

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA/18/10815

Date In: 21/8/18-11:06	Job description	Date & Time Completed	Done by
Ref No: NA/MICROA266/24	SAS e-filing		
Veh No: 5K92866	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/8/18-10:00	i-Motor Claim Form	M7/108248-001	21/8/18 21:16
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: Unknown	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

NA1805258	Invoice Preparation Checklist	Am't (\$) 1st 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)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	21/08/2018 11:06
Date Of Accident	13/08/2018 10:00
Exact Location Of Accident	110 LORONG 23 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9286G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91129911
Alternative Phone No	OFFICE-91129911

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071881765-03
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD RIDUAN BIN AHMAD
NRIC No	S8214477C
Date Of Birth	08/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83892512
Fax Number	
Contact Number	OFFICE-83892512
EMail Address	NOEMAIL

Address	BLK 218 MARSILING CRESCENT #05-43
Postcode	730218
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180814/2037.

#### 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	UNKNOWN
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)



## 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:

on behalf of

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

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

SKETCH PLAN

No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/p2180814/2032.

DECLARATION

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

on behalf of

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.:





**SINGAPORE  
POLICE FORCE**



G/20180814/2037

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20180814/2037

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

Date/Time Report Made 14/08/2018 12:02	Vide Report No.	Station Diary No. 57
Name Of Informant LEW KOK CHIN, DONALD	Address APT BLK 614 BEDOK RESERVOIR ROAD #06-1204 SINGAPORE 470614	
ID Type / ID No. NRIC NO / S7834018E	Contact No. Home/Office Mobile 91129911	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES EXECUTIVE	Sex Male	Age 39
Institution/School Name	Date of Birth 11/11/1978	Race Chinese
Date/Time Of Incident 13/08/2018 10:00	Location Of Incident 110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410	

**Brief details.**

I am the sales executive for Oscar Leasing Pte Ltd. On 08/08/2018, one client by the name of Muhammad Riduan Bin Ahmad had rented our car for 2 days. He is suppose to return the car on 10/08/2018. However on the 10/08/2018, Riduan did not return the car and my colleague gave him a call. Riduan then informed my colleague that he wanted to extent until 13/08/2018.

On 13/08/2018., Riduan was supposed to return the car at 10am however he did not turn up. We tried to

Signature Of Officer Recording The Report: G / Sgt 1 SITI NUR SARYFA BINTE MOHD SARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2018 12:02
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp CHEUNG SIU HAY Contact No.: 62447200	Classification Of Case:

Authentication Stamp





SINGAPORE  
POLICE FORCE



G/20180814/2037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180814/2037

give him a call but to no avail. His line was engaged. I even went over to his house on 13/08/2018 at about 1700hrs located at Marsiling Crescent. His window unit is open however when I knocked on the unit, no one answer to the door. He had an outstanding payment of SGD\$140/- from 10/08/2018-13/08/2018.

Muhammad Riduan Bin Ahmad, M/1982

S8214477C

B/218 Marsiling Crescent, #05-43

HP: 83892512

Signature Of Officer Recording The Report:

G / Sgt 1 SITI NUR SARYFA BINTE MOHD SARI

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /

Insp CHEUNG SIU HAY

Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:

14/08/2018 12:02

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7834018E



Name

LEW KOK CHIN, DONALD  
(LIU GUOJUN, DONALD)

刘国君

Race

CHINESE

Date of birth

11-11-1978

Sex

M

Country of birth

SINGAPORE



4473896



NRIC No. S7834018E



Date of issue

12-10-2009

APT BLK 614 BEDOK RESERVOIR ROAD #06-1204  
SINGAPORE 470614

NRIC No: S7834018E

Date: 27/04/2018

**REPUBLIC OF SINGAPORE DRIVING LICENCE**





Licence Number: **S8214477C**  
 Name: **MUHAMMAD RIDUAN BIN AHMAD**  
 Birth Date: **08 May 1982**  
 Issue Date: **09 Apr 2007**

001489394J



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8214477C**  
 Name: **MUHAMMAD RIDUAN BIN AHMAD**  
 Race: **MALAY**  
 Date of birth: **08-05-1982**  
 Sex: **M**  
 Country of birth: **SINGAPORE**

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

Class 2B	Motorcycles <= 200 CC	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	13 Jun 2009 08 Jul 2009

S / No. 9000100579

NP 428A

Licence No: **S8214477C**



4425998



NRIC No. **S8214477C**



Date of issue: **07-07-2009**

APT BLK 218 MARSILING CRESCENT #05-43  
SINGAPORE 730218

NRIC No: **S8214477C** Date: **04/10/2018**



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="13/08/2018 10:00"/>
Vehicle No. (For Motor)	<input type="text" value="SJK9286G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071881765-03		OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	Third Party	SJK9286G	SJK9286G	01/06/2018	

## Policy Information

Policy No.	5071881765-03	Policyholder Name	OSCARS LEASING PRIVATE LIM		Policyholder NRIC	201431292N
Certificate No.						
Address	110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	28/05/2018	Effective Date	01/06/2018 00:00		Expiry Date	31/05/2019 23:59
Excess Type	All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

## Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881765-03		

## Insured Object: SJK9286G

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/06/2018 00:00	Basic Information Endorsement	000001286827137	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJK9286G 01-06-2018 \$984.46 In view of this amendment, an additional premium of \$984.46 (inclusive of GST) is payable under your 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 or NETS.</p>
2	01/06/2018 00:00	Basic Information Endorsement	000001286828160	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLZ8634P 01-06-2018 \$984.46 2. SJK9286G 01-06-2018 \$984.46 In view of this amendment, an additional premium of \$1,968.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you</p>



## Claim Handling

Exit

## Accident MT/1008248

Policy No.	5071881765-03	Vehicle No.	SJK9286G	GST Registration No.	
Certificate No.					
Policyholder Name	OSCAR LEASING PRIVATE LIMITED			Policyholder NRIC	201431292N
Product Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91129911	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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(%)	0	Private Hire	Yes

☐ Accident Details

Report Date	21/08/2018 20:13	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	13/08/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	110 LORONG 23 GEYLANG				

☐ Benefits

☐ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

☐ GST Registered Information

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

## Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 386410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881765-03		

## O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD RIDUAN BIN AHMA	Driver NRIC	S8214477C	Driver DOB	08/05/1982
Register Date of Driver License	09/07/2009	Driver Age	36	Driving Experience	9
Contact No.(Mobile)	83892512	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 218	Address 2	MARSILING CRESCENT	Address 3	CAUSEWAY VIEW
Address 4	SINGAPORE 730218	Address Type	Singapore address	Post Code	730218
Unit No.	05-43				
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
-------------------------------------	------	-------------	---

## Modification History

Claim 001

New

Claim Type *	CO-MX	Insured Name	OSCAR LEASING PRIVATE LIM	Insured NRIC	201431292N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	61006913
Email Address		O1 Vehicle Number	SJK9286G	TP Vehicle Number	UNKNOWN
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	SJK9286G / UNKNOWN ON 13 Aug 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	21/08/2018 20:16	Claim Close Date		Date Received	21/08/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1008248	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	21/08/2018 20:17

Path *	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	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:17	NRSC/ Driving License	Normal	NRSC/ Driving License 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:17	SAS	Normal	SAS 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Aug 2018 20:16	Photos	Normal	Photos 2018-8-21		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				