

# NATIONAL Assessment Centre Services (wef 1 Jan'05) **MA118057360**

Date In: <b>2/5/18-15:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18008052/24</b>	SAS e-filing		
Veh No: <b>PA6724K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>30/4/18-04:55</b>	i-Motor Claim Form	<b>MT10992441-002</b>	<b>2/5/18 19:46</b>
OD: <b>TP</b> 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>SHD215U</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>NA1802736</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) Int Bill	Amt (\$) 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:-		
	OD*		
	*N5: Courtesy Car / Tpl 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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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 02/05/2018 15:15  
 Date Of Accident 30/04/2018 04:55  
 Exact Location Of Accident ALONG AIRPORT BLVD TWDS T4  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PA6724K  
**Insured/Policyholder**  
 Name Of Registered Owner RZ TRANSPORT  
 Co Reg No 53325213W  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91907907  
 Alternative Phone No OFFICE-91907907

### Vehicle Particulars

Manufacturer TOYOTA  
 Model REGIUS ACE 2.5 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 BUS

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5076553999-02  
 Cover Note Number

### Driver

Name of Driver MUHAMMAD SYAFI'EE BIN MOHAMED ZAINI  
 NRIC No S9425071D  
 Date Of Birth 20/07/1994  
 Occupation INDOOR  
 Date Of Driving Pass 27/08/2015  
 Driving Experience 2 YEARS AND 8 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91157990  
 Fax Number  
 Contact Number OFFICE-91157990  
 Email Address NOEMAIL

Address	BLK 513 BEDOK NORTH AVENUE 2 #02-257
Postcode	460513
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

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	SHD2125U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

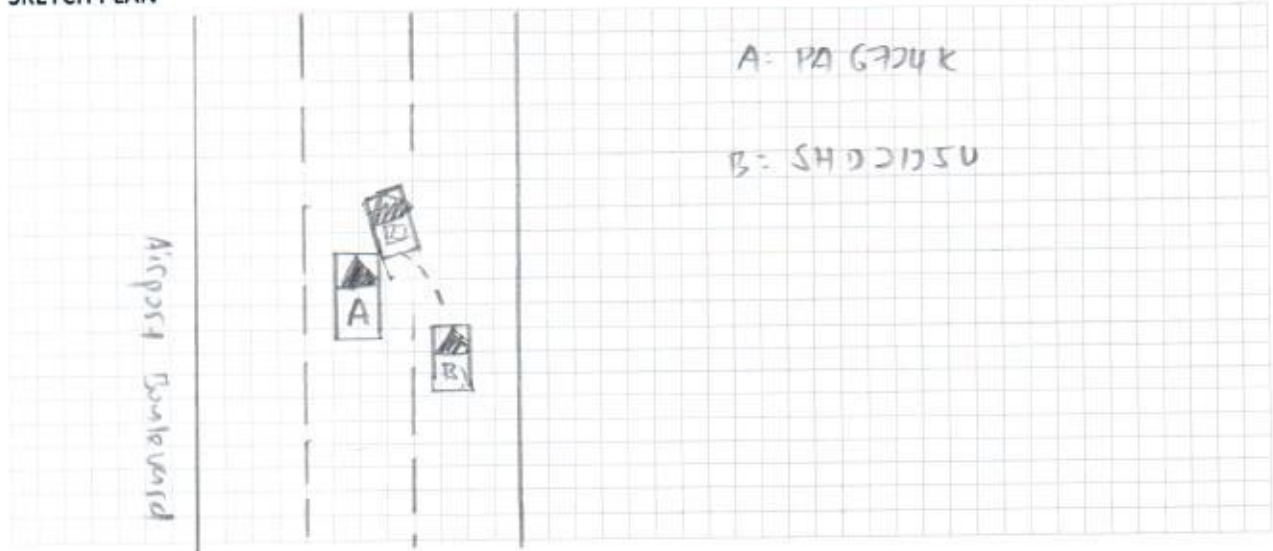


Policyholder's Signature  
Date & Time:

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

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.:

ON TUESDAY, 30<sup>th</sup> APRIL 2018, @ about 0455Hrs, I WAS DRIVING  
PA 6724K, DROPPING OFF PASSENGER @ T1. AFTER THAT, I MOVE OFF  
TO THE NEXT POINT WHICH IS T4. AS I WAS TRAVELLING ~~HA~~ TOWARDS  
T4 <sup>AT</sup> 40km/hr, A TAXI SHD 2125U WHICH ON MY RIGHT. Suddenly  
SWIFT INTO MY LANE. BECAUSE THE TAXI WAS TOO NEAR, I COULD NOT  
~~BREA~~ BRAKE ON TIME AND HIT THE LEFT SIDE OF THE TAXI. I ASSUME  
THAT THE TAXI DO SO BECAUSE HE WANTED TO MAKE A U-TURN  
TO T2. WHICH IS ON THE EXTREME LEFT LANE. THATS ALL

# ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 4 / 18 (DD/MM/YYYY), TIME: 04 : 35 (HH:MM)

LOCATION: Along Airport Blvd twds T4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 6724K  
 b) INSURANCE COMPANY: NTOL  
 c) POLICY NUMBER: 5076553999-02  
 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: R2 Transport (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53355213W CONTACT: 91957907  
 c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: Muhammad Syafiq Bin Mohamed Zaki (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S94350710 CONTACT: 91157990  
 c) ADDRESS: Blk 513 Bedok North Ave 2 #02-257 (460513)

\*d) DATE OF BIRTH: 20 / 7 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 / 11 / 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: CHD2125U 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 passenger (including d) (—)

\* No of passenger (including d) (—)

Email = athisyafiq@hotmail.com / rashid@r2transport  
rashid.r2transport@gmail.com  
 fax = \_\_\_\_\_



# VOCATIONAL LICENCE

Licence No: S9425071D

Name: MUHAMMAD SYAFIEE BIN MOHAMED ZAINI

Card Issue Date: 03/11/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



Licence Number: S9425071D

Name:

MUHAMMAD SYAFIEE BIN MOHAMED ZAINI

Birth Date: 20 Jul 1994

Issue Date: 27 Aug 2015



Name:

MUHAMMAD SYAFIEE BIN MOHAMED ZAINI

محمد شافعي بن محمد زيني

Race:

BOYANESE

Date of birth:

20-07-1994

Sex:

M

Country of birth:

SINGAPORE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	03/11/2017
04	BUS ATTENDANT	03/11/2017



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B  
Class 2A  
Class 3

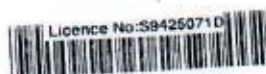
Motorcycles up to 200 CC  
Motorcycles between 201 CC and 400 CC  
Motor cars up to 1000 kg with not more than 7 passengers, exclusive of the driver, and motor tricycles up to 450 kg

07 Mar 2016  
18 Sep 2017  
27 Aug 2015

15

S / No. 9000273651

S9425071D



NP 428A

4784003



NRIC No: S9425071D



Date of issue:

18-10-2011

Address:

APT BLK 513 BEDOK NORTH AVENUE 2  
#02-257  
SINGAPORE 460513

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

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"/>	5076553999-02	RZ TRANSPORT	53325213W	GBS	Third Party, Fire & Theft	PA6724K	PA6724K	29/12/2017	28/12/2018

## Policy Information

Policy No.	5076553999-02	Policyholder Name	RZ TRANSPORT	Policyholder NRIC	53325213W
Address	BLK 8 #14-4088 NORTH BRIDGE ROAD SINGAPORE 190008				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/11/2017	Effective Date	29/12/2017 00:00	Expiry Date	28/12/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 8 #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190008
Address 4		Address Type	Singapore address	Post Code	190008
Unit No.	14-4088	Related Policy Number	5087974968-01		

Insured Object: PA6724K

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Exit

## Claim Handling

Accident MT/0992441

Policy No.	5076553999-00	Vehicle No.	PA6724K	GST Registration No.	
Policyholder Name	RZ TRANSPORT			Policyholder NRIC	53325213W
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	N/A	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
WP	<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(%)	15	Private Hire	Not available
<b>Accident Details</b>					
Report Date	30/04/2018 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/04/2018	Time of Accident (H:mm)	06:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT BOULEVARD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	02/05/2018 11:38:27 Nur Shahrin Hassan changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK B #14-4088	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190008
Address 4		Address Type	Singapore address	Post Code	190008
Unit No.	14-4088	Related Policy Number	5087974968-01		

## OI Driver Info

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 New

Claim Type *	DO-MX	Insured Name	RZ TRANSPORT	Insured NRIC	53325213W
Contact No.(Mobile)		Contact No.(Home)	N/A	Contact No.(Office)	
Email Address		OI Vehicle Number	PA6724K	TP Vehicle Number	SHD2125U
Claim Description	PA6724K / SHD2125U ON 30 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	02/05/2018 19:46	Claim Close Date		Date Received	02/05/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/0992441	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2018 19:47		
Path *		Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div><input type="checkbox"/> Send Message <input type="button" value="Upload"/></div>					

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CD)
------------	------------------	----------	---------	-------------	-----------------------

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma

	y 2018 19:47		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:47		SAS	Normal	SAS 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46		Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
<b>Video List</b>						
	Uploaded By/Date	Folder Date	File Name		Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>						