

NATIONAL Assessment Centre Services

[wef: 1 Jan'05] MNA118037987

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------------|
| Date In: 20/3/18 - 16:07 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18005208/24 | SAS e-filing | | |
| Veh No: SDS765D | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 19/3/18 - 21:30 | i-Motor Claim Form | MT/0986911 | 20/3/18 17:47 |
| OD: TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|------------------------------------------|-------------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: JFA6389M | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|-------------------------------------------------|-------------|-----------|
| NA1801742 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | for 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 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile 30 | | |
| | 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 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 | 20/03/2018 16:07 |
| Date Of Accident | 19/03/2018 21:30 |
| Exact Location Of Accident | SLIP RD UPP PAYA LEBAR RD TWDS LOR AH SOO |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SDS765D |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN POH HNG CHRISTOPHER |
| NRIC No | S0380716I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91726082 |
| Alternative Phone No | OFFICE-91726082 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|------------------|
| Manufacturer | SUZUKI |
| Model | SX4 SEDAN 1.6 AT |
| 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 | 5065972746-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | TAN POH HNG CHRISTOPHER |
| NRIC No | S0380716I |
| Date Of Birth | 19/08/1938 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/04/1959 |
| Driving Experience | 58 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91726082 |
| Fax Number | |
| Contact Number | OFFICE-91726082 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------|
| Address | 2 SIGLAP RISE |
| Postcode | 455963 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles 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) | 2 |
| Passenger 1 | NAME: : - |
| | GENDER: : FEMALE |

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD UPPER PAYA LEBAR RD TWDS LOR AH SOO. VEHICLE B WAS AT THE SIDE OF MY VEHICLE AND TRYING CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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 | SFA6389M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TEO TAT MENG |
| NRIC/Passport Number | S1237230B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

2


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:

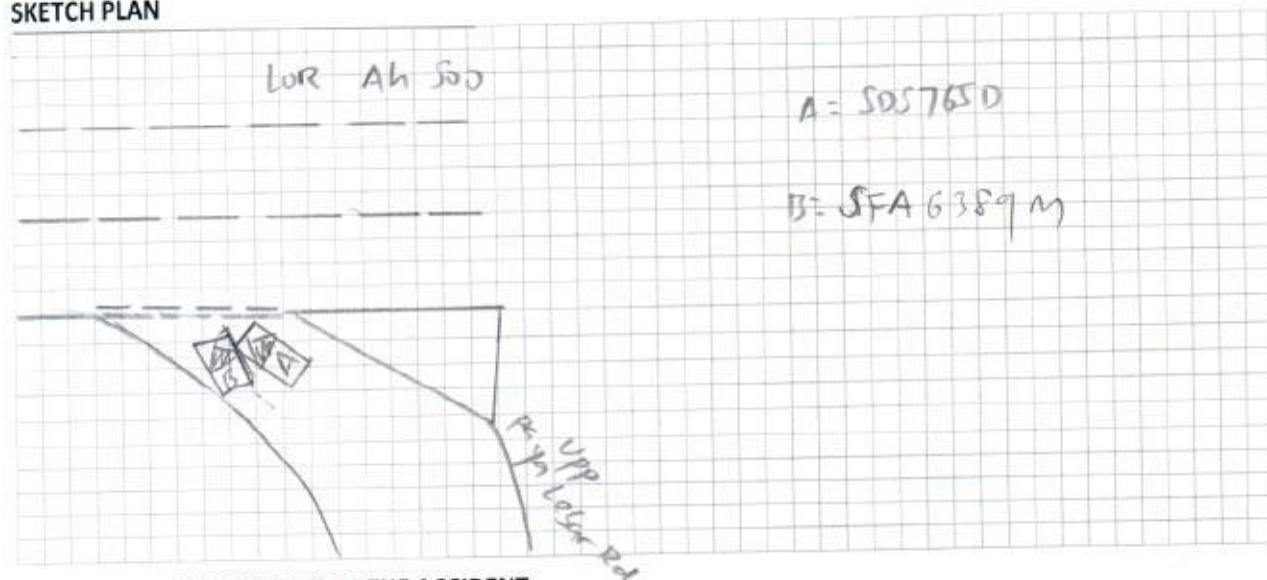
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Incident at Hougang between Mercedes SFA 6389M and my Suzuki SDS 765D on Monday 19/03/2018 at ± 9.30pm.

After dinner at Kovan "Heartland" Mall, my wife and myself left for home via Lotong Ah Soo Hougang Ave 1, 3. I was moving slowly towards the right side of the road, when a dark coloured car on my left without any warning push his way through. I felt a slight touch on the left front side of my car. I drove ahead a little ^{and stopped} so as not to cost a traffic jam. He stopped his car ahead of me. He showed me his car right front mud-guard which appeared to have a small white powdery graze.

I tried to reason with him, but he refused and ^{he thought and said} said that his car was brandnew and ^{that since said} ~~the only way that~~ I was in the wrong, he will send his car to his Mercedes Agent and bill me. I wanted to make a call, but he appeared to be very impatient ^{firm}.

It was then that I ^{agreed} decided to exchange drivers particulars and report to our Insurance Co respectively. We took photos of our I/C both front and back. I suspect he was trying his luck.

Driver of Mercedes SFA 6389M

Mr Teo Tat Meng I/C No. S.1237230B.

Driver of Suzuki SDS 765D

Christopher Tan P.H I/C No. S 0380716E

p/s I did not mention

earlier that there was a lady at the ^{front} passenger seat of his car

~~Starting~~
20/03/2018
4.15 am.

* (H) I forgot to mention that he called me quite Uncle with your years of experience surely you know" Unquote. At that time that I was trying to reason with him

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S03807161



TAN POH HNG CHRISTOPHER

Race
CHINESE

Date of Birth
19-08-1938

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S03807161



TAN POH HNG CHRISTOPHER

Birth Date: 19 Aug 1938

Valid Date: 26 Dec 2009



0000062168C

035358



NRIC No: S03807161



Blood Group: A+ Date of issue: 23-05-1992


NP 428A

SIGLAP RISE
SINGAPORE 1545

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

| Class | Vehicle Class | Pass Date |
|----------|------------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 17 Jun 1964 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 17 Jun 1964 |
| Class 2 | Motorcycles exceeding 400 cc | 17 Jun 1964 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 11 Apr 1959 |

Licensee No: S03807161



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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 type="radio"/> | 5065972746-03 | TAN POH HNG CHRISTOPHER | S03807161 | GPC | drive CLASSIC | SDS765D | SDS765D | 13/05/2017 | 12/05/2018 |

▼ Policy Information

| | | | | | |
|-----------------------------|-----------------------------------------------|-----------------------------|-------------------------|-------------------|------------------|
| Policy No. | 5065972746-03 | Policyholder Name | TAN POH HNG CHRISTOPHER | Policyholder NRIC | S03807161 |
| Address | 2 SIGLAP RISE FRANKEL ESTATE SINGAPORE 455963 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 26/04/2017 | Effective Date | 13/05/2017 00:00 | Expiry Date | 12/05/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | KHC HOLDINGS PTE LTD | Agent Tel. | 62538288 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|---------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 2 SIGLAP RISE | Address 2 | FRANKEL ESTATE | Address 3 | SINGAPORE 455963 |
| Address 4 | | Address Type | Singapore address | Post Code | 455963 |
| Unit No. | | Related Policy Number | 5065972746-03 | | |

► Insured Object: SDS765D

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Accident MT/0986911

| | | | | | |
|---------------------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|------------------------|
| Policy No. | 5055972746-03 | Vehicle No. | S05765D | GST Registration No. | |
| Policyholder Name | TAN POH HNG CHRISTOPHER | | | Policyholder NRIC | S03807161 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No. (Mobile) | 91726082 | Contact No. (Office) | 0 | Contact No. (Home) | 0 |
| Email Address | | Special Remark | | eCode | <div><div></div></div> |
| KPK | <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(%) | 10 | Private Hire | No |
| <div><div></div> Accident Details</div> | | | | | |
| Report Date | 20/03/2018 17:42 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 19/03/2018 | Time of Accident in:mm | 21:30 | Country of Accident | Singapore |
| Reporting Centre | | Grange Force | | ICM No. | |
| Accident Location | SLIP RD UPP PAYA LEBAR RD TWDS LOR AH SOD | | | | |
| <div><div></div> Benefits</div> | | | | | |
| <div><div></div> Excess</div> | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| <div><div></div> GST Registered Information</div> | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | | Yes | |
| Modification History | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|-----------------------|---------------------------------------------------------------|------------------------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | 2 SIGLAP RISE | Address 2 | FRANKEL ESTATE | Address 3 | SINGAPORE 455963 |
| Address 4 | | Address Type | Singapore address | Post Code | 455963 |
| Unit No. | | Related Policy Number | S065972746-03 | | |
| 🔑 DI Driver Info | | | | | |
| Driver Name | TAN POH HNG CHRISTOPHER | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S03807161 | Driver DOB | 19/08/1938 |
| Register Date of Driver License | 11/04/1959 | Driver Age | 79 | Driving Experience | 58 |
| Contact No.(Mobile) | 91725082 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 2 SIGLAP RISE | Address 2 | FRANKEL ESTATE | Address 3 | SINGAPORE 455963 |
| Address 4 | | Address Type | Singapore address | Post Code | 455963 |
| Unit No. | | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | | |
| 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 | TAN POH HING CHRISTOPHER | Insured NRIC | S03807161 |
| Contact No. (Mobile) | 91726082 | Contact No. (Home) | NIL | Contact No. (Office) | |
| Email Address | | Of Vehicle Number | S0S7650 | TP Vehicle Number | SFA6389M |
| Claim Description | S0S7650 / SFA6389M ON 19 Mar 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 20/03/2018 00:00 |
| Date Registered | 20/03/2018 17:47 | Claim Close Date | | | |
| Report Taken By | Jackson | | | | |
| <input type="checkbox"/> Print AK letter | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | |

Attachment

| | | | | | |
|--------------------|---------------------------------------------------------------|-------------|------------------|--|--|
| Accident No. | MT/0986911 | Claim No. | DOI | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 20/03/2018 17:47 | | |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------|----------------------|
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | <input type="text"/> Please Select <input type="button" value="Clear"/> | <input type="text"/> NO <input type="button" value="Clear"/> | <input type="text"/> Normal <input type="button" value="Clear"/> | <input type="text"/> |

| Attachment | Uploaded By/Date | Category |  | Urgency | Description | Msg Sent? (CO) | Action |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------|---------|---------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2018-3-20 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2018-3-20 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | SAS | | Normal | SAS 2018-3-20 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | Photos | | Normal | Photos 2018-3-20 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | Photos | | Normal | Photos 2018-3-20 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | Photos | | Normal | Photos 2018-3-20 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 17:47 | Photos | | Normal | Photos 2018-3-20 | | Edit |
| Video List | | | | | | | |
| Uploaded By/Date | Folder Date | File Name |  | Source | Action | | |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | | | |