

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) **MAJ 9 11 6868**

Date In: 3/4/19-17:24	Job description	Date & Time Completed	Done by
Ref No: HA/NC190560324	SAS e-filing		
Veh No: W8276P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 3/4/19-09:30	i-Motor Claim Form	MA/1060859-01	3/4/19 17:38
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: **WMC30096** 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

HA190577

Invoice Preparation Checklist

Ant (\$)
Est Bill

Ant (\$)
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:-

Q1*

*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 (N11) 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:-

at 1:

at 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	03/09/2019 17:24
Date Of Accident	03/09/2019 09:30
Exact Location Of Accident	QUEENSWAY TWDS ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8076P
Insured/Policyholder	
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Co Reg No	201726333W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94552277
Alternative Phone No	OFFICE-94552277

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094624759-01
Cover Note Number	

Driver

Name of Driver	ARIRAMAN MURUGAN
Passport No/FIN	G7697071N
Date Of Birth	03/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81572121
Fax Number	
Contact Number	OFFICE-81572121
Email Address	NOEMAIL

Address	15 YISHUN INDUSTRIAL STREET 1 #01-21 WIN 5
Postcode	768091
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?	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)	2
Passenger 1	NAME: : AMIN MID RAHMAT ALI 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	SMC3009L
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)

1

DETAILS OF INJURED PERSON 1

Name ARIRAMAN MURUGAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GY8076P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AMIN MID RAHMAT ALI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GY8076P
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.



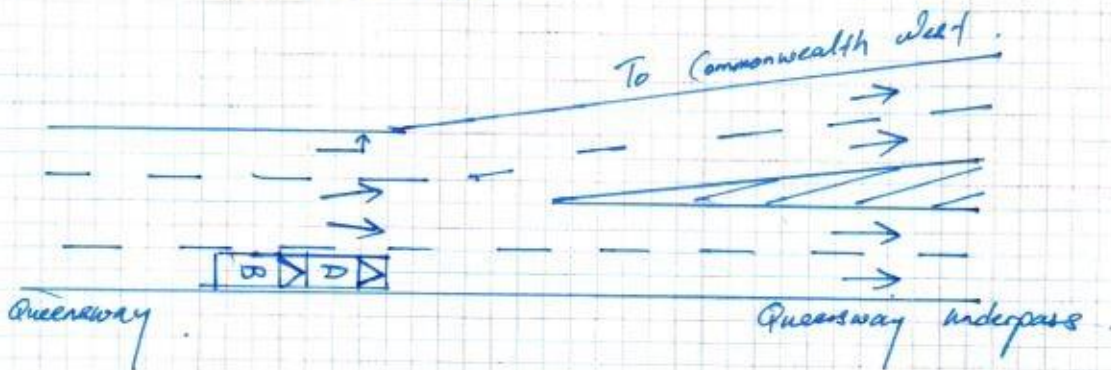
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) GY 8076 P
(B) SMC 3009 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/09/19 at @ 0930 hrs, I was travelling in my vehicle (GY 8076 P) along Queensway towards Adam Road before Queensway underpass on the right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SMC 3009 L) from behind collided onto the rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature

Date & Time:

[Signature]
Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]
Reporting Centre Personnel's Signature

Name:

Vehicle No.	GY 8076 P		Model / Make	Toyota Hiace
Date of Accident	03/09/19			
Time of Accident	0930 HRS			
Location of Accident	Queensway towards Adam before Queensway underpass			
Exact purpose use during accident	Commercial used.			
Name of Owner	EZY-1 Leasing Pte Ltd.			
Telephone No.	H/P: 9455 2277	Home:	Office:	
NRIC	201726333 W			
Address	15, Yeshun Industrial Street 1 #01-21, Win 5 (S) 768091			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5094624759-01			
Name of Driver	As Above If No, Ariraman Murugan			
NRIC	67697071 N	Any Passengers: 01 (M)		
Date of birth	03/06/1981			
Occupation	Outdoor / Indoor			
Driving License Pass Date	30/04/2013			
Gender	Male / Female			
Contact No.	H/P: 81572121	Home:	Office:	
Address	15, Yeshun Industrial Street 1 #01-21, Win 5 (S) 768091			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state <i>hired</i>		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No	If Yes, Who?		
Name And Contact No.	Ariraman Murugan (H/P: 81572121)			
Name And Contact No.	Amin Md Rahmat Ali (H/P: 9880 6864)			
Police Report	No	If Yes, Where?		
Vehicle B No.	SMC 3009 L		Any Passengers:	N.A.
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	N.A.		Witness Contact:	N.A.
Accident Portion	Rear Portion			
Camera Recorder	Yes <input checked="" type="checkbox"/> No			
Email Address				
PARTICULAR WORKSHOP	Zi Teng			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Teng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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 : 5094624759-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **GY8076P**

Chassis Number

: JTFHS02PX00024711

2. Name of Policyholder

: EZY-1 LEASING PTE LTD

3. Effective Date of Insurance

: 20 Sep 2018

4. Expiry Date of Insurance

: 19 Sep 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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)

: N/A

EXCESS (SECTION 2)

: S\$1,500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN PTE LTD

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

: SONA INSURANCE AGENCIES (00000573757)

Date of Issue

: 19 Sep 2018 13:03 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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094624759-01		EZY-1 LEASING PTE LTD	201726333W	GFT	Third Party, Fire & Theft	GY8076P	GY8076P	20/09/2018	

Policy Information					
Policy No.	5094624759-01	Policyholder Name	EZY-1 LEASING PTE LTD	Policyholder NRIC	201726333W
Certificate No.					
Address	15 YISHUN INDUSTRIAL STREET 1 #01-21 WIN 5 SINGAPORE 768091				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/09/2018	Effective Date	20/09/2018 00:00	Expiry Date	19/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	SONA INSURANCE AGENCIES	Agent Tel.	81131335	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address					
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-21 WIN 5	Address 3	SINGAPORE 768091
Address 4		Address Type	Singapore address	Post Code	768091
Unit No.	01-21	Related Policy Number	5098932565-01		

Insured Object: GY8076P

Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	08/10/2018 00:00	Basic Information Endorsement	000001286918636	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YM6451C 08-10-2018 \$1,219.16 In view of this amendment, an additional premium of \$1,219.16 (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 or NETS.</p>
2	11/10/2018 00:00		000001286921162		
		Basic Information		Endorsement Take	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB8113X 11-10-2018 \$1,208.62 In view of this amendment, an additional premium of \$1,208.62 (inclusive of GST) is payable under your policy Please ignore this premium payment</p>

Claim Handling

Exit

Accident MT/1060859

Policy No.	5094624759-01	Vehicle No.	GY8076P	GST Registration No.	
Certificate No.					
Policyholder Name	EZY-1 LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201726333W
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94552277	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="10"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	03/09/2019 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/09/2019	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENSWAY TWDS ADAM RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-21 WIN 5	Address 3	SINGAPORE 768091
Address 4		Address Type	Singapore address	Post Code	768091
Unit No.	01-21	Related Policy Number	5094624759-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/04/1981
Unnamed driver Name	ARIRAMAN MURUGAN	Driver NRIC	G7697071N	Driving Experience	6
Register Date of Driver License	30/04/2013	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	81572121	Contact No.(Office)	0	Address 3	SINGAPORE 768091
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	WIN 5	Post Code	768091
Address 4		Address Type	Singapore address		
Unit No.	01-21				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	EZY-1 LEASING PTE LTD	Insured NRIC	201726333W
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	GY8076P	TP Vehicle Number	SMC3009L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GY8076P / SMC3009L ON 3 Sept 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	03/09/2019 17:38	Claim Close Date		Date Received	03/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1060859	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/09/2019 17:39		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Browse... Clear	Please Select	<input type="radio"/> NO	Normal	
	Clear	Please Select	<input type="radio"/> NO	Normal	

Browse...

Browse...

Browse...

Clear

Please Select

NO

Normal

Clear

Please Select












NO

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 03 Sep 2019 17:19	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	SAS		SAS 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Sep 2019 17:38	Photos		Photos 2019-9-3		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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>				