

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA118055199

Date In: 26/4/18 - 18:06	Job description	Date & Time Completed	Done by
Ref No: NA118007741/24	SAS e-filing		
Veh No: AV8610M	E-mail (within Shrs, AIC 2hrs)		
D.O.A.: 25/4/18 - 15:00	i-Motor Claim Form	MT/0992035-001	26/4/18 18:33
OD: <input checked="" type="radio"/> 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: SFC6886J	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA1802641	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n 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 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	26/04/2018 18:06
Date Of Accident	25/04/2018 15:00
Exact Location Of Accident	ALONG BUKIT TIMAH RD BESIDE ESSO PETROL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV8610M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOS BATTERY RECOVERY SPECIALIST
Co Reg No	53154772L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82036666
Alternative Phone No	OFFICE-82036666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5052244975-06
Cover Note Number	

### Driver

Name of Driver	LOW CHEE KIONG
Passport No/FIN	G7905189L
Date Of Birth	05/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82036669
Fax Number	
Contact Number	OFFICE-82036669
EMail Address	NOEMAIL

Address	73 MACKENZIE ROAD #00-05
Postcode	228729
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 involved in the accident	2
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONE LANE 3 BUKIT TIMAH RD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 TRYING TRYING CUT ONTO MY LANE RESULTING MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

#### 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	SFC6886J
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)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

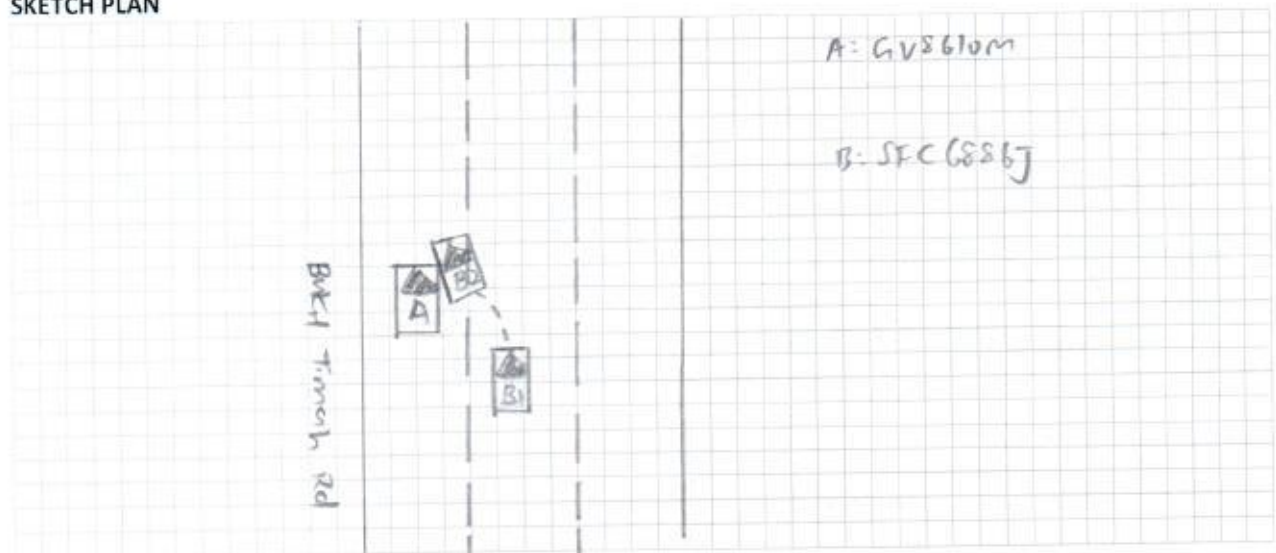


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

## 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: (25 / 4 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Bukit Timah Rd beside Esso petrol station.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6V8610M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5057244935-06  
 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: working  
 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: SOS Battery Recovery Specialist (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53154772L CONTACT:  
 c) ADDRESS:

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

## 3. DRIVER

- a) NAME: Low Choo Keng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 67905189L CONTACT: 82036669  
 c) ADDRESS:

\*d) DATE OF BIRTH: (5 / 12 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/10/2017

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

## 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: JFC6886J 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)  
( )

\* No of passenger  
(including d)  
( )

\* No of passenger  
(including d)  
( )

Email =

fax =



## WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

**SOS BATTERY RECOVERY SPECIALIST**

Sector: **SERVICE**

Name

**LOW CHEE KIONG**

Occupation

**MOTOR VEHICLE MECHANIC**



Work Permit No.  
**4 02274514**

Date of Application

**06-07-2017**

Date of Issue

**06-07-2017**

Date of Expiry

**03-06-2018**



**L8096343**

**VISIT PASS**  
Immigration Regulations

Name

**LOW CHEE KIONG**



Date of Birth

**05-12-1984**

FIN

**G7905189L**

Sex

**M**

Date of Issue

**06-07-2017**

Nationality

**MALAYSIAN**

Date of Expiry

**03-06-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7905189L**

Nation:

**LOW CHEE KIONG**

Birth Date: **05 Dec 1984**

Issue Date: **28 Sep 2015**

Valid Till: **27-09-2020**

002477223G

SG 50

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
C	Class 2B	Motorcycles <= 200 cc
C	Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2000 kg
3		31 Jul 2016
C		25 Oct 2017

S / No. 9000274910

G7905189L

NP 428A

Licence No: G7905189L

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

25/04/2018 15:00

Vehicle No. (For Motor)

GV8610M

Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052244975-06	SOS BATTERY RECOVERY SPECIALIST	53154772L	GCV	Third Party	GV8610M	GV8610M	03/12/2017	02/12/2018

 **Policy Information**

Policy No.	5052244975-06	Policyholder Name	SOS BATTERY RECOVERY SPEC1	Policyholder NRIC	53154772L
Address	73 MACKENZIE ROAD UNIT 5 MACKENZIE USED CAR CENTRE SINGAPORE 228729				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/11/2017	Effective Date	03/12/2017 00:00	Expiry Date	02/12/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	HUANG GUOQING TERRY	Agent Tel.	91278514	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 **Policyholder Mailing Address**

Address 1	73 MACKENZIE ROAD UNIT 5	Address 2	MACKENZIE USED CAR CENTRE	Address 3	SINGAPORE 228729
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.		Related Policy Number	5052244975-06		

 **Insured Object: GV8610M**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Exit

## Claim Handling

Accident MT/0992035

Policy No.	S052244975-06	Vehicle No.	GV8610M	GST Registration No.	
Policyholder Name	SOS BATTERY RECOVERY SPECIALIST	Cover Type	Third Party	Policyholder NRIC	53154772L
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82036666	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KF#	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	26/04/2018 18:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/04/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT TIMAH RD BESIDE ESSO PETROL STATION				

**Benefits**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	73 HACKENZIE ROAD UNIT 5	Address 2	MACKENZIE USED CAR CENTRE	Address 3	SINGAPORE 128729
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.		Related Policy Number	S052244975-06		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/12/1984
Unnamed driver Name	LOW CHEE-KIONG	Driver NRIC	G7905189L	Driving Experience	0
Register Date of Driver License	25/10/2017	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	82036666	Contact No.(Office)	0	Address 1	
Address 1	73 HACKENZIE ROAD	Address 2	SINGAPORE 128729	Address 3	
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.	00-05				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 New

Claim Type *	DD-MX	Insured Name	SOS BATTERY RECOVERY SPEC	Insured NRIC	53154772L
Contact No.(Mobile)	93856995	Contact No.(Home)		Contact No.(Office)	62565505
Email Address	SOSBATTERYSPECIALIST@YAH	OT Vehicle Number	GV8610M	TP Vehicle Number	SFC68663
Claim Description	GV8610M / SFC68663 ON 25 Apr 2018				
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	26/04/2018 18:33	Claim Close Date		Date Received	26/04/2018 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

## Attachment

Accident No.	MT/0992035	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/04/2018 18:34

Path *	Browse...	Clear	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	

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	SAS		Normal	SAS 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:34	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Apr 2018 18:33	Photos		Normal	Photos 2018-4-26		<a href="#">Edit</a>
<b>Video List</b>							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							