

# NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA118060576

Date In: 9/8/18-16:23	Job description	Date & Time Completed	Done by
Ref No: NA118060576/24	SAS e-filing		
Veh No: 6X43002	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/5/18-17:40	i-Motor Claim Form	M1099374-001	9/5/18 19:11
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: 6BF70964	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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA1802954	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc 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:-		
	QJ*		
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		
At 1:	TP (N11): TP (Non INC) against INC \$20		
At 2 / 3:	9) N12: Idac 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 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	09/05/2018 16:23
Date Of Accident	08/05/2018 17:40
Exact Location Of Accident	BLK 490 JURONG WEST AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4300Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACEY ELECTRICAL AND PLUMBING SERVICE
Co Reg No	52935729A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088137914
Cover Note Number	

### Driver

Name of Driver	RAVINDRAN S/O CHANDRAN
NRIC No	S1823462I
Date Of Birth	22/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93898014
Fax Number	
Contact Number	OFFICE-93898014
EMail Address	NOEMAIL

Address	BLK 748 WOODLANDS CIRCLE #04-504
Postcode	730748
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	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

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 Witness 1

Name	OW KENG LAM
Phone Number	88339101
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7096Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MASILAMANI DHANA PANI
NRIC/Passport Number	G3014760Q
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.
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.

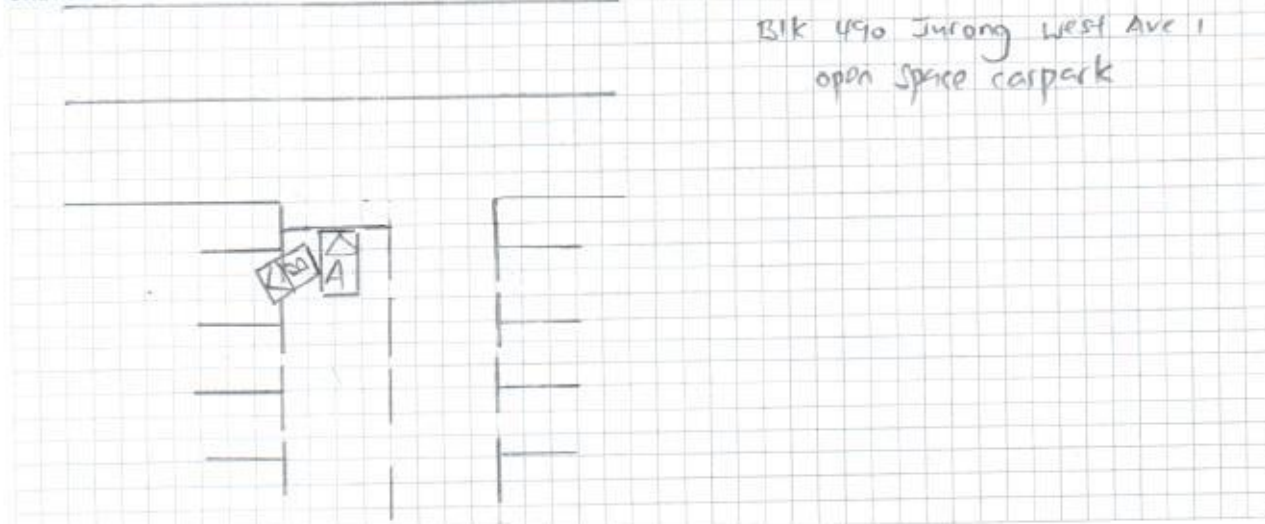


Policyholder's Signature  
Date & Time:

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 STATED DATE AND TIME, I WAS TURNING OUT FROM BLK 490 JURONG WEST AVE 1 OPEN SPACE CARPARK. SUDDENLY VEHICLE B REVERSING FROM A PARKING LOT AND HIT ONTO MY VEHICLE REAR LEFT PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: 8 / 5 / 18 (DD/MM/YYYY), TIME: 17 : 40 (HH:MM)

LOCATION: Blk 490 Jurong West Ave 1 open space carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6X43002  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5088137914  
 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: Jacey Electrical And Plumbing Service (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 52935729A CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: Ravindran S/o Chandran (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S18234622 CONTACT: 93898014  
 c) ADDRESS: Blk 742 Woodlands Circle #04-504 (730748)

\*d) DATE OF BIRTH: 22 / 8 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/11/200

## 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: GBF 70964 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Masikmani Dhana Puri  
 c) NRIC/FIN/PASSPORT: G30143600 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Witness: ow Keng Lam  
88339101

email =

fax =

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

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

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S18234621



Name

RAVINDRAN S/O CHANDRAN

Race

INDIAN

Date of birth

22-08-1966

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S18234621

Name

RAVINDRAN S/O CHANDRAN

Birth Date 22 Aug 1966

Issue Date 24 Nov 2010



0019J3776D

5568048



NRIC No. S18234621



Date of issue

01-03-2016

Address

APT BLK 748 WOODLANDS CIRCLE  
#04-504  
SINGAPORE 730748

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 24 Nov 2010



Licence No: S18234621

NP 428A

eBaoTech

General Claim

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"/>	5088137914	JACEY ELECTRICAL AND PLUMBING SERVICE	52935729A	GCV	Third Party, Fire & Theft	GX4300Z	GX4300Z	22/02/2017	09/05/2018



## Policy Information

Policy No.	5088137914	Policyholder Name	JACEY ELECTRICAL AND PLUMB	Policyholder NRIC	52935729A
Address	BLK 748 #04-504 WOODLANDS CIRCLE SINGAPORE 730748				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/02/2017	Effective Date	22/02/2017 00:00	Expiry Date	09/05/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	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	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 748 #04-504	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730748
Address 4		Address Type	Singapore address	Post Code	730748
Unit No.	04-504	Related Policy Number	5088137914-01		

## Insured Object: GX4300Z

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/02/2017 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We note that you have not cancelled your insurance policy with your previous insurer. Hence, we are unable to accord you the NCD of 20% in your policy with us. In view of the reduction of NCD, an additional premium of \$302.78 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	22/02/2017 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We would like to inform you that from 22 Feb 2017, you are entitled to 20% NCD under your policy. After the NCD adjustment, the revised premium is \$1,211.11(inclusive of GST). Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue</p>

Exit

## Claim Handling

Accident MT/0993714

Policy No.	5086137914	Vehicle No.	GX4300Z	GST Registration No.	
Policyholder Name	JACEY ELECTRICAL AND PLUMBING SERVICE			Policyholder NRIC	52935729A
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	...
KPIK	<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(%)	20	Private Hire	No

---

**Accident Details**

Report Date	09/05/2018 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/05/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 490 JURONG WEST AVE 1 OPEN SPACE CARPARK				

---

**Benefits**

**Excess**

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	BLK 748 #04-504	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730748
Address 4		Address Type	Singapore address	Post Code	730748
Unit No.	04-504	Related Policy Number	5086137914-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/08/1966
Unnamed driver Name	RAVINDRAN S/O CHANDRAN	Driver NRIC	S10234621	Driving Experience	7
Register Date of Driver License	24/11/2010	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	93890014	Contact No.(Office)	0	Address 3	SINGAPORE 730748
Address 1	BLK 748	Address 2	WOODLANDS CIRCLE	Post Code	730748
Address 4		Address Type	Singapore address		
Unit No.	04-504			Driver Insurer Company	
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

## Declaration

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JACEY ELECTRICAL AND PLUMB	Insured NRIC	52935729A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GX4300Z	TP Vehicle Number	GBF7096Y
Claim Description	GX4300Z / GBF7096Y ON 8 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	09/05/2018 19:11	Claim Close Date		Date Received	08/05/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/0993714	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2018 19:13

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	
	Browse...	Clear	Please Select	NO	Normal	

☐ Send Message

**Attachment List**



Attachment	Uploaded By/Date	Category		Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:13	SAS		Normal	SAS 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:13	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:12	Photos		Normal	Photos 2018-5-9		<a href="#">Edit</a>
Video List	Uploaded By/Date	Folder Date	File Name		Source		Action
		<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>			