

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MUA 19 000455

Date In: 21/1/19 - 14:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900009224	SAS e-filing		
Veh No: SLA 448E	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 21/1/19 - 06:55	i-Motor Claim Form	M7/1026299-001	21/1/19 12:47
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: Vch No: SKW3963A 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

NA 1900084	Invoice Preparation Checklist	Amt (\$) for 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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 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 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. 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	02/01/2019 14:56
Date Of Accident	02/01/2019 06:55
Exact Location Of Accident	PIE (CHANGI) AFTER JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA4418E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO BENG KUAN
NRIC No	S7616086D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92987331
Alternative Phone No	OFFICE-92987331
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL 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	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087995823-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	HO BENG KUAN (HE MINGJUAN)
NRIC No	S7616086D
Date Of Birth	12/05/1976
Occupation	INDOOR
Date Of Driving Pass	22/08/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92987331
Fax Number	
Contact Number	OFFICE-92987331
Email Address	NOEMAIL

Address	BLK 139B LORONG 1A TOA PAYOH #04-60
Postcode	312139
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SKW3963A
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) 2  
Passenger 1 NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS5151Y  
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) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SDB5962H  
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) 2  
Passenger 1 NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGE500P  
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) 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.
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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.

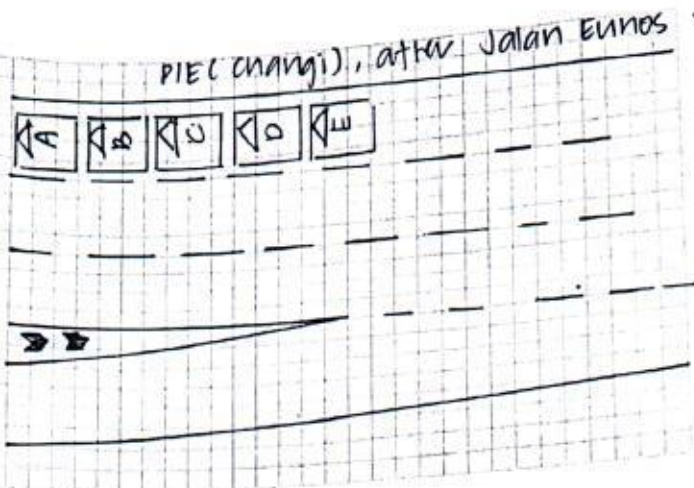
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vehicle A: SLA4418E  
 Vehicle B: SFW3963A  
 Vehicle C: CLSE151Y  
 Vehicle D: SDB5962H  
 Vehicle E: SGE500P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.

## 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 / 01 / 2019 (DD/MM/YYYY) TIME: 06 : 54 (HH:MM)

LOCATION: PIE (Changi), after Jalan Eunos

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA4418E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5087995823-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Vezel  
 f) TYPE: (SA ☒ ON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: HO BENH KUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7616086D CONTACT: 9298 7331  
 c) ADDRESS: 202 BORN WAY Drive #01-31 S(640202)

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 12 / 05 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SLW 3963A MODEL: \_\_\_\_\_

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

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

d) VEHICLE NUMBER: SL5515Y MODEL: \_\_\_\_\_

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

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

SDB 5962H → 1 male, 1 female

SGE500P → 1 male

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7616086D**  
Name:

**HO BENG KUAN  
(HE MINGJUAN)**

Birth Date: **12 May 1976**

Issue Date: **01 Jul 2017**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7616086D**



Name

**HO BENG KUAN  
(HE MINGJUAN)**

**何 明 娟**

Race

**CHINESE**

Date of birth

**12-05-1976**

Sex

**F**

Country of birth

**SINGAPORE**



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

## EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	23 Feb 1995
Class 2A	Motorcycles between 201 cc and 400 cc	12 Nov 1998
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	22 Aug 1997



Licence No: S7616086D

NP 428A

3917348



NRIC No. S7616086D

Date of issue  
11-08-2006

APT BLK 139B LORONG 1A TOA PAYOH #04-60  
SINGAPORE 312139

NRIC No: S7616086D

Date: 29/09/2012

No: 7145241

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"/>	5087995823-01		HO BENG KUAN	S7616086D	GPC	drive CLASSIC	SLA4418E	SLA4418E	01/03/2018	28/02/2019

 Policy Information

Policy No.	5087995823-01	Policyholder Name	HO BENG KUAN	Policyholder NRIC	S7616086D
Certificate No.					
Address	BLK 139B #04-60 LORONG 1A TOA PAYOH THE PEAK @ TOA PAYOH SINGAPORE 312139				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/03/2018	Effective Date	01/03/2018 00:00	Expiry Date	28/02/2019 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	VV INSURANCE AGENCY PTE. L1 Agent Tel.	67913808	GST Flag	Y	
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 139B #04-60	Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	04-60	Related Policy Number	5087995823-01		

 Insured Object: SLA4418E

 Endorsements

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

## Claim Handling

• Exit

Accident MT/1026099

Policy No.	5087995823-01	Vehicle No.	SLA4418E	GST Registration No.	
Certificate No.					
Policyholder Name	HO BENG KUAN			Policyholder NRIC	S7616086D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92987331	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TC
KPK	<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
<b>Accident Details</b>					
Report Date	02/01/2019 20:42	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/01/2019	Time of Accident hh:mm	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) AFTER JALAN BUNDS EXIT				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 139B #04-60	Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	04-60	Related Policy Number	5087995823-01		
<b>OI Driver Info</b>					
Driver Name	HO BENG KUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7616086D	Driver DOB	12/05/1976
Register Date of Driver License	22/08/1997	Driver Age	42	Driving Experience	21
Contact No.(Mobile)	92987331	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 139B	Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
Address 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
Unit No.	04-60				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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	HO BENG KUAN	Insured NRIC	S7616086D
Contact No.(Mobile)	90053358	Contact No.(Home)		Contact No.(Office)	
Email Address	kaykaydoby@yahoo.com.sg	OI Vehicle Number	SLA4418E	TP Vehicle Number	SKW3963A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLA4418E / SKW3963A ON 2 Jan 2019				
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	02/01/2019 20:43	Claim Close Date		Date Received	02/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1026099	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2019 20:45
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	TC	Normal
Browse... Clear	Please Select	TC	Normal
Browse... Clear	Please Select	TC	Normal
Browse... Clear	Please Select	TC	Normal

Browse...	Clear	Please Select	NI	Normal	
Browse...	Clear	Please Select	NI	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	SAS	Normal	SAS 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:44	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<a href="#">Edit</a>
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2019 20:43	Photos	Normal	Photos 2019-1-2		<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"/>				