

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA1901081**

Date In: <b>21/1/19 19:08</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1901081/24</b>	SAS e-filing		
Veh No: <b>2M2499X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/1/19-11:25</b>	i-Motor Claim Form	<b>21/1/19 11:25</b>	<b>21/1/19 11:25</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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **2ME2016A**

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>NA1900594</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est 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		
QC Checked by (Engr-In-Charge):	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*		
	*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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	21/01/2019 19:08
Date Of Accident	20/01/2019 11:25
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM2499X
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
Driver	
Name of Driver	WONG CHAN KEONG
NRIC No	S1827365I
Date Of Birth	28/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90719228
Fax Number	
Contact Number	OFFICE-90719228
Email Address	NOEMAIL

Address	BLK 104 PASIR RIS STREET 12 #11-149
Postcode	510104
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	COLLISION - CHANGE/CROSS LANE
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SME2046A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW SOO PING
NRIC/Passport Number	
Contact Number	97667669
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.
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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.

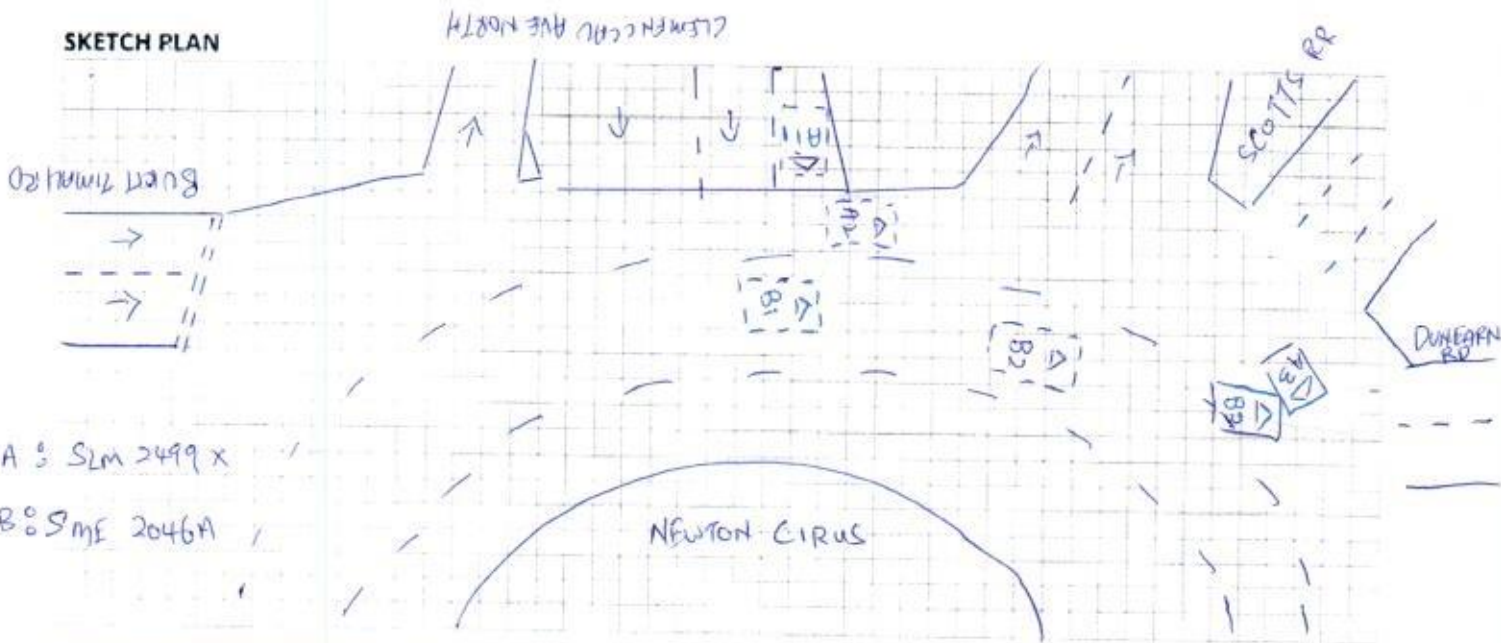


Policyholder's Signature  
Date & Time:

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

AS PER POLICE REPORT ANNEX E

## 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.:



Vehicle No.	SLM 2499 X	Model / Make	TOYOTA PRIUS
Date of Accident	20/1/2019		
Time of Accident	11:25 am	HRS	
Location of Accident	NEWTON CIRCUS ROUND ABOUT		
Exact purpose use during accident	PRIVATE HIRE		
Name of Owner	Autobahn rent a car		
Telephone No.	H/P: 86089649	Home:	Office:
NRIC	201607970 Z		
Address	6001 BEACH RD GOLDENMILE TOWER, 08-05/06.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, WONG CHAN KEONG		
NRIC	S18273651	Any Passengers:	0
Date of birth	28/8/1967		
Occupation	Outdoor / Indoor		
Driving License Pass Date	18/9/1987		
Gender	Male / Female		
Contact No.	H/P: 9071 9228	Home:	Office:
Address	BLK 104 PASIR RIS ST 12 #11-149 SPARE 510104		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	PENTAL	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SME 2046A	Any Passengers:	0
Name of Driver	CHEW SIO PING	Contact No.:	9766 7669
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion			
Camera Recorder	Yes / No		
Email Address	davidwong67@gmail.com		
PARTICULAR WORKSHOP			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		



CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Wong Chan Keong, HP: 90719228

NRIC/FIN S18273651, has reported to the Police a non-injury traffic accident which occurred at Newton Circus, turning left into Bukit Timah Road on 20/01/2019 at 11.25 am involving the following vehicles:

SLM2499X  
SME2046A

On 20/01/2019 at about 11.25am, I was driving a rental car belonging to Tribecar, a grey-colored Toyota Prius (SLM2499X) at the roundabout at Newton Circus. The car I was driving was the first car at the traffic light junction. I was on the extreme left. After the traffic light turned green, I proceeded to drive forward. As I was driving, a white-colored Audi (SME2046A) which was on the third lane, collided into the car I was driving. The front left bumper of the Audi hit the right side of my rental car.

Both the Audi driver and I stopped our respective vehicles at a nearby bus stop (40041). We exchanged our particulars. The driver of the Audi told me that he wanted to make a left turn into Bukit Timah Road and assumed that I was also making a left turn into Bukit Timah Road. As such, he proceeded to make the left turn.

Due to the accident, there were scratches on the right side of my rental car. The right side of the car was also slightly dented. No one was injured due to the accident.

Driver of the other vehicle is Chew Soo Ping, S1587178D, HP: 97667669.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3) Sharifah Amira

Date: 20/01/2019 Time: 1419hrs

S/D Ref: \_\_\_\_\_

Police Post/Unit: Pasir Ris NPC

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

  
Pasir Ris NPC  
No. 1 Pasir Ris Drive 4  
#01-01 Singapore 519457  
Tel: 1800-5852999



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S18273651



黄振强

Name

WONG CHAN KEONG

Race

CHINESE

Date of Birth

28-08-1967

Sex

M

Country of Birth

SINGAPORE

S18273651

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S18273651

Name:

WONG CHAN KEONG

Birth Date: 28 Aug 1967

Issue Date: 21 Aug 2003



1000763446H



0 0 2 1 1 7 2

S18273651



AB+

21-06-1991

REPUBLIC OF SINGAPORE  
SINGAPORE SINGAPORE

NRIC No:

Date:

No: 2593107

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

18 Sep 1987



Licence No. S18273651

NP 428A

## 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:** 5079864471-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM2499X**  
Chassis Number : ZVW506049886
2. Name of Policyholder : AUTOBAHN RENT A CAR PTE. LTD.
3. Effective Date of Insurance : 26 Nov 2018
4. Expiry Date of Insurance : 25 Nov 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$3,500
EXCESS (SECTION 2)	: S\$3,000
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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)

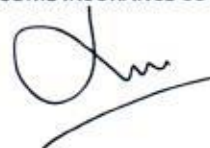
Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)  
Date of Issue : 04 Apr 2018 15:52 hrs

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.	<input type="text"/>	Date of Accident	<input type="text" value="20/01/2019 11:25"/>
Vehicle No. (For Motor)	<input type="text" value="SLM2499X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SLM2499X	SLM2499X	26/11/2018	

## Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1028845

Policy No.	5079864471-02	Vehicle No.	SLM2499X	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.	Policyholder NRIC	201607970Z		
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	h/a	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	TV
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	Not available
<b>Accident Details</b>					
Report Date	21/01/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/01/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCLE NEAR BT. TIMAH (TO WOODLANDS EXIT)				
<b>Excess</b>					
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT18	Related Policy Number	5079864471-02		
<b>01 Driver Info</b>					
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	201607970Z
Contact No. (Mobile)	88300103	Contact No. (Home)		Contact No. (Office)	64751946
Email Address	INSURANCE@MILTONAUTOHIRE.COM	01 Vehicle Number	SLM2499X	TP Vehicle Number	SME2046A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLM2499X / SME2046A DN 20 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	21/01/2019 21:57	Claim Close Date		Date Received	21/01/2019 21:58
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit


## Attachment

Accident No.	MT/1028845	Claim No.	002			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2019 21:58			
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	
	Browse...	Clear	Please Select	NO	Normal	



☐ Send Message [Upload](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	SAS	Normal	SAS 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 21 Jan 2019 21:57	Photos	Normal	Photos 2019-1-21		<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>	