

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA119037878

Date In: 22/3/19 - 14:12	Job description	Date & Time Completed	Done by
Ref No: 44/NC19005199/24	SAS e-filing		
Veh No: SMH42097	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/3/19 - 16:30	i-Motor Claim Form	M1/1037038 - 001	22/3/19 13:32
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: TP1276D-	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

N/A19037878	Invoice Preparation Checklist	Am't (\$) In 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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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	22/03/2019 14:17
Date Of Accident	21/03/2019 16:30
Exact Location Of Accident	ALEXANDRA RD TWDS QUEENSWAY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4209T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHIN TECK
NRIC No	S1622304B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92205995
Alternative Phone No	OFFICE-92205995

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT HYBRID 1.5 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106957523
Cover Note Number	

### Driver

Name of Driver	ONG CHIN TECK
NRIC No	S1622304B
Date Of Birth	26/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92205995
Fax Number	
Contact Number	OFFICE-92205995
Email Address	NOEMAIL

Address	BLK 134 BEDOK RESERVOIR ROAD #05-1239
Postcode	470134
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	DRIZZLING
Road Surface	WET

#### 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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190321/2133.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP1076D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name  
ONG CHIN TECK  
Approximate Age  
Injuries Sustain  
BODY  
Injured person in which vehicle?  
SMH4209T  
Were seat belts worn?  
YES  
Was this injured conveyed to hospital by  
ambulance?  
NO  
Address  
Postcode



## 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

Alexandra Rd.

A: 5M1142057  
B: TP1076D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190321/2153.

## 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.:





# SINGAPORE POLICE FORCE



T/20190321/2133

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20190321/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2019 19:36	Vide Report No.: D/20190321/0093	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: ONG CHIN TECK			Address: APT BLK 134 BEDOK RESERVOIR ROAD #05-1239 SINGAPORE 470134		
ID Type / ID No.: NRIC NO / S1622304B			Contact No.: Home/Office: Mobile: 9220 5995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/12/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2019 16:30	Type of Location:
Location: Junction of Road 1 and Road 2 ALEXANDRA ROAD HENDERSON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH4209T	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue		2
TP1076D	Motorcycle					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH4209T	NTUC Income Insurance Co-Operative Limited	5106957523	22/01/2019	21/01/2020



**SINGAPORE  
POLICE FORCE**



T/20190321/2133

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190321/2133

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN TECK	ID No.	S1622304B
Related Vehicle	SMH4209T (Car)	Contact No.	9220 5995
Hospital/Clinic	UNIHEALTH	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	21/03/2019	Date Discharge	21/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 21/03/2019 at about 4.30pm, I was driving my car (SMH4209T) along Alexandra Road towards Queensway Road. At that point of time, there are 2 passengers with me. As I was approaching the traffic light, I slowed down and stop at the traffic light as it was red. I then looked at the rear mirror and saw a Traffic Police bike (TP1076D) coming towards my car. Out of a sudden, I saw the bike skidded and hit my car. There was a slight impact and due to that I suffered some pain at the back.

On the same day I went to Unihealth (Toa Payoh) clinic and was given 3 days MC. The doctor informed that I suffered muscle pain. As for my car, there are some dents at the back of my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190321/2133

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20190321/2133

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/03/2019 19:36

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S1622304B**  
 Name: **ONG CHIN TECK**  
 Birth Date: **26 Dec 1963**  
 Issue Date: **02 Jun 2003**

000534814E

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1622304B**



Name: **ONG CHIN TECK**  
**王振德**  
 Race: **CHINESE**  
 Date of birth: **26-12-1963**  
 Sex: **M**  
 Country/Place of birth: **SINGAPORE**



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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Feb 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jun 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Jun 1988
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	12 Aug 1985

NP 428A

Licence No: S1622304B

6113098



NRIC No: **S1622304B**



Date of issue: **28-01-2019**

Address: **APT BLK 134 BEDOK RESERVOIR ROAD  
 #05-1239  
 SINGAPORE 470134**



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="21/03/2019 16:30"/>
Vehicle No. (For Motor)	<input type="text" value="SMH4209T"/>	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"/>	5106957523		ONG CHIN TECK	51622304B	GPC	drivo CLASSIC	SMH4209T	SMH4209T	22/01/2019	21/01/2020
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5106957523	Policyholder Name	ONG CHIN TECK	Policyholder NRIC	S1622304B
Certificate No.					
Address	BLK 134 #05-1239 BEDOK RESERVOIR ROAD EUNOS SPRING SINGAPORE 470134				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/01/2019	Effective Date	22/01/2019 00:00	Expiry Date	21/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 134 #05-1239	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	470134
Unit No.		Related Policy Number	5106957523		

Insured Object: SMH4209T

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 23 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: N/A CHASSIS NUMBER: GP51333155 ENGINE NUMBER: LEB1439733 VEHICLE REGISTRATION NUMBER: SMH4209T ORIGINAL REGISTRATION DATE: 22 Jan 2019

Continue

Cancel



## Claim Handling

Accident MT/1037038

• Exit

Policy No.	S106957523	Vehicle No.	SMH4209T	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHIN TECK	Cover Type	drive CLASSIC	Policyholder NRIC	S16223048
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92205995	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	7
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

➤ Accident Details

Report Date	22/03/2019 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/03/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALEXANDRA RD TWOS QUEENSWAY RD				

➤ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

➤ Benefits

➤ GST Registered Information

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

➤ Policyholder Mailing Address

Address 1	BLK 134 #05-1239	Address 2	BEDOK RESERVOIR ROAD	Address 3	SUNOS SPRING
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	470134
Unit No.		Related Policy Number	S106957523		

➤ OI Driver Info

Driver Name	ONG CHIN TECK	Driver Type	Main Driver	Driver DOB	26/12/1963
Unnamed driver Name		Driver NRIC	S16223048	Driving Experience	36
Register Date of Driver License	03/06/1982	Driver Age	35	Contact No. (Home)	0
Contact No. (Mobile)	92205995	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 134	Address 2	BEDOK RESERVOIR ROAD	Address 3	SUNOS SPRING
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	470134
Unit No.	05-1239				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG CHIN TECK	Insured NRIC	S16223048
Contact No. (Mobile)	92205995	Contact No. (Home)	67660661	Contact No. (Office)	
Email Address	randyong2@yahoo.com.sg	OI Vehicle Number	SMH4209T	TP Vehicle Number	TP10760
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH4209T / TP10760 ON 21 Mar 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	22/03/2019 15:32	Claim Close Date		Date Received	22/03/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment
















Accident No.	MT/1037038	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2019 15:33

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	100	Normal	
		Browse...	Clear	Please Select	100	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	SAS	Normal	SAS 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:33	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:32	Photos	Normal	Photos 2019-3-22		<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"/>				