

NATION Assessment Centre Services

Date In: 07/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006433/13	SAS e-filing		
Veh No: SJU81857	E-mail (within 8hrs, AP: 2hrs)		
D.O.A: 02/04/18 2145	i-Motor Claim Form	MT/0989411	
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: CYLIST	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

NA1802140	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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	07/04/2018 14:31
Date Of Accident	02/04/2018 21:45
Exact Location Of Accident	TURNING INTO JOO CHIAT RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8185T
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN ALI
NRIC No	S0641619E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-80477574
Alternative Phone No	OTHERS-80477574

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	5092026031
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN ALI
NRIC No	S0641619E
Date Of Birth	31/01/1952
Occupation	INDOOR
Date Of Driving Pass	25/09/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80477574
Fax Number	
Contact Number	OTHERS-80477574
Email Address	NOEMAIL

Address	BLK 35 MARINE CRESCENT #04-71
Postcode	440035
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	COLLIDED INTO BICYCLIST
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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?	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

PLS REFER TO THE POLICE REPORT: T/20180402/2203

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 INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(CYCLIST)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

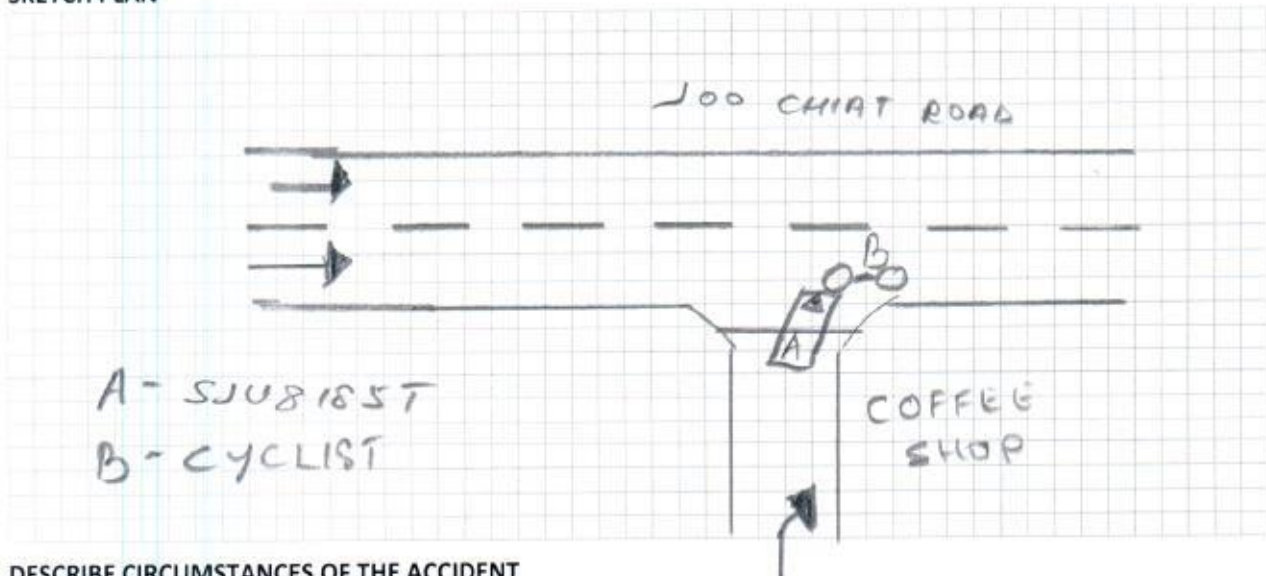
7/4/2018

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

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

07/04/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 1/20180402/2203

DECLARATION

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

Policyholder's Signature

Date & Time:

7/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/04/18



SINGAPORE POLICE FORCE



T/20180402/2203

1 of 3

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

Report No. T/20180402/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 22:43	Vide Report No.: G/20180402/0193	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN ALI			Address: APT BLK 35 MARINE CRES #04-71 HDB-MARINE PARADE SINGAPORE 440035		
ID Type / ID No.: NRIC NO / S0641619E			Contact No.: Home/Office:		Mobile: 80477574
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 31/01/1952	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: LAWYER CLARK			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2018 21:45	Type of Location: T-Junction
Location: Along Road 1 JOO CHIAT ROAD				
TURNING INTO JOO CHIAT ROAD JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU8185T	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8185T	NTUC Income Insurance Co-Operative Limited	5092026031	03/08/2017	28/06/2018



**SINGAPORE
POLICE FORCE**



T/20180402/2203

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

2 of 3

Report No. T/20180402/2203

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	ABDUL RAHMAN BIN ALI	ID No.	S0641619E
Related Vehicle	NIL	Contact No.	80477574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

02/04/2018 @2145HRS (TURNING INTO JOO CHIAT ROAD JUNCTION)

I WAS DRIVING TOWARDS JOO CHIAT ROAD, THE WEATHER CONDICTION WAS CLEAR AND ROAD SURFACE WAS DRY. I WAS DRIVING ALONG A MINOR LANE TURNING INTO JOO CHIAT ROAD, BEFORE THE JUNCTION I STOP MY VEHICLE TO CHECK FOR ANY ONCOMING VEHICLE. THERE WAS NO VEHICLE AND I PROCEED TO MAKE THE TURN, WHEN I AS MAKING THE TURN SUDDENLY THE CYCLIST COLLIDED WITH MY VEHICLE. JOO CHIAT ROAD WAS A ONE WAY ROAD, THE CYCLIST WAS CARRY A LOT OF CARDBOARD BOXES AND RIDING AGAINST THE TRAFFIC FLOW AND COLLIDED WITH MY VEHICLE. I EXITED MY VEHICLE AND I SAW HE WAS WALKING TO THE SIDE OF THE ROAD, I CHECK ON HIM AND HE SAID HIS WRIST WAS INJURED AND I CALLED FOR THE AMBULANCE. WE WAITED FOR THE AMBULANCE AND TRAFFIC POLICE TO ARRIVED, HE WAS CONVEY TO THE HOSPITAL.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180402/2203

3 of 3

Report No. T/20180402/2203

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

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

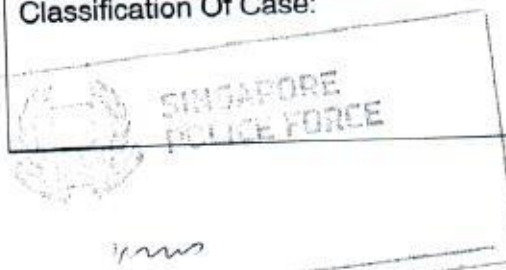
Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/04/2018 22:43

Classification Of Case:



Signature of:

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 04 / 2018 (DD/MM/YYYY), TIME: 21 : 45 (HH:MM)

LOCATION: TURNING INTO JOO CHIAT ROAD JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ48185T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: CHEVROLET CRUZE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- a) NAME: ABDUL RAHMAN BIN ALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0641619E CONTACT: 80477574
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 31 / 01 / 1952 (DD/MM/YYYY)

e) OCCUPATION: INDOOR OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 25 / 09 / 1979

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) cyclist - slight conveyed

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: cyclist MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of pass
(including d)
(-)

9. THIRD PARTY VEHICLE

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

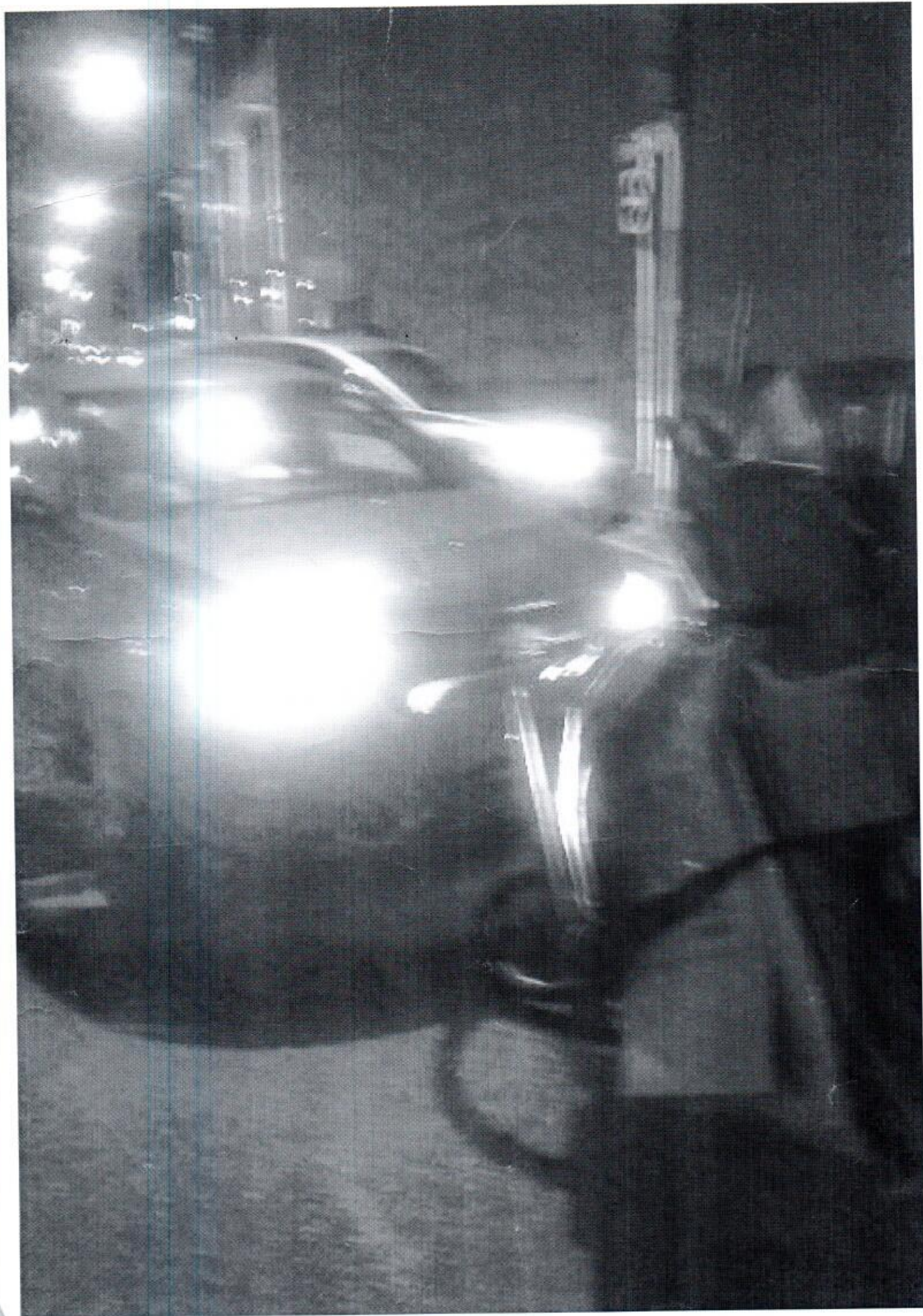
* No of pass
(including d)
(-)

email =

fax =

07/04/18

waiting veh



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S0641619E**

Name
ABDUL RAHMAN BIN ALI

Birth Date **31 Jan 1952**

Issue Date **07 Feb 2006**

001397745G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0641619E**



Name
ABDUL RAHMAN BIN ALI

Race
MALAY

Date of birth
31-01-1952

Sex
M

Country of birth
SINGAPORE





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

	PASS DATE
Class 2B. Motorcycles <= 200 cc	12 Aug 1985
Class 3. Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	25 Sep 1979

NP 428A

Licence No: S0641619E



4113190

NRIC No. **S0641619E**

Date of issue
24-08-2007

Address
**APT BLK 35 MARINE CRESCENT
#04-71
SINGAPORE 440035**



eBaoTech

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

02/04/2018 21:45

Vehicle No.(For Motor)

SJU8185T

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092026031	ABDUL RAHMAN BIN ALI	S0641619E	GPC	drive CLASSIC	SJU8185T	SJU8185T	03/08/2017	28/06/2018

Claim Handling

Accident MT/0989411

Policy No.	5092026031	Vehicle No.	SJUB185T	GST Registration No.	
Policyholder Name	ABDUL RAHMAN BIN ALI			Policyholder NRIC	S0641619E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	80477574	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	07/04/2018 15:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	02/04/2018	Time of Accident hh:mm	21:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TURNING INTO JOO CHIAI RD JUNCTION				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 35 #04-71	Address 2	MARINE CRESCENT	Address 3	SINGAPORE 440035
Address 4		Address Type	Singapore address	Post Code	440035
Unit No.		Related Policy Number	S066923309-03		
OI Driver Info					
Driver Name	ABDUL RAHMAN BIN ALI	Driver Type	Main Driver	Driver DOB	31/01/1952
Unnamed driver Name		Driver NRIC	S0641619E	Driving Experience	39
Register Date of Driver License	01/06/1978	Driver Age	66	Contact No.(Home)	0
Contact No.(Mobile)	80477574	Contact No.(Office)	0	Address 3	SINGAPORE 440035
Address 1	BLK 35	Address 2	MARINE CRESCENT	Post Code	440035
Address 4		Address Type	Singapore address		
Unit No.	#04-71			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ABDUL RAHMAN BIN ALI	Insured NRIC	S0641619E
Contact No.(Mobile)	80477574	Contact No.(Home)	64448663	Contact No.(Office)	
Email Address		01 Vehicle Number	SJUB185T	TP Vehicle Number	CYCLIST
Claim Description	SJUB185T / CYCLIST ON 2 Apr 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	07/04/2018 00:00
Date Registered	07/04/2018 15:04	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment



Accident No.	MT/0989411	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:04	SAS	Normal	SAS 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:04	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:04	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:04	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:03	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Apr 2018 15:02	Photos	Normal	Photos 2018-4-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading