

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA119109492

Date In: 2/8/19-14:51	Job description	Date & Time Completed	Done by
Ref No: NA/140190/14223/24	SAS e-filing		
Veh No: 5W70924	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/8/19, 11:50	i-Motor Claim Form	M71058837-001	2/8/19 19:29
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: SLV 70604	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

NA1406370	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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) 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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
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	21/08/2019 14:51
Date Of Accident	21/08/2019 11:50
Exact Location Of Accident	JUNC CAVENAGH RD & KRAMAT LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3092Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KOK PHUI
NRIC No	S1153978E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96823270
Alternative Phone No	OFFICE-96823270

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	5106249473
Cover Note Number	

### Driver

Name of Driver	LEE KOK PHUI
NRIC No	S1153978E
Date Of Birth	25/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96823270
Fax Number	
Contact Number	OFFICE-96823270
Email Address	NOEMAIL

Address	BLK 628B WOODLANDS RING ROAD #13-262
Postcode	732628
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 - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV7060Y
Vehicle Make/Model/Colour	MAZDA
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)	

#### DETAILS OF INJURED PERSON 1

Name	LEE KOK PHUI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJN3092Y
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 revoke 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 based 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.

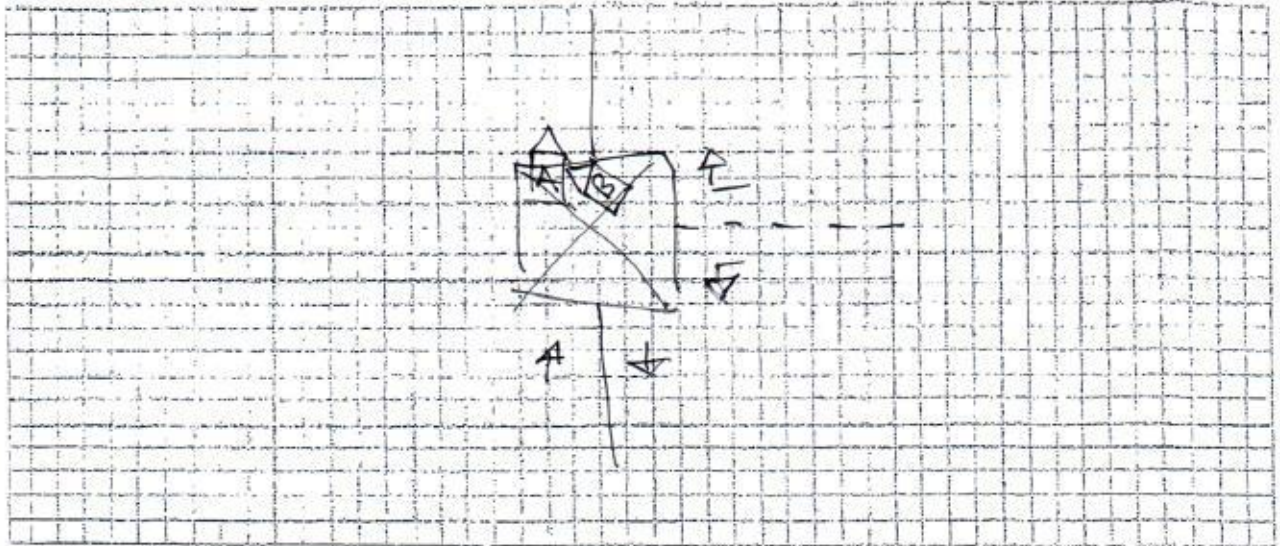
Policyholder's Signature  
Date & Time:

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

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

veh A - SSN 3092Y.  
veh B - SLV 706CY

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling straight on Cavenagh Road, Suddenly veh B came out from Kramat Lane and ~~contacted~~ ~~hit~~ hit onto the ~~the~~ right side of my car.

DECLARATION

(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/PIN No.:

Date of Accident : 21/8/19 Accident Time: 1150 (24-HR-Format)  
Accident Place : Cavenagh Road and Kramat Lane Junction  
Vehicle Reg. No. (Car Plate No.) : SJN 3092 Y  
Vehicle Make/Model : Toyota A/His  
Insurance Company : NTUC Income Policy No. 5106 249473  
Owner or Company Name /IC No. : LEE Kok PHUI S1153978E  
Owner or Company Contact No. : 9682 3270 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Lee Kok Phui  
DRIVER'S Date Of Birth : 25/12/1956 DRIVER'S License Pass Date 05/02/1980  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : 628 B Woodlands Ring Road # 13-262  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): 01 Injuries

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: <u>SLV 7060 Y</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Mazda</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1153978E



Name  
LEE KOK PHUI

Race  
CHINESE

Date of birth  
25-12-1956

Sex  
M

Country of birth  
SINGAPORE

For LKK/NAC Use Only



3646791



NRIC No. S1153978E



For LKK/NAC Use Only

Date of issue  
22-11-2004

Address  
APT BLK 628B WOODLANDS RING ROAD  
#13-252  
SINGAPORE 732628





PASS DATE

18 Aug 2004  
05 Feb 1990

Class 28 Motorcycles < 200 cc  
Class 3 Motor cars < 3000 kg with < 7 passengers,  
exclusive of the driver, and motor tractors  
& vehicles < 2500 kg

For LKK/NAC Use Only

Licence No: S 1153978E



NP 428A

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5106249473

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN3092Y**  
 Chassis Number : MRO53ZEE106131958
2. Name of Policyholder : LEE KOK PHUI
3. Effective Date of Insurance : 13 Dec 2018
4. Expiry Date of Insurance : 12 Dec 2019
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000 <i>with penalty</i>
EXCESS (SECTION 2)	: S\$1,500 <i>without penalty</i>
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE KOK PHUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 12 Dec 2018 14:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106249473		LEE KOK PHUI	S1153978E	GPC	drive CLASSIC	SJN3092Y	SJN3092Y	13/12/2018	10/02/2020

[Continue](#)

 Policy Information

Policy No.	5106249473	Policyholder Name	LEE KOK PHUI	Policyholder NRIC	S1153978E
Certificate No.					
Address	BLK 628B #13-262 WOODLANDS RING ROAD SINGAPORE 732628				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/12/2018	Effective Date	13/12/2018 00:00	Expiry Date	10/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	323.17		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 628B #13-262	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 732628
Address 4		Address Type	Singapore address	Post Code	732628
Unit No.		Related Policy Number	5106249473		

 Insured Object: SJN3092Y

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/08/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 13 Dec 2018 TO 10 Feb 2020 In view of this amendment, an additional premium of \$323.17 (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, credit card or NETS.</p>

Continue

Cancel

## Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1058837

Policy No.	S106249473	Vehicle No.	SJN3092Y	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KOK PHUI			Policyholder NRIC	S1153978E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96823270	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
XPK	<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	Yes

## Accident Details

Report Date	21/08/2019 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	21/08/2019	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CAVENAGH RD & KRAMAT LANE				

## 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 628B #13-262	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 732628
Address 4		Address Type	Singapore address	Post Code	732628
Unit No.		Related Policy Number	S106249473		

## OI Driver Info

Driver Name	LEE KOK PHUI	Driver Type	Main Driver	Driver DOB	25/12/1956
Unnamed driver Name		Driver NRIC	S1153978E	Driving Experience	39
Register Date of Driver License	05/02/1980	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96823270	Contact No.(Office)	0	Address 3	SINGAPORE 732628
Address 1	BLK 628B	Address 2	WOODLANDS RING ROAD	Post Code	732628
Address 4		Address Type	Singapore address		
Unit No.	13-262				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	DO-MIX	Insured Name	LEE KOK PHUI	Insured NRIC	S1153978E
Contact No.(Mobile)	NIL	Contact No.(Home)	62747061	Contact No.(Office)	
Email Address		OI Vehicle Number	SJN3092Y	TP Vehicle Number	SLV7060Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJN3092Y / SLV7060Y ON 21 Aug 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	21/08/2019 19:29	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1058837	Claim No.	001		
Last Doc. Received.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2019 19:30		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

Please Select
NO
Normal

Please Select
NO
Normal

Please Select
NO
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 21 Aug 2019 19:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	SAS	Normal	SAS 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:30	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 19:29	Photos	Normal	Photos 2019-8-21		<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"/>				