

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 119024856

Date In: 20/1/19 14:47	Job description	Date & Time Completed	Done by
Ref No: NQ/INC19003369/24	SAS e-filing		
Veh No: JCR 962C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19 09:05	i-Motor Claim Form	M71033239-001	20/1/19 15:06
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: Veh No: FBC51301C 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

Invoice Preparation Checklist		Ant (\$)	Ant (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TF: Towing Fee \$40/\$45			
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:-			
QJ)*			
*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		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:



## 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	22/02/2019 14:47
Date Of Accident	22/02/2019 09:05
Exact Location Of Accident	PIE (CHANGI) BEFORE LOR 2 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR962L
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092811352-01
Cover Note Number	
Driver	
Name of Driver	CHAN YEOW HONG (ZHAN XIAOHONG)
NRIC No	S7230237J
Date Of Birth	24/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87888178
Fax Number	
Contact Number	OFFICE-87888178
EMail Address	NOEMAIL



Address	BLK 144 BEDOK RESERVOIR ROAD #02-1605
Postcode	470144
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)	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	FBC5130K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KANE ONG WOON CHONG
NRIC/Passport Number	S8233088G
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**.
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

PRC (Change)

A: SLR062L  
B: FBC 5130K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:



ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS I WANTED TO FILTER TO LANE 2, I CHECK MY BLIND SPOT AND TURN ON MY VEHICLE INDICATOR LIGHT. WHEN MY VEHICLE MERGING ONTO LANE 2, SUDDENLY VEHICLE B WAS SPEEDING AND HIT ONTO MY VEHICLE REAR LEFT PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 2 / 19) (DD/MM/YYYY), TIME: (09 : 05) (HH:MM)

LOCATION: Pte Changi before Lor 2 Tanjong Pagar Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUR962L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 509281352-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: commercial use  
 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: Reliable Rider Pte Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2016152711 CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Chan Xiahong (chan xiaohong) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7301577 CONTACT: 87888178  
 c) ADDRESS: Blk 144 Bedok Reservoir Rd #2-1605 (470144)

\*d) DATE OF BIRTH: (24 / 8 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/11/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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: PBC5130K MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Kuan Eng Woon Chong  
 c) NRIC/FIN/PASSPORT: S82330886 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)

(2)

1 female

\* No of passengers  
 (including driver)

(1)

\* No of passengers  
 (including driver)

( )

Email =

fax =

VIDEO = X



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7230237J



Name  
**CHAN YEOW HONG**  
(ZHAN XIAOHONG)  
詹孝宏


Race  
**CHINESE**

Date of birth  
**24-08-1972**

Sex  
**M**

Country of birth  
**SINGAPORE**

Land Transport Authority




**VOCATIONAL LICENCE**

Licence No. **S7230237J**



Name **CHAN YEOW HONG**

Issue Date **7/10/2014**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



3952085

NRIC No. **S7230237J**


Date of issue  
**11-10-2008**

APT BLK 144 BEDOK RESERVOIR ROAD #02-1605  
SINGAPORE 470144

NRIC No: **S7230237J** Date: **20/11/2009** No: **6293617**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	07/10/2014





REPUBLIC OF SINGAPORE

DRIVING LICENCE

NP 428A



CHAN YEOW HONG  
(CHAN XIAOHONG)

Birth Date 24 Aug 1972

Valid Date 22 Aug 2013

002216312H

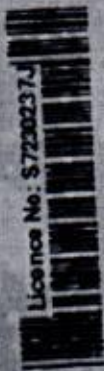


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

26 Nov 2010



Licence No: S720237J

NP 428A



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="22/02/2019 09:05"/>							
Vehicle No.(For Motor)	<input type="text" value="SLR962L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092811352-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR962L	SLR962L	31/07/2018	30/07/2019
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5092811352-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/06/2018	Effective Date	31/07/2018 00:00	Expiry Date	30/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		Young/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		

## Insured Object: SLR962L

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Exit

Accident MT/1033239

Policy No.	5092811352-01	Vehicle No.	SLR962L	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Yes		
<b>Accident Details</b>					
Report Date	22/02/2019 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	22/02/2019	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGE) BEFORE LOR 2 TOA PAYOH EXIT				
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937495		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/08/1972
Unnamed driver Name	CHAN YBOW HONG (ZHAN XIAC)	Driver NRIC	572301371	Driving Experience	8
Register Date of Driver License	26/11/2010	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	87888178	Contact No.(Office)	0	Address 3	BUNDS SPRING
Address 1	BLK 144	Address 2	BEDOK RESERVOIR ROAD	Post Code	470144
Address 4	SINGAPORE 470144	Address Type	Singapore address		
Unit No.	02-1605	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<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 *	CD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		OT Vehicle Number	SLR962L	TP Vehicle Number	FBC5130K
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR962L / FBC5130K ON 22 Feb 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/02/2019 15:06	Claim Close Date		Date Received	22/02/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1033239	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2019 15:07
Path *		Category *	Confidential
		Urgency *	Description *
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO



☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	SAS	Normal	SAS 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:07	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Feb 2019 15:06	Photos	Normal	Photos 2019-2-22		<a href="#">Edit</a>

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				