

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA11905427**

Date In: <b>7/5/19-19:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/NC 19028060724</b>	SAS e-filing		
Veh No: <b>5JW3279</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>29/4/19-08:00</b>	i-Motor Claim Form	<b>MA/1043417-221</b>	<b>7/5/19 22:04</b>
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: **5JW3279**

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

**MA11905427**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

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: Idao 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

IF (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	07/05/2019 19:36
Date Of Accident	29/04/2019 08:00
Exact Location Of Accident	BLK 839 TAMPINES ST 83 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7247U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91129911
Alternative Phone No	OFFICE-91129911

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5071881765-03
Cover Note Number	

### Driver

Name of Driver	NUR RAZIANA BINTI IBRAHIM
NRIC No	S9011300C
Date Of Birth	03/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91557231
Fax Number	
Contact Number	OFFICE-91557231
Email Address	NOEMAIL

Address	BLK 557 PASIR RIS STREET 51 #04-203
Postcode	510557
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	COLLIDED INTO PARKED VEHICLE
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	SJM2728J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98861664
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

0



## 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.

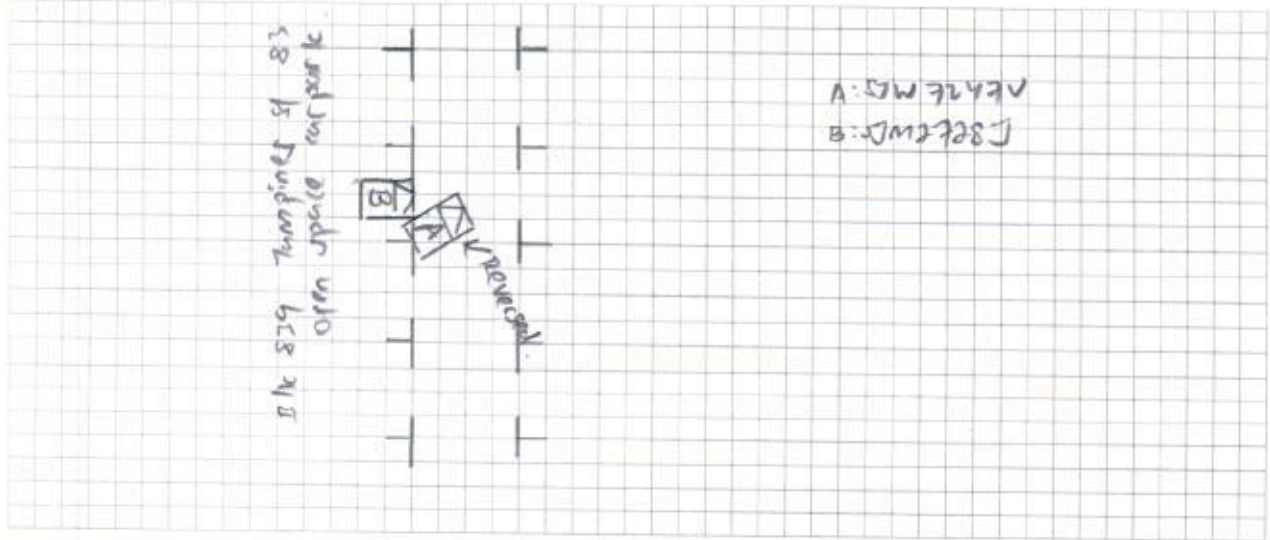


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## 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, WHILE I REVERSED MY VEHICLE ONTO THE CARPARK LOT AND SLIGHTLY GRAZED ONTO VEHICLE B FRONT RIGHT PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 4 / 19) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: D11c 839 Tunjungan H 83 open space car park.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW7247V  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 50188175-03  
 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: Grasshopper Private Limited (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201431292H CONTACT: 91129911  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Nur Raziana Binti Ibrahim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59011300C CONTACT: 91550231  
 c) ADDRESS: D11c 557 Pinar Rias Street S1 901-203 (S10577)

\* d) DATE OF BIRTH: (3 / 4 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 / 12 / 2008

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: 5JM728J MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98861664

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)

(2)

1 female.

\* No of passenger  
 (including driver)

(0)

\* No of passenger  
 (including driver)

( )

Email =

fax =

video =



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait **S9011300C**


**NUR RAZIANA BINTI IBRAHIM**

Birth Date **03 Apr 1990**  
Issue Date **30 Oct 2008**

001669055K

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9011300C**



Name  
**NUR RAZIANA BINTI IBRAHIM**

Race  
**MALAY**

Date of birth **03-04-1990** Sex **F**

Country of birth  
**SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

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

PASS DATE **30 Oct 2008**

NP 428A

Licence No: **S9011300C**

**3701980**



NRIC No. **S9011300C**



Date of issue  
**14-04-2005**

Address  
**APT BLK 557 PASIR RIS STREET 51  
#04-203  
SINGAPORE 510557**

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071881765-03		OSCARS LEASING PRIVATE LIMITED	201431292N	GFT	Third Party	SJW7247U	SJW7247U	21/02/2019	



## Policy Information

Policy No.	5071881765-03	Policyholder Name	OSCARS LEASING PRIVATE LIM	Policyholder NRIC	201431292N
Certificate No.					
Address	110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/05/2018	Effective Date	01/06/2018 00:00	Expiry Date	31/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	209.80		
Outside Singapore OD Excess	0	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	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881765-03		

## Insured Object: SJW7247U

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/06/2018 00:00	Basic Information Endorsement	000001286828160	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLZ8634P 01-06-2018 \$984.46 2. SJL9163Y 01-06-2018 \$984.46 In view of this amendment, an additional premium of \$1,968.92 (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 or NETS.</p>
2	01/06/2018 00:00	Basic Information Endorsement	000001286827137	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6366M 01-06-2018 \$984.46 In view of this amendment, an additional premium of \$984.46 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you</p>

## Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1043417

Policy No.	5071881765-03	Vehicle No.	SJW7247U	GST Registration No.	
Certificate No.					
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRIC	201431292N
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91129911	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	10
KPIC	<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(%)	0	Private Hire	No

## Accident Details

Report Date	07/05/2019 22:02	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked vehicle
Date of Accident	29/04/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 839 TAMPINES ST 83 OPEN SPACE CARPARK				

## Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.		Related Policy Number	5071881765-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NUR RAZIANA BINTI IBRAHIM	Driver NRIC	S9011300C	Driver DOB	03/04/1990
Register Date of Driver License	30/10/2008	Driver Age	29	Driving Experience	10
Contact No.(Mobile)	91557231	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 557	Address 2	PASIR RIS STREET 51	Address 3	SINGAPORE 510557
Address 4		Address Type	Singapore address	Post Code	510557
Unit No.	04-203				
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 *	OO-Mot	Insured Name	OSCARS LEASING PRIVATE LIM	Insured NRIC	201431292N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	81006913
Email Address		OI Vehicle Number	SJW7247U	TP Vehicle Number	SJM2728J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW7247U / SJM2728J ON 29 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/05/2019 22:04	Claim Close Date		Date Received	07/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment

Accident No.	MT/1043417	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2019 22:05










Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	



<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:09	SAS	Normal	SAS 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 May 2019 22:04	Photos	Normal	Photos 2019-5-7		<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"/>				