

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MA119 05686**

Date In: 12/19-17:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC190026474	SAS e-filing		
Veh No: 5D93245	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/1/19 - 23:40	i-Motor Claim Form	17/1/19 20:57:00	12/19 18:46
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: Vch No: SK22667X 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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Est Bill	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			
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	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	01/02/2019 17:10
Date Of Accident	31/01/2019 23:40
Exact Location Of Accident	BLK 546 SERANGOON NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9324S
Insured/Policyholder	
Name Of Registered Owner	LIM YONG JIN
NRIC No	S8804262Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87775185
Alternative Phone No	OFFICE-87775185

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5096095425
Cover Note Number	

Driver

Name of Driver	LIM YONG JIN
NRIC No	S8804262Z
Date Of Birth	05/02/1988
Occupation	INDOOR
Date Of Driving Pass	15/10/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87775185
Fax Number	
Contact Number	OFFICE-87775185
Email Address	NOEMAIL

Address	BLK 471 ANG MO KIO AVENUE 10 #02-778
Postcode	560471
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 ON 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	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	SKZ2667X
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: :

SKETCH PLAN

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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:



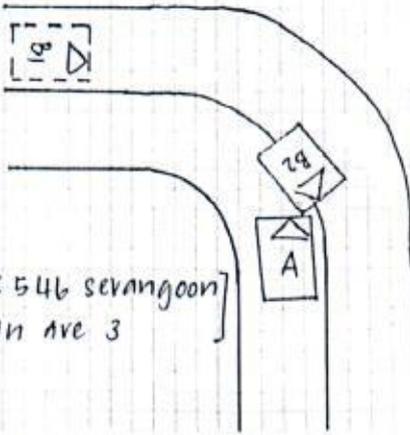
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SJD 9324S

Vehicle B: SKZ 2667X

[BLK 546 sevangoon]
[NOMH Ave 3]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SJD 9324S,
was travelling along the stated venue. As I approached the
turn, I saw vehicle 'B', SKZ 2667X, approaching as well.
I immediately brake to give way. However, vehicle 'B',
SKZ 2667X, continued his turn and came onto my lane
and collided onto my vehicle's front right 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 2019) (DD/MM/YYYY), TIME: (23 : 42) (HH:MM)

LOCATION: Minor Road of BIK 546 serangoon North Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 9324 S
b) INSURANCE COMPANY: NUL
c) POLICY NUMBER: 5096095425
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Civic, 1.6A
f) TYPE: (SALOON / 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: Lim Yong Jin (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S8604262Z CONTACT: 8777 5185
C) ADDRESS: 471 Ang Mo Kio Avenue 10 #02-778 S(560471)

* 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: (05 / 02 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5/12/2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: fixer 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

* No of passenger (Including driver) a) VEHICLE NUMBER: SK7 2667X MODEL: _____

(02) female b) DRIVER'S NAME: _____

male c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (Including driver) d) VEHICLE NUMBER: _____ MODEL: _____

() e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 8 0 4 2 6 2 Z**

Name:

LIM YONG JIN

Birth Date: **05 Feb 1988**

Issue Date: **19 Aug 2010**



Time
ss 3
NP 4.8A

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

EFFECTIVE DATE

Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 15 Oct

licence No: S8804262Z

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8804262Z**



Name

LIM YONG JIN

林 永 進

Race

CHINESE

Date of birth

05-02-1988

Sex

M

Country/Place of birth

SINGAPORE



6065263



NRIC No. **S8804262Z**



Date of issue

15-11-2018

Address

APT BLK 471 ANG MO KIO AVENUE 10
#02-778
SINGAPORE 560471

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S096095425		LIM YONG JIN	S8804262Z	GPC	drivo CLASSIC	SJD9324S	SJD9324S	04/12/2017	09/04/2019

Continue

Policy Information

Policy No.	5096095425	Policyholder Name	LIM YONG JIN	Policyholder NRIC	S8804262Z
Certificate No.					
Address	BLK 471 #02-778 ANG MO KIO AVENUE 10 SINGAPORE 560471				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	09/04/2019 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	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 471 #02-778	Address 2	ANG MO KIO AVENUE 10	Address 3	SINGAPORE 560471
Address 4		Address Type	Singapore address	Post Code	560471
Unit No.	#02-290	Related Policy Number	5096095425		

Insured Object: SJD93245

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	04/12/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>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: 04 Dec 2017 TO 03 Dec 2018 In view of this amendment, an additional premium of \$137.08 (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.</p>
2	17/09/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>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: 04 Dec 2017 TO 09 Apr 2019 In view of this amendment, an additional premium of \$328.45 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since</p>

Claim Handling

- Exit

Accident MT/1030572

Policy No.	5096095425	Vehicle No.	SID93245	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YONG JIN	Policyholder NRIC	S8804262Z		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87775185	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TR
IKPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
Report Date	01/02/2019 18:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	31/01/2019	Time of Accident h:mm	23:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 546 SERANGOON NORTH AVE 3				
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 471 #02-77B	Address 2	ANG MO KIO AVENUE 10	Address 3	SINGAPORE 560471
Address 4		Address Type	Singapore address	Post Code	560471
Unit No.	#02-290	Related Policy Number	5096095425		
OT Driver Info					
Driver Name	LIM YONG JIN	Driver Type	Main Driver	Driver DOB	05/02/1988
Unnamed driver Name		Driver NRIC	S8804262Z	Driving Experience	11
Register Date of Driver License	15/10/2007	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	87775185	Contact No.(Office)	0	Address 1	SINGAPORE 560471
Address 1	BLK 471	Address 2	ANG MO KIO AVENUE 10	Post Code	560471
Address 4		Address Type	Singapore address		
Unit No.	02-77B				
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 *	OD-MX	Insured Name	LIM YONG JIN	Insured NRIC	S8804262Z	
Contact No.(Mobile)	87775185	Contact No.(Home)	NIL	Contact No.(Office)	65874722	
Email Address		OT Vehicle Number	SID93245	TP Vehicle Number	SK22667X	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SID93245 / SK22667X DN 31 Jan 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	01/02/2019 00:00	
Date Registered	01/02/2019 18:40	Claim Close Date				
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/1030572	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2019 18:41
Path *		Category *	
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>
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	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>

Browse

Clear

Please Select

No

Normal

Browse

Clear

Please Select

No

Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-2-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-2-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-2-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-2-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	SAS	Normal	SAS 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:41	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
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	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		Edit
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Feb 2019 18:40	Photos	Normal	Photos 2019-2-1		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"/>				