

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MND 11413

Date In: 29/1/19-14:34	Job description	Date & Time Completed	Done by
Ref No: NA/140192/1269/24	SAS e-filing		
Veh No: SDQ5762 U	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/1/19-20:05	i-Motor Claim Form	27/1/19 10:05:53-201	29/1/19 14:34
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: JV 9140C	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

NA/140192	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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) 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		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile \$0		
Pat 1:	Invoice dated	Fee Charged	
Pat 2 / 3:	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	29/08/2019 14:34
Date Of Accident	28/08/2019 20:05
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ6767U
Insured/Policyholder	
Name Of Registered Owner	LOH JIAJUN JAMES
NRIC No	S9014237B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91508995
Alternative Phone No	OFFICE-91508995

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	REPORTING ONLY
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	5107628227
Cover Note Number	

Driver

Name of Driver	LOH JIAJUN, JAMES (LU JIAJUN)
NRIC No	S9014237B
Date Of Birth	29/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91508995
Fax Number	
Contact Number	OFFICE-91508995
Email Address	NOEMAIL

Address	BLK 931 YISHUN CENTRAL 1 #05-115
Postcode	760931
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV9140K
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)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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:

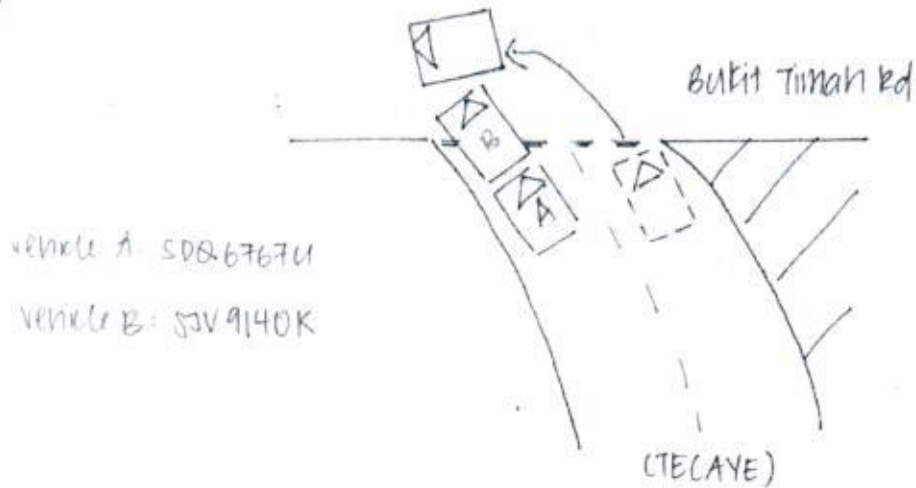
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 date & time, I, vehicle 'A', SDQ6767U, was travelling along the stated venue. The lorry on the right suddenly cut into the front vehicle's lane in which vehicle 'B', SJV9140K suddenly braked. I could not stop in time & collided onto its 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 Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 08 / 2019 (DD/MM/YYYY), TIME: 20:07 (HH:MM)

LOCATION: (TELE) exit 10 Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SD66767U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5107628227
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Loh Jiajun, James (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9074237B CONTACT: 9150 8995
c) ADDRESS: 931 Yishun Central 1 #05-115 S(760931)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 29 / 04 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) ay

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: STV9140K MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____
THIRD PARTY VEHICLE
d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____ CONTACT: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(02) both male

* No of passenger
(including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9014237B**

Name:

**LOH JIAJUN, JAMES
(LU JIAJUN)**

For LKK/NAC Use Only

Birth Date: **29 Apr 1990**

Issue Date: **21 Jul 2009**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9014237B**



Name

**LOH JIAJUN, JAMES
(LU JIAJUN)**

盧 葭 峻

For LKK/NAC Use Only

Race

CHINESE

Date of birth

29-04-1990

Sex

M

Country of birth

SINGAPORE



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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107628227		LOH JIAJUN JAMES	S9014237B	GPC	drive CLASSIC	SDQ6767U	SDQ6767U	25/02/2019	24/02/2020

Policy Information

Policy No.	5107628227	Policyholder Name	LOH JIAJUN JAMES	Policyholder NRIC	S9014237B
Certificate No.					
Address	BLK 931 #05-115 YISHUN CENTRAL 1 SINGAPORE 760931				
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	NG BEE HUA	Agent Tel.	67584250	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 931 #05-115	Address 2	YISHUN CENTRAL 1	Address 3	SINGAPORE 760931
Address 4		Address Type	Singapore address	Post Code	760931
Unit No.		Related Policy Number	5107628227		

Insured Object: SDQ6767U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: KENSO LEASING PTE LTD CHASSIS NUMBER: JM6GJ1072G0217925 ENGINE NUMBER: PE20687973 VEHICLE REGISTRATION NUMBER: SDQ6767U ORIGINAL REGISTRATION DATE: 25 Nov 2015
2	22/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Mar 2019, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this Policy. 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$471.41 (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

Claim Handling

- Exit

Accident MT/1060053

Policy No.	5107628227	Vehicle No.	SDQ6767U	GST Registration No.	
Certificate No.					
Policyholder Name	LOH JIAJUN JAMES	Cover Type	drive CLASSIC	Policyholder NRIC	S9014237B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	91508995	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
Accident Details					
Report Date	29/08/2019 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2019	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD CTE (AYE) TWOS BUKIT TIMAH RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits	
GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address	
Address 1	BLK 931 #05-115
Address 2	YISHUN CENTRAL 1
Address 3	SINGAPORE 760931
Address 4	
Address Type	Singapore address
Post Code	760931
Unit No.	
Related Policy Number	5107628227

01 Driver Info	
Driver Name	LOH JIAJUN JAMES (LU JIAJUN)
Unnamed driver Name	
Register Date of Driver License	21/07/2008
Contact No.(Mobile)	91508995
Contact No.(Office)	0
Address 1	BLK 931
Address 2	YISHUN CENTRAL 1
Address 3	SINGAPORE 760931
Address 4	
Address Type	Singapore address
Post Code	760931
Unit No.	05-115
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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOH JIAJUN JAMES	Insured NRIC	S9014237B
Contact No.(Mobile)	91508995	Contact No.(Home)	67584250	Contact No.(Office)	67584250
Email Address	james1990@gmail.com	OT Vehicle Number	SDQ6767U	TP Vehicle Number	SJV9140K
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDQ6767U / SJV9140K GN 28 Aug 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	29/08/2019 14:54	Claim Close Date		Date Received	29/08/2019 00:00
Report Taken by	Jackson				
<input checked="" type="checkbox"/> Print AK letter.					

Save Submit

Attachment

Accident No.	MT/1060053	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/08/2019 14:54
Path *		Category *	
		Confidential	Urgency *
			Description *

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"/>
<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? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	SAS		Normal	SAS 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Aug 2019 14:54	Photos		Normal	Photos 2019-8-29		Edit

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"/>					