

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MLA/18024804-01

Date In: 20/1/18 - 20:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC8003251/24	SAS e-filing		
Veh No: JA616B	E-mail (within 5hrs, AIC 2hrs)	NA	
D.O.A: 16/12/17 - 10:30	i-Motor Claim Form	17/0979005	20/1/18 21:21
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: JK42393E

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

NA801064

## Invoice Preparation Checklist

Am't (\$)

Inc Bill

Am't (\$)

Add Bill

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

ON:

- \*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: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors Comments:

Lat 1:

Lat 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 ability.
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	20/02/2018 20:25
Date Of Accident	16/12/2017 10:30
Exact Location Of Accident	ALONG LUXUS HILL AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA616B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KIAN KEONG
NRIC No	S7535867I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98433727
Alternative Phone No	OFFICE-98433727

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
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	REPORTING ONLY
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	5088240443
Cover Note Number	

### Driver

Name of Driver	ANG KIAN KEONG (HONG JIANQIANG)
NRIC No	S7535867I
Date Of Birth	24/11/1975
Occupation	INDOOR
Date Of Driving Pass	01/01/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98433727
Fax Number	
Contact Number	OFFICE-98433727
EMail Address	NOEMAIL

Address	BLK 185D RIVERVALE CRESCENT #04-145
Postcode	544185
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SKH2393E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.



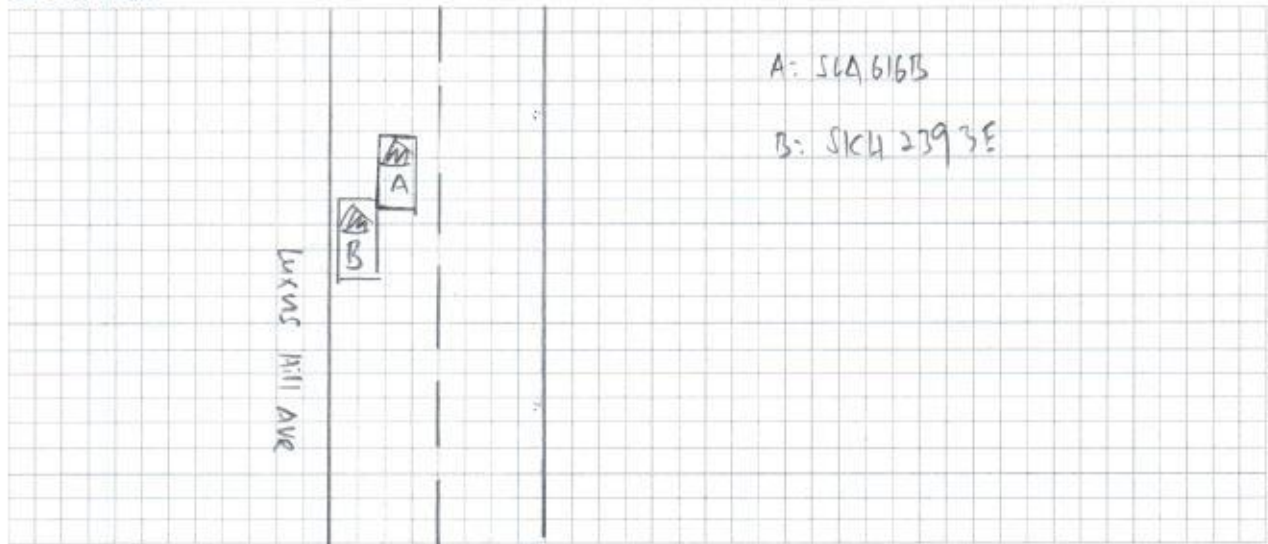
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was travelling along Luxus Hill Ave.

I did not notice that I hit onto vehicle B front right portion. After the incident, I received a police letter ~~from~~ ~~to~~ stated that I hit onto vehicle B.

## DECLARATION

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

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 12 / 17 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)

LOCATION: Along Lums Hill Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 616B  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 508824443  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Ang Kian Keong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57538671 CONTACT: 98433727  
c) ADDRESS: Blk 185D Rivervale Cres Apt 204-143 CS 44185

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 24 / 11 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: driver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 2393E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of  
passenger  
(including d  
(1))

\* No of pass  
(including d  
(-))

\* No of pass  
(including d  
(-))

Email = angkiankeong@hotmail.com  
fax = \_\_\_\_\_

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA18024804 Vehicle Registration No: SLA 616B  
Name (as shown in NRIC) : Ang Kian Kong (Long Jangking) NRIC/FIN/Passport No : S75358671  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk B5D Rivervale Crescent #04-145 Singapore (54485)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98433727  
Email Address : \_\_\_\_\_  
Date of Accident : ~~16/12/17~~ 16/12/17 Time of Accident : 10:30  
Place of Accident : Along Luxus Hill Ave  
Insurance Company : NTJC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident (16/12/17)

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S75358671



Name



ANG KIAN KEONG  
(HONG JIANQIANG)  
洪建强

Race  
CHINESE

Date of Birth  
24-11-1975

Country of Birth  
SINGAPORE

Sex  
M

S75358671

0576660



NRIC No S75358671



Blood Group Date of issue  
B+ 06-10-1992

APT DUA 1600 RIVERVALE CRESCENT #04-145

NRIC No S75358671 Date: 05-01-2000 No: S255033





**SINGAPORE  
POLICE FORCE**



G/20180220/2020

1 of 2

**POLICE REPORT (NP322)**

Report No. G/20180220/2020

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 20/02/2018 09:49	Vide Report No.	Station Diary No. 25		
Name Of Informant ANG KIAN KEONG	Address APT BLK 185D RIVERVALE CRESCENT #04-145 SINGAPORE 544185			
ID Type / ID No. NRIC NO / S75358671	Contact No. Home/Office	Mobile 98433727		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation IT MANAGER	Sex Male	Age 42	Date of Birth 24/11/1975	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 13/02/2018 12:00	Location Of Incident 185D RIVERVALE CRESCENT RIVERVALE GATEWAY SINGAPORE 544185			

**Brief details.**

On the above mentioned date,time, and location, I discovered the below mentioned items missing. I searched the vicinity but to no avail. I hereby lodge this report for record purpose.

**Property Information**

Signature Of Officer Recording The Report:  
WISAT (2) Ahsifah  
G / Sgt 2 MUHAMMAD KASYIDI BIN KADIR AS

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Pasir Ris N.P.C /  
Sr Staff Sgt CHEOK CHEONG  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
20/02/2018 09:49

Classification Of Case:

Authentication Stamp



EUPO hotline number: 68429645



**SINGAPORE  
POLICE FORCE**



G/20180220/2020

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180220/2020

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Driving License	Lost			S753586 71	1		One Driving license belonging to Ang Kian Keong

Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMMAD KASYIDI BIN KADIR

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Pasir Ris N.P.C /  
Sr Staff Sgt CHEOK CHEONG  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
20/02/2018 09:49

Classification Of Case:

Authentication Stamp



EUPO hotline number: 68429645



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088240443	ANG KIAN KEONG	S7535867I	GPC	drivo CLASSIC	SLA616B	SLA616B	27/02/2017	25/02/2018

Exit

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0979005

Policy No.	SOB240443	Vehicle No.	SLA616B	GST Registration No.	
Policyholder Name	ANG KIAN KEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S7535671
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	*Code	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	*Code Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	23/01/2018 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	16/12/2017	Time of Accident hh:mm	22:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BETWEEN 08-10 LUXUS HILL AVE UNIT				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<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	BLK 185D #04-145	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE S44185
Address 4		Address Type	Singapore address	Post Code	S44185
Unit No.	04-145	Related Policy Number	SOB240443		
<b>O1 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002

Next

Claim Type *	OD-MX	Insured Name	ANG KIAN KEONG	Insured NRIC	S7535671
Contact No.(Mobile)	89433727	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLA616B	TP Vehicle Number	SKH2393E
Claim Description	SLA616B / SKH2393E ON 16 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/02/2018 21:31	Claim Close Date		Date Received	20/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0979005	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2018 21:32
Path *		Category *	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
<input type="checkbox"/> Send Message Upload			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	SAS	Normal	SAS 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2018 21:31	Photos	Normal	Photos 2018-2-20	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				