

NATION 11 Assessment Centre Services

Date In: 13/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006872/13	SAS e-filing		
Veh No: 5JM57125	E-mail (within 8hrs, M-F 2hrs)		
Date: 12/04/18 2018	i-Motor Claim Form MT/0990280		
QID: 0 (Paperwork Only)	i-Motor W/O (Within 0-2 hrs, 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: **5LN49965**

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

NA1802321	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30),			
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			
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1	6) TR: Re-inspection \$75			
Cat. 2/3	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OH:			
	*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 date:	Free Charged		
	Invoice dated	Free 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	13/04/2018 12:28
Date Of Accident	12/04/2018 20:10
Exact Location Of Accident	UPP SERANGOON RD TURNING TO POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5712J
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094979400
Cover Note Number	

Driver

Name of Driver	TAN KEE BOON DERRICK
NRIC No	S7124546B
Date Of Birth	08/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1988
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83330222
Fax Number	
Contact Number	
EMail Address	ZZDERRICKTAN@GMAIL.COM

Address	BLK 106 POTONG PASIR AVE 1 #03-460
Postcode	350106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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/20180413/2038

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4996J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LER SAY SIONG, SHAUN
NRIC/Passport Number	S8509743A
Contact Number	97877569
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN KEE BOON DERRICK
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJM5712J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

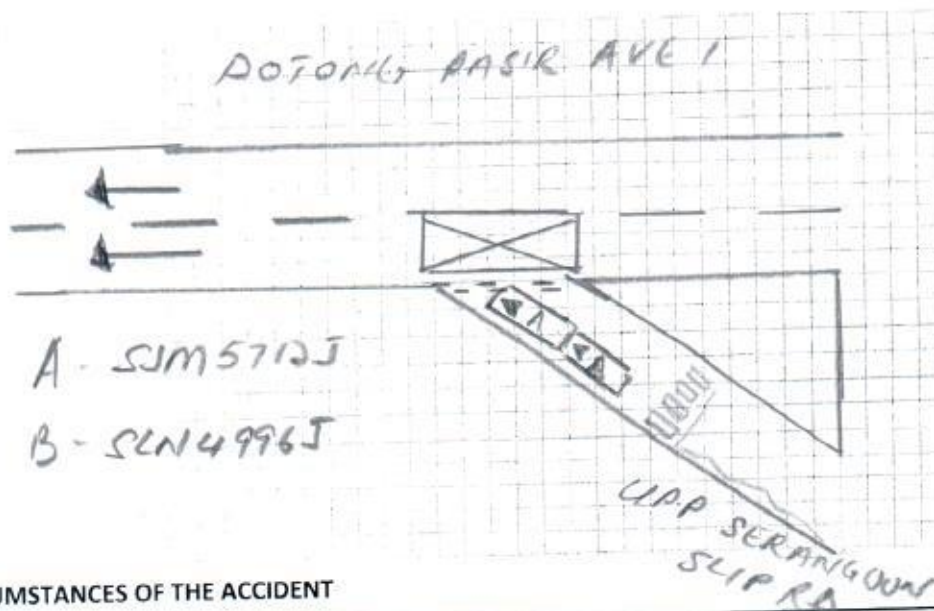


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20180413/2078

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.:



SINGAPORE POLICE FORCE



T/20180413/2038

1 of 3

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

Report No. T/20180413/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2018 11:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN KEE BOON DERRICK			Address: 106 POTONG PASIR AVE 1 #03-460 HDB-POTONG PASIR SINGAPORE 350106	
ID Type / ID No.: NRIC NO / S7124546B			Contact No.: Home/Office: Mobile: 83330222	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 08/06/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2018 20:10	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD POTONG PASIR AVENUE 1 TURNING TO POTONG PASIR AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5712J	Car				Slightly Damaged	0
SLN4996J	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180413/2038

2 of 3

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

Report No. T/20180413/2038

CONTINUATION OF REPORT

Driver			
Name	TAN KEE BOON DERRICK	ID No.	S7124546B
Related Vehicle	SJM5712J (Car)	Contact No.	83330222
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LER SAY SIONG , SHAUN	ID No.	S8509743A
Related Vehicle	SLN4996J (Car)	Contact No.	97877569
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 THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS DRIVING ALONG UPPER SERANGOON ROAD, TURNING INTO POTONG PASIR AVENUE 1. AFTER THE ZEBRA CROSSING, I STOPPED MY VEHICLE TO GIVE WAY TO INCOMING TRAFFIC. I MOVED OFF SLIGHTLY, THEN I SAW A MOTORCYCLE COMING FROM BEHIND, SO I CAME TO A STOP AND GAVE WAY. AFTER ABOUT 3 SECONDS. THE OTHER VEHICLE MENTIONED ABOVE COLLIDED INTO MY CAR FROM BEHIND, DAMAGING MY REAR BUMPER AND TRUNK. AFTER THE ACCIDENT, WE STOPPED AT THE SIDE OF THE ROAD. WE TOOK PHOTOS AND EXCHANGED PARTICULARS. WHEN I WOKE UP THIS MORNING, I FELT PAIN AT MY NECK. I WENT TO SEE A DOCTOR AND RECEIVED 3 DAYS MC AS A RESULT OF THE INJURY SUSTAINED DUE TO THE ACCIDENT. I AM LODGING THIS REPORT FOR INSURANCE PURPOSE AND INJURY.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20180413/2038

3 of 3

Report No. T/20180413/2038

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 /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/04/2018 11:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7124546B**

Name: **TAN KEE BOON DERRICK (CHEN JIWEN DERRICK)**

Birth Date: **08 Jun 1971**

Issue Date: **28 Feb 2004**

001142450E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7124546B**

Name: **TAN KEE BOON DERRICK**

陈 继 文

Race: **CHINESE**

Date of birth: **08-06-1971**

Sex: **M**

Country of birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	SALES DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Aug 1990
Class 2A	Motorcycles between 201 cc and 400 cc	20 Aug 1990
Class 2	Motorcycles exceeding 400 cc	26 Mar 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Nov 1988

NP 428A

7124546B

4311514

NRIC No. **S7124546B**

Date of issue: **24-11-2008**

Address: **APT BLK 106 POTONG PASIR AVENUE 1 #03-460 SINGAPORE 350106**




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: 5094979400

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM5712J**
 Chassis Number : NZE1416083906
2. Name of Policyholder : **ACCURATE LEASING PTE LTD**
3. Effective Date of Insurance : **09 Jan 2018**
4. Expiry Date of Insurance : **08 Jan 2019**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
 Date of Issue : 11 Oct 2017 11:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0990280

Policy No.	5094979400	Vehicle No.	SJM5712J	GST Registration No.	
Policyholder Name	ACCURATE LEASING PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201727451M
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91449265	Special Remark		Contact No. (Home)	0
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	13/04/2018 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/04/2018	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD TURNING TO POTONG PASIR AVE 1				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/06/1971
Unnamed driver Name	TAN KEE BOON DERRICK	Driver NRIC	S7124546B	Driving Experience	29
Register Date of Driver License	18/11/1988	Driver Age	46	Contact No. (Home)	0
Contact No. (Mobile)	83330222	Contact No. (Office)	0	Address 3	SINGAPORE 350106
Address 1	BLK 106	Address 2	POTONG PASIR AVENUE 1	Post Code	350106
Address 4		Address Type	Singapore address		
Unit No.	#03-460				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SJM5712J	TP Vehicle Number	SLN4996J
Claim Description	SJM5712J / SLN4996J ON 12 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	13/04/2018 00:00
Date Registered	13/04/2018 17:40	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AX letter

Save Submit

Attachment

Accident No.	MT/0990280	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/04/2018 00:00
Path *		Category *	Confidential Urgency *
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

4/13/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

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

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:35	SAS	Normal	SAS 2018-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:35	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:35	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:35	Photos	Normal	Photos 2018-4-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:34	Photos	Normal	Photos 2018-4-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:34	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:34	Photos	Normal	Photos 2018-4-13

Video List

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