

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA118057 399**

Date In: <b>2/5/18 - 17:05</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC1800804V/24</b>	SAS e-filing		
Veh No: <b>SH293821</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>2/5/18 - 08:15</b>	i-Motor Claim Form	<b>MT/099274-001</b>	<b>2/5/18 19:02</b>
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: <b>6DA47570</b>	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

<b>NA1802733</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
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 (Non INC) against INC \$20		
	9) N12: Idac 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	02/05/2018 17:05
Date Of Accident	02/05/2018 08:15
Exact Location Of Accident	JUNC KRANJI RD & KRANJI LOOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9382T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHIN MENG
NRIC No	S8224826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91195647
Alternative Phone No	OFFICE-91195647

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	5096080880
Cover Note Number	

### Driver

Name of Driver	ONG CHIN MENG (WANG ZHENMING)
NRIC No	S8224826I
Date Of Birth	09/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91195647
Fax Number	
Contact Number	OFFICE-91195647
Email Address	NOEMAIL

Address	BLK 470C UPPER SERANGOON CRESCENT #04-352
Postcode	533470
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	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, VEHICLE B WAS ALONG LANE 2 (MORE ON THE LEFT) MAKING A TURN FROM KRANJI RD TWDS KRANJI LOOP. I WAS MAKING A LEFT TURN FROM KRANJI ROAD TWDS KRANJI LOOP (MORE ON THE RIGHT) OF LANE 2. MY VEHICLE ACCIDENTALLY TOUCH VEHICLE B REAR RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4757U
Vehicle Make/Model/Colour	FIAT DOBLO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMED IZAM
NRIC/Passport Number	
Contact Number	92391659
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:

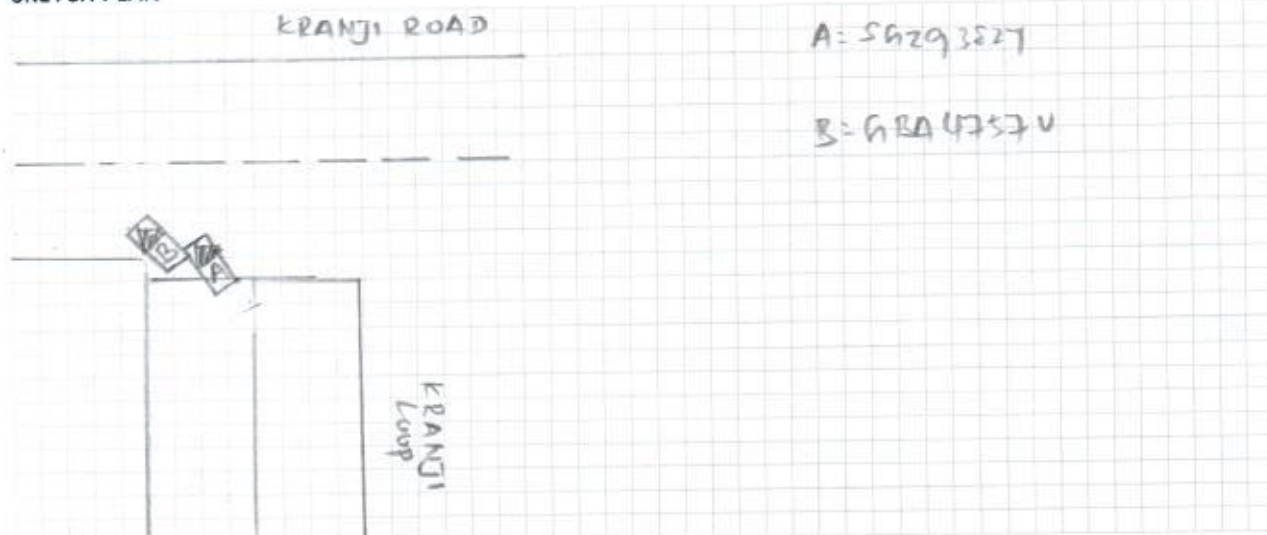
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

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: 02 / 05 / 2018 (DD/MM/YYYY), TIME: 08 : 16 (HH:MM)

LOCATION: Kranji Loop

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG2 9382 T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
e) MAKE & MODEL: TOYOTA AIO  
f) TYPE: [SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]  
g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: ONG CHIN MENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8224826 I CONTACT: 91195647  
c) ADDRESS: 470C UPPER SERANGOON CRESCENT

\* 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: 09 / 08 / 1982 (DD/MM/YYYY)

e) OCCUPATION: [INDOOR / OUTDOOR]

f) YEARS OF DRIVING EXPERIENCE: 1 year 6 months

## 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: GBA 4757 U MODEL: FIAT Doblo

b) DRIVER'S NAME: Mohammed Izam

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9239 1659

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of  
passenger  
(including d  
( ))

\* No of pass  
(including d  
( ))

\* No of pass  
(including d  
( ))

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S82248261**

Name: **ONG CHIN MENG (WANG ZHENMING)**

Birth Date: **09 Aug 1982**

Issue Date: **07 Feb 2017**

002654453E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S82248261**

Name: **ONG CHIN MENG (WANG ZHENMING)**

王振明

Race: **CHINESE**

Date of birth: **09-08-1982** Sex: **M**

Country of birth: **SINGAPORE**

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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **07 Feb 2017**



NP 42RA

4594532

Barcode

NRIC No: **S82248261**

Date of issue: **14-06-2010**

APT BLK 470C UPPER SERANGOON CRESCENT #04-352  
SINGAPORE 533470

NRIC No: **S82248261** Date: **03/06/2016**

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/05/2018 08:15"/>						
Vehicle No. (For Motor)	<input type="text" value="SGZ9382T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096080880	ONG CHIN MENG	S82248261	GPC	drive CLASSIC	SGZ9382T	SGZ9382T	21/11/2017	22/11/2018
<input type="button" value="Continue"/>									

 **Policy Information**

Policy No.	5096080880	Policyholder Name	ONG CHIN MENG	Policyholder NRIC	S82248261
Address	BLK 470C #04-352 UPPER SERANGOON CRESCENT HOUGANG PARKVIEW SINGAPORE 533470				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/11/2017	Effective Date	21/11/2017 00:00	Expiry Date	22/11/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	<div style="border: 1px solid black; padding: 2px;">Young/Inexperience Driver Excess</div>	
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 470C #04-352	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW
Address 4	SINGAPORE 533470	Address Type	Singapore address	Post Code	533470
Unit No.	04-352	Related Policy Number	5096080880		

 **Insured Object: SGZ9382T**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="display: inline-block; margin-right: 10px;">Continue</div> <div>Cancel</div>				

## Claim Handling

EXIT

Accident MT/0992714

Policy No.	509608880	Vehicle No.	SGZ9382T	GST Registration No.	
Policyholder Name	ONG CHIN MENG	Cover Type	drive CLASSIC	Policyholder NRIC	582248261
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91195647	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

→ **Accident Details**

Report Date	02/05/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/05/2018	Time of Accident (hh:mm)	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG KRANJI RD & KRANJI LOOP				

→ **Benefits**

→ **Excess**

Own damage Excess	600.00	Additional Excess	0	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		

→ **GST Registered Information**

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

→ **Policyholder Mailing Address**

Address 1	BLK 470C #04-352	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUANG PARKVIEW
Address 4	SINGAPORE 533470	Address Type	Singapore address	Post Code	533470
Unit No.	04-352	Related Policy Number	509608880		

→ **Of Driver Info**

Driver Name	ONG CHIN MENG (WANG ZHEMING)	Driver Type	Main Driver	Driver DOB	09/08/1962
Unnamed driver Name		Driver NRIC	582248261	Driving Experience	1
Register Date of Driver License	07/02/2017	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	91195647	Contact No.(Office)	0	Address 3	HOUANG PARKVIEW
Address 1	BLK 470C	Address 2	UPPER SERANGOON CRESCENT	Post Code	533470
Address 4	SINGAPORE 533470	Address Type	Singapore address		
Unit No.	04-352				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG CHIN MENG	Insured NRIC	582248261
Contact No.(Mobile)	91195647	Contact No.(Home)	02524285	Contact No.(Office)	
Email Address		Of vehicle Number	SGZ9382T	TP Vehicle Number	GRA4757U
Claim Description	SGZ9382T / GRA4757U ON 2 May 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	02/05/2018 19:02	Claim Close Date		Date Received	02/05/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0992714	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2018 19:04

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	Normal	
	Browse...	Clear	Please Select	<input type="radio"/> Y <input type="radio"/> N	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 02 May 2018 19:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:04	BAS	Normal	SAS 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:03	Photos	Normal	Photos 2018-5-2		<a href="#">Edit</a>

[Video List](#)

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