

NATIONAL Assessment Centre Services

(wef 1-Jan-00)

MMA 117154835

Date In: 23/11/17 09:51	Job description	Date & Time Completed	Done by
Ref No: MA/INC 17022339/h4	SAS e-filing		
Veh No: PC 1690X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/11/17 14:10	i-Motor Claim Form	MT/0970953	24/11/17 09:42
OD / TP / Repairing 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:

SLN 1186A

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: -

Date/Time Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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		
	9) N12: Idac Mobile		
QC Checked by (Engr-In-Charge):	*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 (Non-INC) against INC \$20		
Lat. 1:	Invoice dated	Fee Charged	
Lat. 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 ability.
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 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	23/11/2017 09:51
Date Of Accident	22/11/2017 14:10
Exact Location Of Accident	DRIVE WAY OF BLK 846 SIMS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1690X
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE TRANSPORTATION SERVICE PTE. LTD.
Co Reg No	200807976G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92303988

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073270135-02
Cover Note Number	-

Driver

Name of Driver	MA QIANG
Passport No/FIN	G8405723T
Date Of Birth	08/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81897123
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 480 JURONG EAST ST 41 #12-296
Postcode	640480
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	6

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1186A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHIA LEE SENG
NRIC/Passport Number	S1281165I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

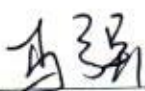
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

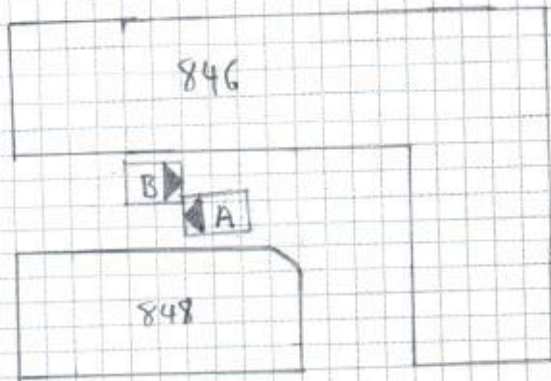


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



A = PC 1690X
B = SLN 1186 A

Drive Way of Blk 846 Sims Drive

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

A Positive Experience

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.:



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171123/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2017 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MA QIANG			Address: 480 JURONG WEST ST 41 #12-296 SINGAPORE 640480		
ID Type / ID No.: FIN NO / G8405723T			Contact No.: Home/Office:		Mobile: 81897123
Nationality: CHINESE			Email:		
Sex: Male	Age: 30	Date of Birth: 08/06/1987	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/11/2017 14:10	Type of Location:
Location: Along Road 1 SIMS DRIVE				
OUTSIDE BLK 846 HDB				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1690X	Van	TOYOTA	TOYOTA HIACE HIROOF AUTO 14 SEATER	White		5
SLN1186A	Car	TOYOTA	VIOS 1.5E CVT	Grey		2



**SINGAPORE
POLICE FORCE**



T/20171123/2062

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171123/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MA QIANG	ID No.	G8405723T
Related Vehicle	PC1690X (Van)	Contact No.	81897123
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIA LEE SENG	ID No.	S1281165I
Related Vehicle	SLN1186A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 22/11/2017 AT 1410HRS AT SIMS DRIVE,

I HAD JUST COME OUT OF THE CARPARK AND WAS MAKING A TURN. AFTER MAKING A TURN, THERE WAS A CAR THAT WAS STOPPED IN THE MIDDLE OF THE ROAD SLIGHT TO THE RIGHT. AS I WAS MAKING A TURN WITH MY VAN, I HAD TO TURN OUT MORE TOWARDS THE RIGHT. THERE WAS NO SIGNAL LIGHTS ON THE CAR AND COLLIDED INTO THE VEHICLE AFTER MAKING THE TURN. THE FRONT-RIGHT OF MY VEHICLE COLLIDED INTO THE FRONT RIGHT OF HIS VEHICLE. DURING THE COLLISION, HIS PASSENGERS WERE ALIGHTING AND ONE OF THE PASSENGERS FELL. AS A RESULT, AMBULANCE WAS CALLED IN ADDITION TO THE POLICE.



SINGAPORE
POLICE FORCE



T/20171123/2062

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171123/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/11/2017 13:28

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ALLIANCE TRANSPORTATION SERVICE PTE. LTD.

Sector: **SERVICE**

Name
MA QIANG
Occupation
BUS DRIVER

S Pass No.
0 7295484-

Date of Application
24-06-2016

Date of Issue
22-08-2016

Date of Expiry
22-08-2018

L7137373

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **G8405723T**

Name : **MA QIANG**

Issue Date : **17/10/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8405723T**

Name:
MA QIANG

Birth Date: **08 Jun 1987**

Issue Date: **01 Sep 2016**

Valid Till **31/08/2021**

002605096G

VISIT PASS
Immigration Regulations

Name
MA QIANG

Date of Birth: **08-06-1987** Sex: **M** Nationality: **CHINESE**

FIN: **G8405723T** Date of Issue: **22-08-2016** Date of Expiry: **22-08-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	17/10/2016

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	11 Dec 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	18 Aug 2009

NP 428A

Licence No: **G8405723T**

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 : 5073270135-02

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : PC1690X |
| Chassis Number | : JTFST22P800015648 |
| 2. Name of Policyholder | : ALLIANCE TRANSPORTATION SERVICE PTE. LTD. |
| 3. Effective Date of Insurance | : 17 Aug 2017 |
| 4. Expiry Date of Insurance | : 16 Aug 2018 |
| 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 13 passengers | |

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 (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PART VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 16 Aug 2017 08:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0970953

Policy No.	5073270135-02	Vehicle No.	PC1690X	GST Registration No.	
Policyholder Name	ALLIANCE TRANSPORTATION SERVICE PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)	92303988	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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		

Report Date

23/11/2017 17:02

Accident Report Within 24 hrs

Yes

Accident Type

Unknown

Date of Accident

22/11/2017

Time of Accident hh:mm

14:10

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

DRIVE WAY OF BLK 846 SJMS DRIVE

Benefits

Excess

Own damage Excess

2,000.00

Additional Excess

Windscreen Excess

Unnamed Driver Excess

Outside Singapore OD Excess

Third Party Excess

1,500.00

Outside Singapore TP Excess

GST Registered

Yes

GST Registration No.

200807976G

GST Registration Date

01/09/2011

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

486 MILTONIA CLOSE

Address 2

SINGAPORE 768173

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5055851801-05

Driver Name

Unnamed Driver

Unnamed driver Name

MA QIANG

Register Date of Driver License

17/10/2016

Contact No.(Mobile)

81897123

Address 1

BLK 480 #12-296

Address 4

SINGAPORE 640480

Unit No.

12-296

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Type

Unnamed Driver

Driver NRIC

G8405723T

Driver Age

30

Contact No.(Office)

Address 2

JURONG WEST STREET 41

Address Type

Singapore address

Post Code

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	ALLIANCE TRANSPORTATION S	Insured NRIC	
Contact No.(Mobile)	93392288	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	PC1690X	TP Vehicle Number	
Claim Description	PC1690X / SLN1186A ON 22 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	24/11/2017 09:40	Claim Close Date			
Report Taken By	LIJEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0970953	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 09:42
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:42	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:40	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>