10-1981 DRIVER'S License Pass Date 22/11/2004  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \  Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 201D Compassvale Drive # 05-563 SG 544701.  
 DRIVER'S Contact No./ Alt No. : 1) 9455 8827 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 1 male 2 days mc.  
 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>SHB 774 U</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota Prius</u>	Vehicle Make/Model: _____
Name Driver: <u>ON Kdc sin</u>	Name Driver: _____
IC No. Driver: <u>5793554 H</u>	IC No. Driver: _____
Driver's Contact & Add: <u>8189 1137</u>	Driver's Contact & Add: _____

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5112951788-000003

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGW6675J**  
 Chassis Number : MR053HY9305015790
2. Name of Policyholder : LEASE2OWN.SG
3. Effective Date of Insurance : 27 Sep 2019
4. Expiry Date of Insurance : 26 Sep 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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI 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 : TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue : 27 Sep 2019 12:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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"/>	5112951788	5112951788-000003	LEASE2OWN.SG	53387207C	GFM	drive CLASSIC	SGW6675J	SGW6675J	27/09/2019	26/09/2020

Continue

▼ Policy Information

Policy No.	5112951788	Policyholder Name	LEASE2OWN.SG	Policyholder NRIC	53387207C
Certificate No.	5112951788-000003				
Address	10 LORONG AMPAS #14-05 D'LOTUS SINGAPORE 328784				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/09/2019	Effective Date	27/09/2019 00:00	Expiry Date	26/09/2020 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	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 LORONG AMPAS	Address 2	#14-05 D'LOTUS	Address 3	SINGAPORE 328784
Address 4		Address Type	Singapore address	Post Code	328784
Unit No.	14-05	Related Policy Number	5112950772		

▶ Insured Object: 5112951788-000003

▼ Endorsements

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

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

**Claim Handling**

Accident MT/1088158

Policy No.	S112951788	Vehicle No.	SGW6675J	GST Registration No.	
Certificate No.	S112951788-000003				
Policyholder Name	LEASE2OWN.SG			Policyholder NRIC	S3387207C
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67474743	Contact No.(Home)	0
Email Address		Special Remark		eCode	FI
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

**Accident Details**

Report Date	13/03/2020 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/03/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOULMEIN RD TWDS NEWTON				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OO Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OO Excess Applicable	2000.00	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	10 LORONG AMPAS	Address 2	#14-05 D'LOTUS	Address 3	SINGAPORE 328784
Address 4		Address Type	Singapore address	Post Code	328784
Unit No.	14-05	Related Policy Number	S112950772		

**Of Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/10/1981
Unnamed driver name	ING SHAO PENG, DAISON (FAN)	Driver NRIC	S000K426D	Driving Experience	15
Register Date of Driver License	22/11/2004	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	94558827	Contact No.(Office)	0	Address 3	SINGAPORE 544201
Address 1	BLK 201D	Address 2	COMPASSVALE DRIVE	Post Code	544201
Address 4		Address Type	Singapore address		
Unit No.	05-563				
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
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Modification History

Claim 001 **Next**

Claim Type *	OD-MX	Insured Name	LEASE2OWN.SG	Insured NRIC	S3387207C	
Contact No.(Mobile)	94540566	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OJ Vehicle Number	SGW6675J	TP Vehicle Number	SHB774U	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SGW6675J / SHB774U ON 7 Mar 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/03/2020 18:01	Claim Close Date		Date Received	13/03/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1088158	Claim No.	001
Last Dec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2020 18:02

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Message Load

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (DD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:02	SAS		Normal	SAS 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:02	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:02	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:02	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Mar 2020 18:01	Photos		Normal	Photos 2020-3-13	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actor
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Display in New Window

Scan and uploading