

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119056176

Date In: 30/1/19-18-20	Job description	Date & Time Completed	Done by
Ref No: 11A/INC 19 202658/24	SAS e-filing		
Veh No: JKF 36XTH	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/1/19-19:30	i-Motor Claim Form	M1/1042499-001	31/1/19 20:11
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: JKF 27180A

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

HA1903217

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

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-in INC) against INC \$20

9) N12: Idac Mobile \$0

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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	30/04/2019 18:50
Date Of Accident	29/04/2019 19:30
Exact Location Of Accident	CLEMENCEAU AVE NORTH NEAR NEWTON HAWKER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF3645H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG BEE SENG, BETTY
NRIC No	S1290735D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96461891
Alternative Phone No	OFFICE-96461891

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	25100369225
Cover Note Number	

### Driver

Name of Driver	GOH DUO YUN, SHAUN (WU DUOYUN)
NRIC No	S8222173E
Date Of Birth	08/07/1982
Occupation	INDOOR
Date Of Driving Pass	24/02/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96461890
Fax Number	
Contact Number	OFFICE-96461890
Email Address	NOEMAIL

Address	BLK 127 BISHAN STREET 12 #08-135
Postcode	570127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	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	SKZ7180A
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)	1

#### DETAILS OF INJURED PERSON 1

Name	GOH DUO YUN, SHAUN (WU DUOYUN)
------	--------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKF3645H

YES

NO



## 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

Clemenceau Ave North near Newton Hawker

(A) SKF 3645 H

(B) SKZ 7180 A

Newton Hawker

Centre

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/04/19 at @ 1930 hrs, I stopped my vehicle (SKF 3645 H) along Clemenceau Ave North towards New Circle outside Newton Hawker Centre on the right lane due to traffic jammed. Suddenly a car (SKZ 7180 A) from behind, collided onto the left rear portion of my vehicle.

## 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 Person's Signature  
Name:  
Date & Time:



<b>Vehicle No.</b>	SKF 3645 H		<b>Model / Make</b>	Volkswagen Scirocco
<b>Date of Accident</b>	29/04/19			
<b>Time of Accident</b>	1930 HRS			
<b>Location of Accident</b>	Clemenceau Ave North near Newton Hawkes			
<b>Exact purpose use during accident</b>	Private Used			
<b>Name of Owner</b>	Ong See Seng Betty			
<b>Telephone No.</b>	H/P: 9646 1891	<b>Home:</b>	<b>Office:</b>	
<b>NRIC</b>	S1290735D			
<b>Address</b>	BLK 127 Beshan St 12 #08-135 (S) 570127.			
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY			
<b>Insurance Company</b>				
<b>Type of Coverage</b>	Comprehensive Third Party Third Party / Fire / Theft			
<b>Policy No.</b>				
<b>Name of Driver</b>	As Above If No, Goh Duo Yun, Shaun			
<b>NRIC</b>	S8222173E		<b>Any Passengers:</b>	N.A.
<b>Date of birth</b>	08/07/1982			
<b>Occupation</b>	Outdoor / <u>Indoor</u>			
<b>Driving License Pass Date</b>	24/02/2012			
<b>Gender</b>	<u>Male</u> / Female			
<b>Contact No.</b>	H/P: 9646 1890	<b>Home:</b>	<b>Office:</b>	
<b>Address</b>	BLK 127 Beshan St 12 #08-135 (S) 570127.			
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state Son			
<b>Weather condition</b>	<u>Clear</u> Raining Other			
<b>Road Surface</b>	<u>Dry</u> Wet Other			
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>			
<b>Name And Contact No.</b>	Goh Duo Yun, Shaun (H/P: 9646 1890)			
<b>Name And Contact No.</b>				
<b>Police Report</b>	<u>No</u> , If Yes, Where?			
<b>Vehicle B No.</b>	SKZ 7180 A		<b>Any Passengers:</b>	N.A.
<b>Name of Driver</b>			<b>Contact No.:</b>	
<b>Vehicle C No.</b>			<b>Any Passengers:</b>	
<b>Vehicle D No.</b>			<b>Any Passengers:</b>	
<b>Vehicle E no.</b>			<b>Any Passengers:</b>	
<b>Vehicle F No.</b>			<b>Any Passengers:</b>	
<b>Vehicle G No.</b>			<b>Any Passengers:</b>	
<b>Witness Name</b>	N.A.		<b>Witness Contact:</b>	N.A.
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	Yes <u>No</u>			
<b>Email Address</b>				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes <u>No</u>
<b>PARTICULAR WORKSHOP</b>	Tuenear			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Teng			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8222173E**

Name: **GOH DUO YUN, SHAUN (WU DUOYUN)**

Birth Date: **08 Jul 1982**

Issue Date: **24 Feb 2012**

002045837A

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8222173E**

Name: **GOH DUO YUN, SHAUN (WU DUOYUN)**

吴多运

Race: **CHINESE**

Date of birth: **08-07-1982**

Sex: **M**

Country of birth: **SINGAPORE**

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

**EFFECTIVE DATE**

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **24 Feb 2012**

Licence No: **S8222173E**

NP 428A

4454733

**S8222173E**

Date of issue: **13-08-2009**

Address: **APT. BLK 127 BISHAN STREET 12 #08-135 SINGAPORE 570127**



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="29/04/2019 19:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SKF3645H"/>	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"/>	5100369225		ONG BEE SENG, BETTY	S1290735D	GPC	drivo CLASSIC	SKF3645H	SKF3645H	24/05/2018	23/05/2019
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5100369225	Policyholder Name	ONG BEE SENG, BETTY	Policyholder NRIC	S1290735D
Certificate No.					
Address	BLK 127 #08-135 BISHAN STREET 12 SINGAPORE 570127				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/05/2018	Effective Date	24/05/2018 00:00	Expiry Date	23/05/2019 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	HOBBS INSURANCE AGENCY	Agent Tel.	64407787	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 127 #08-135	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570127
Address 4		Address Type	Singapore address	Post Code	570127
Unit No.		Related Policy Number	5100369225		

## Insured Object: SKF3645H

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

Exit

Accident MT/1042479

Policy No.	S100369225	Vehicle No.	SKF3645H	GST Registration No.	
Certificate No.					
Policyholder Name	ONG BEE SENG, BETTY	Cover Type	drive CLASSIC	Policyholder NRIC	S1290735D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96461891	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	30/04/2019 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/04/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTEAU AVE NORTH NEAR NEWTON HAWKER				
<b>Excess</b>					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<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	BLK 127 #08-135	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570127
Address 4		Address Type	Singapore address	Post Code	570127
Unit No.		Related Policy Number	S100369225		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/07/1982
Unnamed driver Name	GOH DUO YUN, SHAUN (WU OU)	Driver NRIC	S8222173E	Driving Experience	7
Register Date of Driver License	24/02/2012	Driver Age	36	Contact No. (Home)	0
Contact No. (Mobile)	96461890	Contact No. (Office)	0	Address 3	SINGAPORE 570127
Address 1	BLK 127	Address 2	BISHAN STREET 12	Post Code	570127
Address 4		Address Type	Singapore address		
Unit No.	08-135				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG BEE SENG, BETTY	Insured NRIC	S1290735D
Contact No. (Mobile)	94489911	Contact No. (Home)	92586033	Contact No. (Office)	
Email Address	Betyong52@yahoo.com	Q1 Vehicle Number	SKF3645H	TP Vehicle Number	SKZ7180A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKF3645H / SKZ7180A ON 29 Apr 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	30/04/2019 20:11	Claim Close Date		Date Received	30/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit












## Attachment

Accident No.	MT/1042479	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2019 20:12
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal
Browse... Clear	Please Select	<input type="text" value="N"/>	Normal

		Browse...	Clear	Please Select	▼	▼	Normal	▼
		Browse...	Clear	Please Select	▼	▼	Normal	▼

☐ 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 30 Apr 2019 20:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	SAS	Normal	SAS 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Apr 2019 20:11	Photos	Normal	Photos 2019-4-30		<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"/>				