

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MHA19018399**

Date In: 11/2/19-15:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002447/24	SAS e-filing		
Veh No: 4DF128T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/2/19-08:30	i-Motor Claim Form	M/102494-001	11/2/19 20:59
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: **SAF77K** 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%. F: 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 (\$)
			for 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			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2 / 3:	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			
	TP (N11): TP (Non 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	11/02/2019 15:17
Date Of Accident	11/02/2019 08:30
Exact Location Of Accident	LOR 2 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1738T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SERVICES
Co Reg No	44236400L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90017200
Alternative Phone No	OFFICE-90017200

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5085270609-02
Cover Note Number	

### Driver

Name of Driver	LIM YAN SENG
NRIC No	S1526354G
Date Of Birth	08/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90017200
Fax Number	
Contact Number	OFFICE-90017200
Email Address	NOEMAIL

Address	BLK 45 CHAI CHEE STREET #10-146
Postcode	461045
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 (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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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	SHF74K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAZALI BIN DOLHODI
NRIC/Passport Number	S1724975D
Contact Number	91168714
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

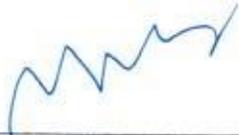
#### 8. **Consent under the Personal Data Protection Act (PDPA)**

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.:





# HS AUTOMOTIVE SERVICES

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

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

VEHICLE NO: GBF 1738T MAKE/MODEL: TOYOTA DYNA

DATE OF ACCIDENT: 11/02/2018 TIME: 8 HR 30 MIN AM/PM

LOCATION OF ACCIDENT: JOR 2 TOA PAYOH

EXACT PURPOSE USE DURING ACCIDENT: COMING TO WORK

### CAR OWNER

NAME OF CAR OWNER: HO SERVICES

CONTACT NO: 9001 7200

NRIC: \_\_\_\_\_

CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY

INSURANCE COMPANY: NTAC INCOME

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

POLICY NO: 585 270 601-02

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

NAME OF DRIVER: LIM YAN SEN

NRIC: S1526354 G NO OF PASSENGER/S: 2 1 female

DATE OF BIRTH: 08.01.1962

OCCUPATION: DIRECTOR  OUTDOOR  INDOOR

DATE OF DRIVING PASS: 07/02/1984

GENDER:  MALE  FEMALE

CONTACT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER OWN ANY VEHIC:  NO IF YES- REGISTRATION NO \_\_\_\_\_

RELATIONSHIP: EMPLOYEE/ IF NOT: \_\_\_\_\_

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: SHE 74K NO OF PASSENGER/S: 1 UNKNOWN

NAME: RAZALI BIN DOLHODI S1724P75 D.

CONTACT NO: 9116 8714

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 DRIVING LICENCE**

Portrait of a man

Licence Number: **S1526354G**  
Name: **LIM YAN SENG**  
Birth Date: **08 Jan 1962**  
Issue Date: **29 Aug 2007**

001523166C

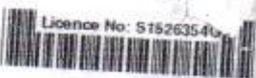


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	PASS DATE
<b>Class 3</b> Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	<b>07 Feb 1984</b>

NP 428A

Licence No: S1526354G



## 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** : 5085270609-02

**Cover** : Third Party, Fire & Theft

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>GBF1738T</b>   |
| Chassis Number  | : LXH430004811  |
| 2. Name of Policyholder   | : HO SERVICES   |
| 3. Effective Date of Insurance  | : 27 Jan 2019   |
| 4. Expiry Date of Insurance   | : 26 Jan 2020   |
| 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. |   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                     |   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE 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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 28 Dec 2018 21:17 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

\_\_\_\_\_  
Authorized Officer



\_\_\_\_\_  
Chief Executive

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"/>	5085270609-02		HO SERVICES	44236400L	GCV	Third Party, Fire & Theft	GBF1738T	GBF1738T	27/01/2019	26/01/2020

Continue

Policy Information

Policy No.	5085270609-02	Policyholder Name	HO SERVICES	Policyholder NRIC	44236400L
Certificate No.					
Address	1 SOPHIA ROAD #01-38 PEACE CENTRE SINGAPORE 228149				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	28/12/2018	Effective Date	27/01/2019 00:00	Expiry Date	26/01/2020 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 SOPHIA ROAD #01-38	Address 2	PEACE CENTRE	Address 3	SINGAPORE 228149
Address 4		Address Type	Singapore address	Post Code	228149
Unit No.		Related Policy Number	5085270609-02		

Insured Object: GBF1738T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident NT/1031494

Policy No.	5085270609-02	Vehicle No.	GBF1738T	GST Registration No.	
Certificate No.					
Policyholder Name	HO SERVICES			Policyholder NRIC	44236400L
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90017200	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TR
KFK	<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(%)	15	Private Hire	No

Report Date	11/02/2019 20:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/02/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 2 TOA PAYOH				

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore CO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1 SOPHIA ROAD #01-38	Address 2	PEACE CENTRE	Address 3	SINGAPORE 228149
Address 4		Address Type	Singapore address	Post Code	228149
Unit No.		Related Policy Number	5085270609-02		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM YAN SENG	Driver NRIC	S1526354G	Driver DOB	08/01/1962
Register Date of Driver License	07/02/1984	Driver Age	57	Driving Experience	35
Contact No.(Mobile)	90017200	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 45	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461045
Address 4		Address Type	Singapore address	Post Code	461045
Unit No.	1D-146				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HO SERVICES	Insured NRIC	44236400L	
Contact No.(Mobile)	90029892	Contact No.(Home)		Contact No.(Office)	63370581	
Email Address		OI Vehicle Number	GBF1738T	TP Vehicle Number	SHF74K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBF1738T / SHF74K ON 11 Feb 2019				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	11/02/2019 20:59	Claim Close Date		Date Received	11/02/2019 00:00	
Report Taken By	Jackson					

Print AK letter.

Save Submit

Attachment

Accident No.	NT/1031494	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2019 21:01

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	

Please Select

Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	SAS	Normal	SAS 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800801( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:00	Photos	Normal	Photos 2019-2-11		<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"/>				