

NATIONAL Assessment Centre Services Post 1 Jan 2003 **MNA 118049486**

Date In: 14/1/18 10:20	Job description	Date & Time Completed	Done by:
Ref No: NNA/INC18006923144	SAS e-filing		
Veh No: SLM 3460A	E-mail (within 3hrs, ext. 2hrs)		
D.O.A: 131418 18:45	i-Motor Claim Form	MT/0990372	14/1/18 17:46
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: **SKP 6677T** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2003)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	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 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	14/04/2018 10:20
Date Of Accident	13/04/2018 18:45
Exact Location Of Accident	JUNC OF NICOLL HWY & RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3460A
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5082827526-01
Cover Note Number	-

Driver

Name of Driver	JOHN LIM ENG KIAN
NRIC No	S1165399E
Date Of Birth	17/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97166817
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 321 AMK AVE 1 #09-1553
 Postcode 560321
 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) 2
 Passenger 1 NAME: : CAO THI RE
 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

I WAS STOP AT THE TRAFFIC JUNCTION OF NICOLL HWY & RAFFLES BLVD ON THE EXTREME RIGHT LANE DUE TO THE RED LIGHT. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKP6677T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP6677T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MOHAMED FAIZUL BIN MOHAMED DAWOOD
 NRIC/Passport Number S9031945J
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name JOHN LIM ENG KIAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLM3460A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CAO THI RE
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLM3460A
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.

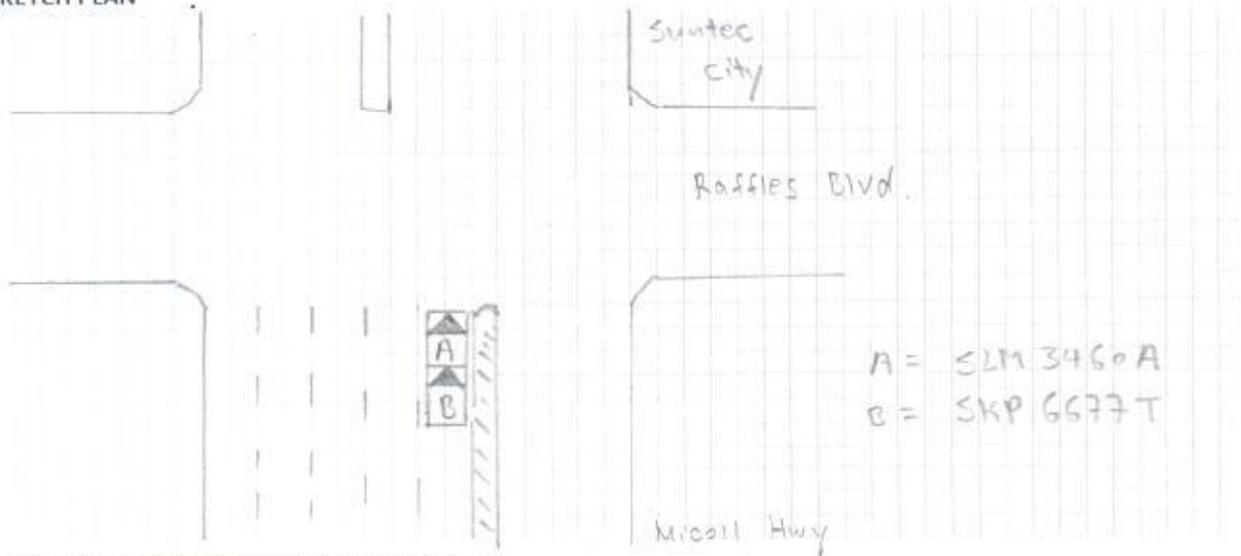


Policyholder's Signature
Date & Time:

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

Please 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:

John Li

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

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 4 / 18) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: Junc of Nicoll Hwy & Raffles Blvd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 3460A
b) INSURANCE COMPANY: _____
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: Commercial
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: APex Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9450 8445
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: John Lim Eng Kian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97166817
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: SKP 6677 T MODEL: _____
b) DRIVER'S NAME: Mohamed Farzul Bin Mohamed Dawood
c) NRIC/FIN/PASSPORT: S9031945J CONTACT: _____

9. THIRD PARTY VEHICLE

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

c90 thiri - neck, shoulder.

email = lily@apextrading.com.sg

fax = _____

*No of passenger
(including driver)
(2)

Female.

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1165399E**
 Name: **JOHN LIM ENG KIAN**

Birth Date: **17 Jul 1955**
 Issue Date: **21 Jul 2003**

000669909E



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1165399E**



Name: **JOHN LIM ENG KIAN**
林荣健

Race: **CHINESE**
 Date of Birth: **17-07-1955** Sex: **M**
 Country of Birth: **SINGAPORE**

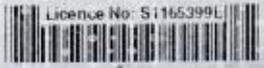



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Factors: the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		09 Jun 1976

NP 429A

Licence No: S1165399E



1905508



MFC No: **S1165399E**



Blood Group: **A+** Date of Issue: **15-04-1994**

APT BLK 321 ANG MO KIO AVENUE 1 #09-1553
SINGAPORE 580321
 NRIC No: **S1165399E** Date: **18/03/2017**

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5082827526-01	APEX LEASING PTE LTD	201616961Z	GFT	drivo CLASSIC	SLM3460A	SLM3460A	04/08/2017	

Continue

▼ Policy Information

Policy No.	5082827526-01	Policyholder Name	APEX LEASING PTE LTD	Policyholder NRIC	2016169612
Address	61 UBI AVENUE 2 #02-20 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/08/2017	Effective Date	04/08/2017 00:00	Expiry Date	03/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

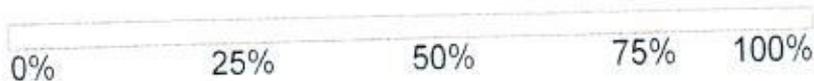
Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-20	Related Policy Number	5093501453		

▶ Insured Object: SLM3460A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/12/2017 00:00	Basic Information Endorsement	000001286722030	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ6728Z 27-12-2017 \$848.87 In view of this amendment, an additional premium of \$848.87 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	30/12/2017 00:00	Basic Information Endorsement	000001286722372	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZYX102044723 29-12-2017 \$923.72 In view of this amendment, an additional premium of \$923.72 (inclusive of GST) is payable under your policy. Please ignore this

Text size + -



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLM3460A	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	WISH 1.8X A
Vehicle Make:	TOYOTA	Engine No.:	2ZR1773683
Chassis No.:	ZGE206032243	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	6
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1797 cc		
Maximum Power Output: 105.0 kW (140 bhp)			
Unladen Weight:	1350 kg	Maximum Laden Weight:	1735 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	28 Mar 2017	Original Registration Date:	28 Mar 2017
Manufacturing Year:	2016	Open Market Value:	\$19,743.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$9,871.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$19,743.00 (100%)
Actual ARF Paid:	\$19,743.00		

Owner Particulars

Owner Name: APEX LEASING PTE LTD
 Owner ID Type: Company
 Owner ID: 201616961Z
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 61
 Registered Street Name: UBI AVENUE 2
 Registered Unit No.: # 02 - 20
 Registered Building Name: AUTOMOBILE MEGAMART
 Registered Postal Code: 408898
 COE No. / Expiry Date: 2017020107000698K / 27 Mar 2027
 COE Bid Category: E - Open Category
 QP Paid: \$52,600.00

Transaction Details

Business Transaction Ref. No.: 20170328113717236084
 Business Transaction Date: 28 Mar 2017
 Business Transaction Time: 11:37:17

Message

Claim Handling

Accident MT/0990372

Policy No.	5082827526-01	Vehicle No.	SLM3460A	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201616961Z
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94508445	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes
Accident Details			Accident Type	Collision - Head to Rear	
Report Date	14/04/2018 17:42	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Date of Accident	13/04/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	JUNC OF NICOLL HWY & RAFFLES BLVD				

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

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

Policyholder Mailing Address			
Address 1	61 LUBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAR
Address 4		Address Type	Singapore address
Unit No.	02-20	Related Policy Number	5093501453
		Address 3	SINGAPORE 408898
		Post Code	408898

OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	JOHN LIM ENG KIAN	Driver NRIC	S1165399E
Register Date of Driver License	09/06/1976	Driver Age	62
Contact No.(Mobile)	97166817	Contact No.(Office)	
Address 1	BLK 321 #09-1553	Address 2	ANG MO KIO AVENUE 1
Address 4	SINGAPORE S60321	Address Type	Singapore address
Unit No.	09-1553		
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	
		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	APEX LEASING PTE LTD	Insured NRIC	201616961Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLM3460A	TP Vehicle Number	SKP6677T
Claim Description	SLM3460A / SKP6677T ON 13 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/04/2018 00:00
Date Registered	14/04/2018 17:46	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter Save Submit

Attachment

Accident No.	MT/0990372	Claim No.	001
Last Dec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2018 17:46
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Claim Handling(incident reporting Claim Task)

No file chosen
 File No file chosen
 Jose 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 14 Apr 2018 17:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	SAS	Normal	SAS 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:46	Photos	Normal	Photos 2018-4-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>			