

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 119 116309

Date In: 14/1/19-19:47	Job description	Date & Time Completed	Done by
Ref No: HA/INC 19015506/24	SAS e-filing		
Veh No: J166 86360	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/19-18:05	i-Motor Claim Form	M7/1057641-002V	2/4/19 20:46
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: 57457956	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%; F: 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

HA1406672	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	in 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	9) N12: Idac Mobile 30		
	10) N11: TP (N-on INC) against INC \$20		
	11) N12: Idac Mobile 30		
	12) N12: Idac Mobile 30		
	13) N12: Idac Mobile 30		
	14) N12: Idac Mobile 30		
	15) N12: Idac Mobile 30		
	16) N12: Idac Mobile 30		
	17) N12: Idac Mobile 30		
	18) N12: Idac Mobile 30		
	19) N12: Idac Mobile 30		
	20) N12: Idac Mobile 30		
	21) N12: Idac Mobile 30		
	22) N12: Idac Mobile 30		
	23) N12: Idac Mobile 30		
	24) N12: Idac Mobile 30		
	25) N12: Idac Mobile 30		
	26) N12: Idac Mobile 30		
	27) N12: Idac Mobile 30		
	28) N12: Idac Mobile 30		
	29) N12: Idac Mobile 30		
	30) N12: Idac Mobile 30		
	31) N12: Idac Mobile 30		
	32) N12: Idac Mobile 30		
	33) N12: Idac Mobile 30		
	34) N12: Idac Mobile 30		
	35) N12: Idac Mobile 30		
	36) N12: Idac Mobile 30		
	37) N12: Idac Mobile 30		
	38) N12: Idac Mobile 30		
	39) N12: Idac Mobile 30		
	40) N12: Idac Mobile 30		
	41) N12: Idac Mobile 30		
	42) N12: Idac Mobile 30		
	43) N12: Idac Mobile 30		
	44) N12: Idac Mobile 30		
	45) N12: Idac Mobile 30		
	46) N12: Idac Mobile 30		
	47) N12: Idac Mobile 30		
	48) N12: Idac Mobile 30		
	49) N12: Idac Mobile 30		
	50) N12: Idac Mobile 30		
	51) N12: Idac Mobile 30		
	52) N12: Idac Mobile 30		
	53) N12: Idac Mobile 30		
	54) N12: Idac Mobile 30		
	55) N12: Idac Mobile 30		
	56) N12: Idac Mobile 30		
	57) N12: Idac Mobile 30		
	58) N12: Idac Mobile 30		
	59) N12: Idac Mobile 30		
	60) N12: Idac Mobile 30		
	61) N12: Idac Mobile 30		
	62) N12: Idac Mobile 30		
	63) N12: Idac Mobile 30		
	64) N12: Idac Mobile 30		
	65) N12: Idac Mobile 30		
	66) N12: Idac Mobile 30		
	67) N12: Idac Mobile 30		
	68) N12: Idac Mobile 30		
	69) N12: Idac Mobile 30		
	70) N12: Idac Mobile 30		
	71) N12: Idac Mobile 30		
	72) N12: Idac Mobile 30		
	73) N12: Idac Mobile 30		
	74) N12: Idac Mobile 30		
	75) N12: Idac Mobile 30		
	76) N12: Idac Mobile 30		
	77) N12: Idac Mobile 30		
	78) N12: Idac Mobile 30		
	79) N12: Idac Mobile 30		
	80) N12: Idac Mobile 30		
	81) N12: Idac Mobile 30		
	82) N12: Idac Mobile 30		
	83) N12: Idac Mobile 30		
	84) N12: Idac Mobile 30		
	85) N12: Idac Mobile 30		
	86) N12: Idac Mobile 30		
	87) N12: Idac Mobile 30		
	88) N12: Idac Mobile 30		
	89) N12: Idac Mobile 30		
	90) N12: Idac Mobile 30		
	91) N12: Idac Mobile 30		
	92) N12: Idac Mobile 30		
	93) N12: Idac Mobile 30		
	94) N12: Idac Mobile 30		
	95) N12: Idac Mobile 30		
	96) N12: Idac Mobile 30		
	97) N12: Idac Mobile 30		
	98) N12: Idac Mobile 30		
	99) N12: Idac Mobile 30		
	100) N12: Idac Mobile 30		



**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	02/09/2019 19:47
Date Of Accident	10/08/2019 16:05
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKG3636D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM BAO CUN
NRIC No	S8513809Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859957
Alternative Phone No	OFFICE-96859957

**Vehicle Particulars**

Manufacturer	PORSCHE
Model	CAYMAN TIPTRONIC
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	REPORTING ONLY
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	5109999514
Cover Note Number	

**Driver**

Name of Driver	SIM BAO CUN
NRIC No	S8513809Z
Date Of Birth	21/05/1985
Occupation	INDOOR
Date Of Driving Pass	19/03/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859957
Fax Number	
Contact Number	OFFICE-96859957
Email Address	NOEMAIL

Address	BLK 113A MCNAIR ROAD #18-276
Postcode	322113
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	SJY5795G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH HANGTONG (XU HANGTONG)
NRIC/Passport Number	S9130857F
Contact Number	96475685
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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.



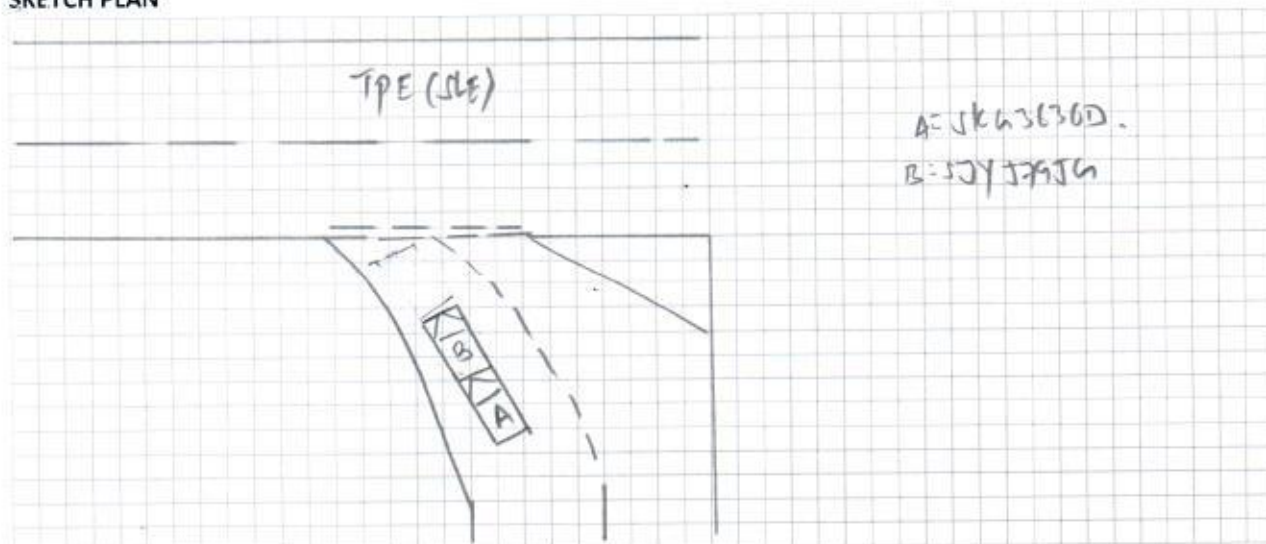
Policyholder's Signature  
Date & Time:

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 SATTED DATE AND TIME,I WAS TRAVELLING ALONG THE SLIP RD OF PIE (CHANGI). I LOOK ON MY RIGHT VIEW TO CHECK THE TRAFFIC ALONG THE MAIN RD. SUDDENLY VEHICLE B JAMMED BRAKE WAY BEFORE THE STOPPING LINE OF THE SLIP RD. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION. I WISH TO STATE THAT THE MAIN ROAD WAS CLEAR BEFORE THIS ACCIDENT HAPPEN. HE CAME DOWN AND I ASKED HIM IF HIS INJURED AND HE CLAIMED THAT HE WAS FINE, HE WALKED AROUND AND SNAP SOME PHOTOS.



# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 8 / 19) (DD/MM/YYYY), TIME: (16 : 05) (HH:MM)

LOCATION: 517 Rd PTE (Changi) 1st TPE (SLE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 2636D  
 b) INSURANCE COMPANY: NIVC  
 c) POLICY NUMBER: 512999914  
 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: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Sim Bao Cun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S85138092 CONTACT: 96889957  
 c) ADDRESS: Blk 113A Menara Road #18-226 (322119)

\* 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: (21 / 8 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/3/2004

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5J457456 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Loah Hanglong (Xu Hanglong)  
 c) NRIC/FIN/PASSPORT: S9130852P CONTACT: 96425685

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
( )

Email =

fax =

VIDEO =

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"/>	5109999514		SIM BAO CUN	S8513809Z	GPC	Prestige	SKG3636D	SKG3636D	03/06/2019	02/06/2020

Continue



## Claim Handling

Exit

## Accident MT/1057641

Policy No.	510999514	Vehicle No.	SKG36360	GST Registration No.	
Certificate No.					
Policyholder Name	SIM BAO CUN			Policyholder NRIC	S85138092
Product Code	PRIVATE CAR INSURANCE	Cover Type	Prestige	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	YCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available
<b>Accident Details</b>					
Report Date	14/08/2019 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/08/2019	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD OF EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	1,000.00		
OD Standard Excess	5,000.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	5000.00	Total TP Excess Applicable	0.00		

<b>Benefits</b>	
<b>GST Registered Information</b>	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

<b>Policyholder Mailing Address</b>	
Address 1	BLK 48 #05-161
Address 2	ST. GEORGE'S LANE
Address 3	SINGAPORE 321004
Address 4	
Address Type	Singapore address
Post Code	321004
Unit No.	
Related Policy Number	510999514

<b>OT Driver Info</b>	
Driver Name	Driver Type
Unnamed driver Name	Driver NRIC
Register Date of Driver License	Driver Age
Contact No.(Mobile)	Contact No.(Office)
Address 1	Address 2
Address 4	Address Type
Unit No.	Foreign address
Does he own a Singapore Registered car?	Post Code
<input type="radio"/> Yes <input checked="" type="radio"/> No	
Driver Vehicle No.	Driver Insurer Company

Modification History

## Claim 002 New

Claim Type *	OD-MX	Insured Name	SIM BAO CUN	Insured NRIC	S85138092
Contact No.(Mobile)	96859957	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ZABRIEL32M@GMAIL.COM	OT Vehicle Number	SKG36360	TP Vehicle Number	5Y5795G
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKG36360 / 5Y5795G DN 10 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	02/09/2019 20:46	Claim Close Date		Date Received	02/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					













Save Submit

## Attachment

Accident No.	MT/1057641	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/09/2019 20:48	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	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) on 02 Sep 2019 20:48	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	SAS		SAS 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 20:47	Photos		Photos 2019-9-2		<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"/>				