

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA19093399**

Date In: 25/1/19-14:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19-13124/24	SAS e-filing		
Veh No: NE6243C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/1/19-18:30	i-Motor Claim Form	M-11054992021	25/1/19 15:12
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: Vch No: **YN277X** 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

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Tot 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: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QD*			
*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-on INC) against INC \$20			
9) N12: Idac Mobile 30			
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	25/07/2019 14:53
Date Of Accident	24/07/2019 18:30
Exact Location Of Accident	WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF6243C
Insured/Policyholder	
Name Of Registered Owner	ANG TECK HUAT
NRIC No	S1258758I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94501618
Alternative Phone No	OFFICE-94501618
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	5093380749-01
Cover Note Number	
Driver	
Name of Driver	ANG TECK HUAT
NRIC No	S1258758I
Date Of Birth	04/04/1957
Occupation	INDOOR
Date Of Driving Pass	08/05/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501618
Fax Number	
Contact Number	OFFICE-94501618
Email Address	NOEMAIL

Address	BLK 637 WOODLANDS RING ROAD #05-73
Postcode	730637
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	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)	4
Passenger 1	NAME: : NG BOON HIOK GENDER: : FEMALE
Passenger 2	NAME: : NG MUI YIN GENDER: : FEMALE
Passenger 3	NAME: : LIM AH KAU GENDER: : MALE

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	YN2077X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD FAUZI BIN AINI
NRIC/Passport Number	S7805700I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name ANG TECK HUAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF6243C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG BOON HIOK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF6243C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name NG MUI YIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF6243C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name LIM AH KAU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF6243C

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



A → SLF 6243 C

B → YN 2077 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/7/2019, at about 18:30 hrs. I was stationary in my vehicle bearing (SLF 6243C) along woodlands avenue S. Suddenly, I felt a huge impact from the rear of my vehicle. I then alight and realised that a lorry bearing (YN 2077X) had collided into my vehicle. We then exchange particulars and decide to proceed with insurance claims.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 7 / 2019 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: WOODLANDS AVENUE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 6243 C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: S093380749-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WSH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: ANG TECK HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12587581 CONTACT: 9450 1618
 c) ADDRESS: APT BLK 637 WOODLANDS RING ROAD #05-73
SINGAPORE 730 637

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG TECK HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12587581 CONTACT: 9450 1618
 c) ADDRESS: APT BLK 637 WOODLANDS RING ROAD #05-73
SINGAPORE 730 637

* d) DATE OF BIRTH: 04 / 04 / 1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 41

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

WAS ANYBODY INJURED (YES / NO)

a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 2077 X MODEL:
 b) DRIVER'S NAME: MOHAMMAD FAUZI BIN AINI
 c) NRIC/FIN/PASSPORT: S78057001 CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(4)

Ng Boon Hock Female
 S1593162J 2 days
 MC

Ng Mui Yin Female
 S1253679H 2 days
 MC

Lim Ah Kan Male
 S2539012A 2 days
 MC

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

email = nineteen auto works @ gmail . com

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S 7581

SINGAPORE

7581



Name

ANG TECK HUAT



Race

CHINESE

洪泽发

For LKK/NAC Use Only

Date of Birth

04-04-1957

Sex

M

Country of Birth

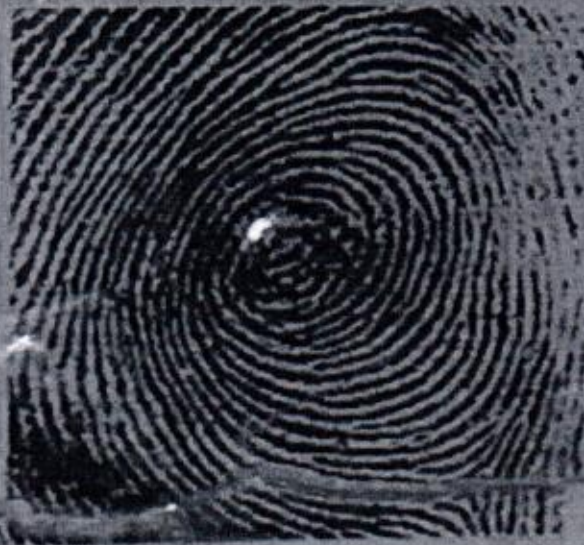
SINGAPORE



22680



NRIC No: S12587581



For LKK/NAC Use Only

Blood Group: O+
Date of Issue: 12-08-1994

APT BLK 637 WOODLANDS RING ROAD #05-73
SINGAPORE 730637

NRIC No: S12587581

Date: 09-12-1998

No: 2808451

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number

2587581

Name

ANG TECK HUAT

For LKK/NAC Use Only

Birth Date: 04 Apr 1957

Issue Date: 20 Aug 2003

000760634H



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

PASS DATE

- Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
- Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

For LKK/NAC Use Only

Licence No: S 1258750

NP 428A

eBaoTech

General Claim

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="24/07/2019 18:30"/>
Vehicle No. (For Motor)	<input type="text" value="SLF6243C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093380749-01		ANG TECK HUAT	S12587581	GPC	drive PREMIUM	SLF6243C	SLF6243C	01/09/2018	31/08/2019

▼ Policy Information

Policy No.	5093380749-01	Policyholder Name	ANG TECK HUAT	Policyholder NRIC	S1258758I
Certificate No.					
Address	BLK 637 #05-73 WOODLANDS RING ROAD SINGAPORE 730637				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/08/2018	Effective Date	01/09/2018 00:00	Expiry Date	31/08/2019 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	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 637 #05-73	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730637
Address 4		Address Type	Singapore address	Post Code	730637
Unit No.		Related Policy Number	5051512296-07		

▶ Insured Object: SLF6243C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1054992

Policy No.	5093380749-01	Vehicle No.	SLP6243C	GST Registration No.	
Certificate No.					
Policyholder Name	ANG TECK HUAT			Policyholder NRIC	S12587581
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	94501618	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		#Code	<input type="text"/>
KPK	<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(%)	40	Private Hire	No

Accident Details

Report Date	25/07/2019 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/07/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 5				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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 637 #05-73	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730637
Address 4		Address Type	Singapore address	Post Code	730637
Unit No.		Related Policy Number	5051512296-07		

01 Driver Info

Driver Name	ANG TECK HUAT	Driver Type	Main Driver	Driver DOB	04/04/1957
Unnamed driver Name		Driver NRIC	S12587581	Driving Experience	41
Register Date of Driver License	08/05/1978	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	94501618	Contact No.(Office)	0	Address 3	SINGAPORE 730637
Address 1	BLK 637	Address 2	WOODLANDS RING ROAD	Post Code	730637
Address 4		Address Type	Singapore address		
Unit No.	05-73				
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	ANG TECK HUAT	Insured NRIC	S12587581
Contact No.(Mobile)	94501618	Contact No.(Home)	63568308	Contact No.(Office)	
Email Address		OT Vehicle Number	SLP6243C	TP Vehicle Number	YN2077X
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLP6243C / YN2077X ON 24 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GSA report	Received
Date Registered	25/07/2019 15:10	Claim Close Date		Date Received	25/07/2019 00:00
Report Taken By	Dackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1054992	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2019 15:11

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...

Browse...

Browse...

Clear

Please Select

1/1

Normal

Clear

Please Select

1/1

Normal

☐ Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:11	SAS	Normal	SAS 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jul 2019 15:10	Photos	Normal	Photos 2019-7-25		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid #ccc; padding: 2px 10px;">Display in New Window</div> <div style="border: 1px solid #ccc; padding: 2px 10px;">Scan and uploading</div> </div>				