

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA 117170449

Date In: 28/12/17 15:31	Job description	Date & Time Completed	Done by
Ref No: NAL INC 17024602/64	SAS e-filing		
Veh No: GBE 7509 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/12/17 19:15	i-Motor Claim Form	MT10972819	28/12/17 15:47
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: SLA 8954 Y	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

NA1708030	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100) INC (\$80)	30.00	
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 - SMRI 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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	28/12/2017 15:31
Date Of Accident	06/12/2017 19:15
Exact Location Of Accident	ALONG JOO CHIAT RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7509D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN YAM HENG DEPT STORE
Co Reg No	22018300K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67424325

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078189353-01
Cover Note Number	-

#### Driver

Name of Driver	YEO KHEE HUA
NRIC No	S0041301A
Date Of Birth	29/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	01/05/1969
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96871356
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 123A RIVERVALE DR #06-125
Postcode	541123
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

PLEASE REFER TO ATTACHED 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	SLA8954Y
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)	

## 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.

SIN NAM HENG DEPARTMENT STORE  
Apt Bkt 46 Sims Place 401-107  
Singapore 380046

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

Unable to Provide sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

Apri 88k 15 Sims Place #01-157  
Singapore 380048

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.:

I RECEIVED A LETTER FROM MY INSURANCE COMPANY REGARDING MY VEH HAD OCCUR AN ACCIDENT WITH OTHER PARTY VEH ALONG JOO CHIAT RD, BUT I CANNOT RECALL HAVE HAPPENED ANY ACCIDENT ON THE DAY, I WAS SUSPRISES I RECEIVED THIS LETTER BECAUSE ONLY CERTAIN TIME WILL DELEVERY TO THE JOO CHIAT RD, BUT ON THAT DAY, I NOT AWARE I WAS INVOLVED ANY INCIDENT ALONG THE PLACE.

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 12 / 17 ) (DD/MM/YYYY), TIME: ( 19 : 15 ) (HH:MM)

LOCATION: Along Joo Chiat Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E 7509D  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
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: Working  
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: Sin Yam Heng Dept Store (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 67424325  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Yeo Khee Hua (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96871356  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 / 05/1969

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

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: 3LA 8954Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 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 passenger  
(including driver)  
(      )

\*No of passenger  
(including driver)  
(      )

wanting LG price report

email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0041301A



Name  
YEO KHEE HUA



楊啟華

Race  
CHINESE

Date of Birth  
29-01-1952

Sex  
M

Country of Birth  
SINGAPORE



0557855



NRIC No. S0041301A



Blood Group  
B+

Date of issue  
09-10-1992

APT BLK 123A RIVERVALE DRIVE #06-125  
SINGAPORE 541123

NRIC No: S0041301A

Date: 04/12/1998 (R)





**SINGAPORE  
POLICE FORCE**



T/20171227/2089

1 of 2

**POLICE REPORT (NP322)**

Report No. T/20171227/2089

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

Date/Time Report Made 27/12/2017 15:31		Vide Report No.		Station Diary No.	
Name Of Informant YEO KHEE HUA		Address APT BLK 123A RIVERVALE DRIVE #06-125 HDB- KANGKAR SINGAPORE 541123			
ID Type / ID No. NRIC NO / S0041301A		Contact No. Home/Office                      Mobile 96871356			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation ADVERTISING DRIVER		Sex Male	Age 65	Date of Birth 29/01/1952	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 27/11/2017 00:00		Location Of Incident HOUGANG STREET 21 SINGAPORE			

**Brief details.**

AT THE ABOVE MENTIONED TIME DATE AND PLACE.

I WAS TAKING OUT SOMETHING FROM MY POCKET AND MY DRIVER'S LICENSE FELL OUT AND  
NOW I CANT FIND IT.

**Property Information**

Signature Of Officer Recording The Report:  TP / TAN KIN WAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2017 15:31
Officer In-Charge Of Case: TP / Traffic Police Division HQ / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE  
POLICE FORCE**



T/20171227/2089

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. T/20171227/2089

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		

Signature Of Officer Recording The Report:

TP / TAN KIN WAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
TP / Traffic Police Division HQ /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476423

Authentication Stamp

Signature Of Informant:

Date/Time:  
27/12/2017 15:31

Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE  
POLICE FORCE**

**TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
[www.police.gov.sg](http://www.police.gov.sg)**

**Private & Confidential**

YEO KHEE HUA

APT BLK 123A RIVERVALE DRIVE #06-125  
SINGAPORE 541123

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

**You can drive while awaiting the delivery of your photocard driving licence**

Please turn overleaf for important notes.

S0041301A  
(3)

C001318689

\$25/-

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE.

~~27/12/2017~~

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5078189353-01	SIN YAM HENG DEPT STORE	22018300K	GCV	Comprehensive	GBE7509D	GBE7509D	18/03/2017	17/03/2018



Our Ref: MT/CA/TP/020/0972819-001/CH/PJT

19 Dec 2017

**CERTIFICATE OF POSTING  
REMINDER**

SIN YAM HENG DEPT STORE  
BLK 46 #01-187  
SIMS PLACE  
SIMS VISTA  
SINGAPORE 380046

Dear Policyholder

**CLAIM NUMBER: MT/0972819-001**  
**ACCIDENT INVOLVING GBE7509D / SLA8954Y on 6 Dec 2017**

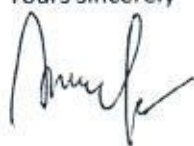
We refer to our letter of 08 Dec 2017.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Corinne Hoo at 6430 7935 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance

## Claim Handling

Accident MT/0972819

Policy No.	5078189353-01	Vehicle No.	GBE7509D	GST Registration No.	
Policyholder Name	SIN YAM HENG DEPT STORE			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
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	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

**Accident Details**

Report Date	08/12/2017 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	06/12/2017	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JOO CHIAT ROAD				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/12/2017 14:11:53 Nur Shahira Hassan changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 46 #01-187	Address 2	SIMS PLACE	Address 3	
Address 4	SINGAPORE 380046	Address Type	Singapore address	Post Code	
Unit No.	01-187	Related Policy Number	5078189353-01		

**OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SIN YAM HENG DEPT STORE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GBE7509D	TP Vehicle Number	
Claim Description	GBE7509D / SLA8954Y ON 6 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	28/12/2017 15:46	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

## Attachment

Accident No.	MT/0972819	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/12/2017 15:47

Path \*

Category *	Confidential	Urgency
<b>Browse...</b> <b>Clear</b> Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<b>Browse...</b> <b>Clear</b> Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<b>Browse...</b> <b>Clear</b> Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<b>Browse...</b> <b>Clear</b> Please Select	<input type="radio"/> NO <input type="radio"/> YES	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 28 Dec 2017 15:47	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:47	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:47	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:47	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:47	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:47	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2017 15:46	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"/>			