

NATIONAL Assessment Centre Services.

(wef 1 Jan 03) **MWA1812045**

Date In: 20/9/18-K:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017139/24	SAS e-filing		
Veh No: 069 20619	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 20/9/18-12:45	i-Motor Claim Form	M7/1012288-001	20/9/18 15:25
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **JD71997P** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*:		
	*N5: Courtesy Car / Tpt 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		
	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	20/09/2018 15:13
Date Of Accident	20/09/2018 12:45
Exact Location Of Accident	SLIP RD JALAN BAHAR TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2061G
Insured/Policyholder	
Name Of Registered Owner	TEY KIM ENG
NRIC No	S7687260J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90677023
Alternative Phone No	OFFICE-90677023

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	THIRD PARTY
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	5093887396
Cover Note Number	

Driver

Name of Driver	TEY KIM ENG
NRIC No	S7687260J
Date Of Birth	23/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90677023
Fax Number	
Contact Number	OFFICE-90677023
EEmail Address	NOEMAIL

Address	BLK 124 RIVERVALE DRIVE #06-181
Postcode	540124
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	COLLISION - HEAD TO REAR
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	SDT1997P
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

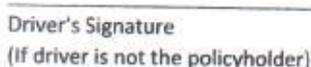
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

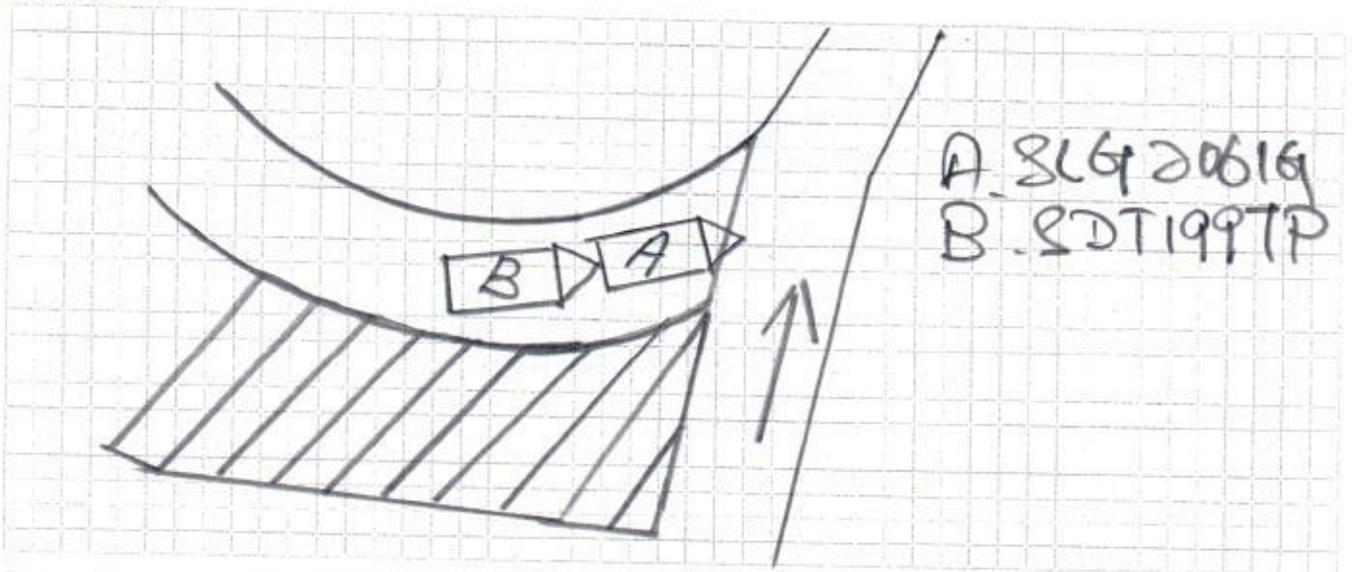


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY AT JALAN BAHAR SCIP ROAD
TOWARDS PIE OUT OF SUDDEN I FELT AN IMPACT FROM
MY VEH REAR PORTION.

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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 2LG120614 MAKE/MODEL: HONDA

DATE OF ACCIDENT: 20/09/2018 TIME: 12 HR 45 MIN AM (PM)

LOCATION OF ACCIDENT: JALAN BAHAR

EXACT PURPOSE USE DURING ACCIDENT: GOING HOME

CAR OWNER

NAME OF CAR OWNER: TEY KIM EAH

CONTACT NO: 90677023

NRIC: 87687023

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: NTUC

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: 5093887396

ACCIDENT DRIVER: AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: TEY KIM EAH

NRIC: 87687023 NO OF PASSENGER/S: 0

DATE OF BIRTH: 23-10-1976

OCCUPATION: OUTDOOR INDOOR

DATE OF DRIVING PASS: 10 SEP 2004

GENDER: MALE FEMALE

CONTACT NO: 90677023

ADDRESS: BLK 124 RIVERVALE DRIVE #06-181 (S) 5A0124

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION: CLEAR RAINING OTHER: _____

ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO: SDT1997P NO OF PASSENGER/S: UNKNOWN

NAME: _____

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS: _____

WITNESS CONTACT NO: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7687260J



Name
TEY KIM ENG

郑金荣

Race
CHINESE

Date of birth
23-10-1976

Sex
M

Country/Place of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7687260J**

Name
TEY KIM ENG

Birth Date: **23 Oct 1976**

Issue Date: **19 Mar 2009**



5759222



NRIC No. **S7687260J**



Date of issue
22-06-2017

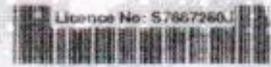
Address
**APT BLK 124 RIVERVALE DRIVE
#06-181
SINGAPORE 540124**

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

PASS DATE

Class 2B Motorcycles <= 200 cc 10 Sep 2004
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 10 Sep 2004

NP 428A



Licence No: S7687260J

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093887396

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLG2061G |
| Chassis Number | : JHMRB38509C200426 |
| 2. Name of Policyholder | : TEY KIM ENG |
| 3. Effective Date of Insurance | : 16 Oct 2017 |
| 4. Expiry Date of Insurance | : 16 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TEY KIM ENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

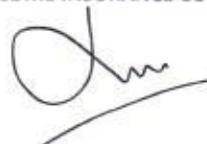
Agency : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 06 Sep 2017 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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) Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093887396		TEY KIM ENG	S76872603	GPC	drive CLASSIC	SLG2061G	SLG2061G	16/10/2017	16/03/2019

Policy Information

Policy No.	5093887396	Policyholder Name	TEY KIM ENG	Policyholder NRIC	S7687260J
Certificate No.					
Address	BLK 124 #06-181 RIVERVALE DRIVE SINGAPORE 540124				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/09/2017	Effective Date	16/10/2017 00:00	Expiry Date	16/03/2019 23:59
Excess Type		All Claims 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		Young/Inexperience Driver Excess
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 124 #06-181	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540124
Address 4		Address Type	Singapore address	Post Code	540124
Unit No.	14-852	Related Policy Number	5093887396		

Insured Object: SLG2061G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/09/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 16 Oct 2017 TO 16 Mar 2019 In view of this amendment, an additional premium of \$417.36 (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, credit card or NETS.

[Continue](#) [Cancel](#)

Claim Handling

EXIT

Accident MT/1012288

Policy No.	5093887396	Vehicle No.	SLG2061G	GST Registration No.	
Certificate No.					
Policyholder Name	TEY KIM ENG			Policyholder NRIC	S7687260J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90677023	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	7
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	20/09/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/09/2018	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD JALAN BAHAR TWOS PIE				
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 124 406-181	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540124
Address 4		Address Type	Singapore address	Post Code	540124
Unit No.	14-852	Related Policy Number	5093887396		
DI Driver Info					
Driver Name	Tey Kim Eng	Driver Type	Man Driver	Driver DOB	23/10/1976
Unnamed driver Name		Driver NRIC	S7687260J	Driving Experience	14
Register Date of Driver License	10/09/2004	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	90677023	Contact No.(Office)	0	Address 1	BLK 124
Address 1	BLK 124	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540124
Address 4		Address Type	Singapore address	Post Code	540124
Unit No.	06-181				
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 *	DD-MK	Insured Name	TEY KIM ENG	Insured NRIC	S7687260J
Contact No.(Mobile)	90677023	Contact No.(Home)	67481784	Contact No.(Office)	6875605J
Email Address		DI Vehicle Number	SLG2061G	TP Vehicle Number	SOT1997P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLG2061G / SOT1997P ON 20 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/09/2018 15:25	Claim Close Date		Date Received	20/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1012288	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/09/2018 15:26
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse... Please Select
NT
Normal

Browse... Please Select
ND
Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:26	SAS	Normal	SAS 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:26	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:26	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Sep 2018 15:25	Photos	Normal	Photos 2018-9-20		Edit

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"/>				