

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA11927768**

Date In: <b>30/1/14 - 18:35</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/HC1920965/14</b>	SAS e-filing		
Veh No: <b>SMJ 1922</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>29/1/14 - 14:00</b>	i-Motor Claim Form	<b>17/1046946-03</b>	<b>30/1/14 19:06</b>
OD <b>TP</b> 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: <b>MD858 IL</b>	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

<b>NA11904087</b>	<b>Invoice Preparation Checklist</b>		Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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:-			
	<b>ON*</b>			
	*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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat 1:				
Cat 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	30/05/2019 18:55
Date Of Accident	29/05/2019 14:00
Exact Location Of Accident	SLIP RD JLN EUNOS TWDS EUNOS CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1906Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID 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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107760033
Cover Note Number	

### Driver

Name of Driver	PHUA NAM HENG
NRIC No	S1389625I
Date Of Birth	16/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93656941
Fax Number	
Contact Number	OFFICE-93656941
Email Address	NOEMAIL



Address	BLK 435 HOUGANG AVENUE 8 #05-1677
Postcode	530435
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 - 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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD8581L
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

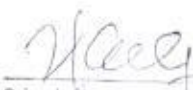
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

On the stated time & date

I am driving my vehicle SMJ1906Z on Jln Eunox wanting to turn left to Eunox crescent, I came to a stop at a zebra crossing suddenly I felt a great impact from my rear. and realise SMD8581L collided to my rear.

## 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:

NRIC/FIN No.:



Date of Accident : 29 May 2019 Accident Time: 2pm (24-HR-Format)  
Accident Place : In Euros turning left to Euros Crescent  
Vehicle Reg. No. (Car Plate No.) : SMD19067  
Vehicle Make/Model : Honda Freed  
Insurance Company : \_\_\_\_\_ Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Jacy Pte Ltd  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Phua Nam Heng 813896251  
DRIVER'S Date Of Birth : 16 Feb 1959 DRIVER'S License Pass Date 17 Jun 1980  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 435 Hougang Ave 8 #05-1677 s' (530435)  
DRIVER'S Contact No./ Alt No. : 1) 93656941 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@MyCar.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMD8581L	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	10/07/2018



Land Transport Authority



# VOCATIONAL LICENCE

Licence No: S13896251  
Name: PHUA NAM HENG

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

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars with unladen weight <= 3500kg with <= 9 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg. 17 Jun 1980



NP 6284

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No: S13896251

PHUA NAM HENG

Birth Date: 16 Feb 1959

Issue Date: 13 Sep 2016



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S13896251



PHUA NAM HENG

陈南兴

Race: CHINESE

Date of Birth: 16-02-1959

Place of Birth: SINGAPORE

Sex: M

For LKK/NAC Use Only



eBaoTech

GeneralClaim

Hello, NAC\_PAVA\_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"/>	5107760033		JACY PTE. LTD.	201705208G	GPC	drive CLASSIC	SMJ1906Z	SMJ1906Z	25/02/2019	24/02/2020



## Policy Information

Policy No.	5107760033	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.					
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/02/2019	Effective Date	25/02/2019 00:00	Expiry Date	24/02/2020 23:59
Excess Type	Per Accident	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	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5109907187		

## Insured Object: SMJ1906Z

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 25 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAN WEI CREDIT PTE LTD CHASSIS NUMBER: GB71073757 ENGINE NUMBER: LEB5608546 VEHICLE REGISTRATION NUMBER: SMJ1906Z ORIGINAL REGISTRATION DATE: 25 Feb 2019

Continue

Cancel



## Claim Handling

Exit

Accident MT/1046946

Policy No.	5107760033	Vehicle No.	SMJ1906Z	GST Registration No.	
Certificate No.					
Policyholder Name	JACY PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201705208G
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	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Report Date	30/05/2019 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	29/05/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD 3LN EUNOS TWDS EUNOS CRESCENT				

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	30/05/2019 19:05:29 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	60 JALAN LAM HURT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5109907187		

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA NAM HENG	Driver NRIC	S13896251	Driver DOB	16/02/1959
Register Date of Driver License	17/05/1980	Driver Age	60	Driving Experience	38
Contact No. (Mobile)	93656941	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 435	Address 2	HOUANG AVENUE 8	Address 3	SINGAPORE 530435
Address 4		Address Type	Singapore address	Post Code	530435
Unit No.	05-1677				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Breathalyzer 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	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No. (Mobile)	96858787	Contact No. (Home)		Contact No. (Office)	*
Email Address	JLCARRE3@GMAIL.COM	OT Vehicle Number	SMJ1906Z	TP Vehicle Number	SM08581L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMJ1906Z / SM08581L ON 29 May 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	30/05/2019 19:06	Claim Close Date		Date Received	30/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1046946	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2019 19:07



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:07	SAS	Normal	SAS 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 30 May 2019 19:06	Photos	Normal	Photos 2019-5-30		<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"/>	