NATIONAL Assessment Cer	ntre Services Met 1 Jan'05	MNA118072271		
Date In: 4 6 18-15:57	Jeb description	Date & Time Completed	Done	př.
Ref No: NA / IN C/80/01 30/24	SAS e-filing			
Vch No: 5W99135	E-mail (within 8hrs, AIC 2hr	s)		16
D.O.A: 3/6/18-04:50	i-Motor Claim Form	MT10997204-001	4/6/18 21	: 30
	i-Motor W/O (Within: Of	2hrs, TP 4hrs)		recons st
OD (TP ! Reporting Only	i-Photo Uploaded		- December 1900 Name	
	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:5H	(3368) . IN	C()/Non-INC()		100
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 ()			
			77 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
() Walk-In Customer : Customer's		The second secon		
() Total Loss Case : to e-mail Ins				
		; Towing Co: ()
			471 251 NOVEMBER 1990	win:
Remarks:- (INC hotline: 6788 6616	0.6	Date&Timb Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
Injury:				
			C CARRY CO.	1000
Date/Time Actions		the second secon	erarios de	
	1			
•	Day was a same		Ant (S)	Amt (3
VA1803467	Invoice	Preparation Checklist	fit Bill	Add Bil
nimant's Particulars :-	1) AR : Acc	ident Reporting (530);		
	2) DA : Dar 3) TF : Tow	ing Fee (\$100); INC (\$	40/\$45	
iver/Owner:	4) FT : Follo	ow-Through Survey	\$120	
ntact No:	5) FT : Follo	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200	25)	
	6) TR : Re-i	n spection .	\$75	
maged Portion:		DA + SMRT Survey dditional Services:-	\$160	
	OD.			
Checked by (Engr-In-Charge):	*N5: Cou	ricsy Car / Tpt Allowance	\$5 510	
EVENE SERVERSE SANDERSE SERVERSE	*N7: Fos	air Co-ordination t Repair Inspection	\$25	
iditors' Comments :-	*N8: DV	/ Collect Excess Coordination	\$5 \$20	
1:	TP (N11) 9) N12: Ida): TP (Non INC) against INC a Mobile	30	
2/3:	Invalor date	d Fee Charges	MANAGE VANDAL	at a J
AND CONTRACTOR OF THE PROPERTY	Invoice date	ed Fee Charges	SE III	

Charles 1 1 1 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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.

aitriodaiu,	
Control of the section of the sectio	ACCIDENT STATEMENT
Date Of Report	04/06/2018 15:57
Date Of Accident	03/06/2018 04:50
Exact Location Of Accident	NEW UPPER CHANGI RD TWDS EUNOS CRESCENT
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9913S
Insured/Policyholder	
Name Of Registered Owner	GOH MUI CHENG
NRIC No	S1445404G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96737498
Alternative Phone No	OTHERS-96737498
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	THIRD PARTY
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	5059692460-05
Cover Note Number	
Driver	
Name of Driver	GOH LEAN HUAT
NRIC No	S1824718F
Date Of Birth	21/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84388685
Fax Number	
Contact Number	OTHERS-84388685
MAN AND AN AND AN AND AND AND AND AND AND	North W

NOEMAIL

BLK 29 NEW UPPER CHANGI ROAD Address #08-782

464029

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC3368J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

GOH LEAN HUAT Name

Page 2 of 18

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEG AND HAND

SJW9913S

YES

NO

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.
- 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.
- 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.
- 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.
- 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:
 - 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, involces, 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.

(har).

Policyholder's Signature Date & Time: lore.

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

Name: NRIC/FIN No.: SKETCH PLAN

I was	trav	elling	along	Bedok	South	Ave	2 +	owards	New
upper ()	hangi	Rd, A	fter:	I ent	ered t	18W L	upper	Chang,	rd
Suddenly	I f	'elt ar	big	impact	from	the r	ear.	0 I	went
down of	my	car .	to ch-	eck and	1 foun	d out	that	Hhere	was
2 car	inudue	ed in	the a	ccident.					
)		
				niii		X	J		
	=======================================		HMC NORWA		years to				

	-					The state of the s			CONTRACTOR OF THE CONTRACTOR O

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.:

GIARMC SketchPlanForm_V3

Given Reported - Reported on

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Complete and submit this form to the individual insurance authorised reporting centre.

Please report correctly on the details of the accident to speed up the claim process.

- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 0	3/06	2018	(DD/I	MM/YY) Time	: 4:50	PM (HH:MM)
Exact location of accident	Men	upper	Chang;		ing a state of the agreet	No. of the last of	Cresent

Details of vehicle

Vehicle registration number	STW9913	35				
Vehicle make and model	Mitsubushi	Lancer				
Type of vehicle	Saloon Z	MPV Bus		Var	Others:	
Vehicle category	Private @	Comm		Motorcy		
Purpose of using at said time	Private Us					
Are you claiming under your own insurance company?	Yes a Third part cla	No Ø	if no, pleas Reporting			

Insurance information

Insurance company	HTUC.		
Policy number	50 5969 246	0-04	
Type of policy	Comprehensive a	Third party fire & theft a	TP only @

Insured / Policy holder

Name	GOH MUI CHENG	Male D Female of
NRIC / Fin / Passport number	S1445404G	
Contact	96737498	
Address	BIK 29 New upp chang; Ro	1 + 08 - 780 S(1646)

Driver

Same as insured above □ (skip to D.O.B)

GOH LEAN HUAT	Male by Female D
S1824718F	maio B Terrate D
84388685	
BIK 29 New UPP Changi Rd	#08-782 S(464029)
21/04/1967	
Indoor D Outdoor D	
29/07/2003	
	\$18247187 \$4388685 BIK 29 New UPP Changi Rd 21/04/1967 Indoor Outdoor

* Waiting for DL?

General information of the accident

Reported to police?

Police station name

Yes 🗆

General information	, the accident	
Was driver an employee of	Yes D No to	23 W FO
the insured's company?	If no, relationship of the driver a	and insured: Siblings
Accident captured by camera?	Yes O No D	
Weather condition	Clear Raining D Othe	ers:
Road surface	Dry d Wet a	
No of passenger		(Inclusive of driver)
Passenger 1		
Name		
Gender	Male Female	
Passenger 2		
Name		
Gender	Male Female	
Passenger 3		
Name		
Gender	Male Female	
Passenger 4 Name		
Gender	Male Female	
Gender	Male Li Female Li	
Passenger 5		
Name		
Gender	Male 🗆 Female 🗆	
Passenger 6		
Name		
Gender	Male 🗆 Female 🗆	
Other information		
Was anybody injured?	es o No 🗆	
	es D No 🗆	
Details of police action	7	

If yes, please state which police station.

Third party vehicle 1

Name	SHE	
Contact number	9018 9409	
NRIC / Fin / Passport number		
Vehicle registration number	SHC3368J	
Vehicle make model		

Third party vehicle 2

ı

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Part of the second seco	
Name	
INdille	
	I was to be a second of the se

Witness 2

2

Name	

Injured person 1

Name	GOH LEAM HUAT
Injuries sustained	Leg and hand
Which vehicle person in?	SJW99135
Were seat belts worn?	Yes er No D
Was injured conveyed to hospital by ambulance?	Yes a No a

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗅	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆	

Injured person 4

Name			
Injuries sustained		V	
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

OWNER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1445404G



Name

GOH MUI CHENG



Race

CHINESE

Date of Birth

Sex

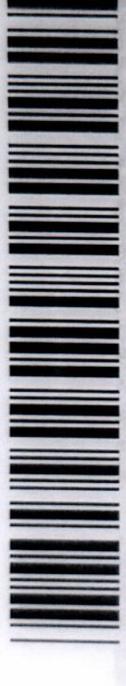
01-06-1960

Country of Birth

SINGAPORE



DWINER



NRIC No. S1445404G



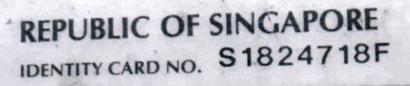
Date of issue Blood Group

14-06-1993

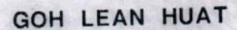
+ ¥

APT BLK 29 NEW UPPER CHANGI ROAD #08-780

SINGAPORE 1646



Name





PARCES DAY WOOD WATER ON WHAT A MAKE A MACOON WATER ON THE PARCE OF TH

Race

Date of Birth

21-04-1967

Country of Birth

SINGAPORE





Blood Group

Date of issue

A+

18-02-1998

Address

APT BLK 29 NEW UPPER CHANGI ROAD #08-782 SINGAPORE 464029

STEPUBLIE WEST TO A SUITE DRIVING HOSNO

..... In . 5 1824710E

GOH LEAN HUAT

THE STREET

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

PASS DATE

Motor Cars and Motor Tractors the weight of 07 Sep which units s no x ceed 2500 kilograms

7/9/1989

eBao Tech							Gene	eralClaim			
Hello, NAC_PAYA_UBI_80	0601					,	Change Lan	guage ,	Change Passwo	ord · Log O	ut
My Desktop Notice of Loss	Poli	cy Query									
	Policy 1	No.				Date of Acc	cident	03/06/	2018 04:50		
	Vehicle	No.(For Motor)	SJW9913S								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5059692460- 05	GOH MUI CHENG	S1445404G	GPC	drivo CLASSIC	SJW9913S	SJW9913S	06/05/2018	05/05/2019	
					1	Continue					Г

		PERMUNICIPAL PROPERTY.			See Street Contractor		
Policy No.	5059692460-05	Policyholder Name	GOH MUI C	HENG	Policyholder NRIC	S1445404G	
Address	BLK 29 #08-780 NEW UPPER (HANGI ROAD S	INGAPORE 4	64029			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/04/2018	Effective Date	06/05/2018	00:00	Expiry Date	05/05/2019 23	:59
Excess Type		All Claim Excess					
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			Young/	Inexperience Driver Excess
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policy	holder Mailing Address						
Address 1	BLK 29 #08-780	Addre	ess 2	NEW UPPER CHAN	IGI ROAD	Address 3	SINGAPORE 464029
		Addre	ess Type	Singapore address	i	Post Code	464029
Address 4		W000000	ed Policy				
Address 4 Unit No.		Numt		5059692460-05			
Unit No.	ed Object: SJW9913S			5059692460-05			
Unit No.				5059692460-05			

Claim Handling									Exit		
Accident MT/0997204											
Policy No.	5059692460-05	Vehicle No.	51W9913S	G5T	Registration No						
Policyholder Name	SOH MUS CHENS			Petic	yholder NRJC		514454040				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Load			0				
Contact No.(Mobile)	96737498	Contact No.(Office)	0		act No.(Home)		0				
Email Address	11.10000000000	Special Remark		eCod			Variable 1				
KFK	® No ○ Yes	TCA	8 to 0 to		te Reason		THE Y				
			® No ○Yes								
NCD Protection	Yes	NCD Entitlement(%)	50	Prive	tte Hen		No				
Accident Details											
Report Date	04/06/2018 21:28	Accident Report Within 24 hrs.	Yel	Acos	dent Type		Collision - Hea	d to Rear			
Date of Acodem	03/06/2016	Time of Academ hh:mm	04:50	Cour	ntry of Accident		Singapore				
Reporting Centre		Orange Force		ICM	No.						
Accident Location	NEW UPPER CHANGI RD TWOS EUNO	S CRESCENT									
▽ Benefits											
₩ Excess											
Own damage Excess	600.00	Additional Excess	0	Wind	screen Excess		100.00				
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00								
Third Party Excess	0.00	Outside Singapore TP Excess	0.00								
		Colore angelore in Escess	6.00								
□ GST Registered Inform			0.2222-0.000000000000000000000000000000								
GST Registered	No		GST Registration Date		Mark						
GST Registration No. Modification history			GST Status Verified		Yes						
Pour Carron Practicy											
Policyholder Mailing A	44										
		V2019014	GEOLUI GEOLUI GEO	800.5	0/04		20120222	1712			
Address 5	BLK 29 #08-780	Address 2	NEW UPPER CHANGI ROAD		ress 3		SINGAPORE 4	84029			
Address 4		Address Type	Singapore address	Post	Code		464029				
Unit No.		Related Policy Number	5059692460-05								
⊕ OI Driver Info											
Driver Name	GIOH LEAN HUAT	Driver Type	Named Driver	00000	1140000		nonture reserve				
Unnamed thiver Name		Driver NRIC	51824718F		er DOB		21/04/1967				
Register Date of Driver Licens	e 07/09/1989	Driver Age	51	Drivi	ing Experience		28				
Cornact No.(Mobile)	84368888	Contact No.(Office)	0	Cont	act No.(Home)		0				
Address 1	BLK 29	Address 2	NEW UPPER CHANGI ROAD	Addr	ess 3		SINGAPORE 4	64029			
Address 4		Address Type	Singapore address	Post	Code		464029				
Unit No.	08-782										
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Drive	er Insurer Comp	ieny					
the granter and the con-											
Declaration											
Breathelyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No								
Negarigi .											
Modification History									19		
Modification Pestory											
Claim 001 New											
green or	Fee to the second	g hatelegger au Ur	Carrier and The Control of the Contr	1925	0.50.000		-		-		
Claim Type *	OD-MX	Insured Name	GOH MUI CHENG		red NRIC		S1445404G				
Contact No. (Mobile)	96737498	Contact No.(Home)	65108324		act No. (Office)						
Email Address		Of Vehicle Number	SJW99135	TP V	enicie Number		SHC3368J				
Claim Description	53W9913S / 5HC3368) ON 3 Jun 201	В		Nam	a of Preferred V	Workshop		- 10			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault								
Require Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA	report.		Received	~			
Date Registered	04/06/2018 21:30	Claim Close Date			Received		04/06/2018 0				
Report Taken by	Jackson	V401010101010101010									
Print Ax letter											
- Comments Market			CONTRACTOR STATEMENT								
			Save Submit								
Attachment											
	LIE INVESTIGA	14,000	1207								
Accident No.	MT/0997204	Claim No.	001								
Last Doc Received	● Yes ○ No	Upload Date	04/06/2018 21:32								
91	Path •	1910	Category *		Confidential	Urgency		Description +			
		Browse	Clear Mease Select	V NO		Normal	v				
		Browse	Clear Please Select	V NO	~	Normal	¥				
		Browse	Clear Please Select	V No	v	Normal.	V				
		Browse			100						
				V 140		Normal	~				
		Browse		V NO		Normal	_				
S		Browse	Clear Please Select	V (90	~	Normal	v	of site			
CHINGS FIRST								Send Message Up	beok		

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? (CO)	Action
725	NAC_PAYA_UBI_BODGO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 3µ n 2018 21:32		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-4	(13.795)	Edit
33	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 21:32		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-4		Edit
10000000	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2016 21:32		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-4		Edit
ESPECIAL PROPERTY.	NAC_PAYA_UBI_,B0060L(NATIONAL ASSESSMENT CENTRE SERVICES) on 04-3µ n 2018 21:32		NRIC/ Driving License		Normal	NRIC/ Driving Ucense 2018-6-4		Edit
993	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on Q4 Ju n 2018-21-31		SAS		Normal	SAS 2018-6-4		Edit
1000	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 21:31		Photos		Normal	Photos 2018-6-4		Edit
25	NAC_PAYA_UBI_BOOKOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 6 2018 21:31		Photos		Normal	Photos 2018-6-4		Edit
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 21:31		Photos		Normal	Photos 2018-6-4		Edit
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 0 2018 21:33		Photos		Normal	Photos 3018-6-4		Edit
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3	NAC_RAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 21:31		Photos	Normal		Photos 2018-6-4		Edit
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3	NAC_PAYA_UBI_E00501(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 0 2016 21:31		Photos	Normal		Photos 2018-6-4		Edit
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 21:31		Photos		Normal	Photos 2018-6-4		Edit
	Uploaded By/Date	Folder Date	File Name		9	Source	Action	