

NATIONAL Assessment Centre Services

Form No. 118087792.

Date In: 9/7/18 09:46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18012398/44	E-mail (with a Mrs, AT: 2013)		
Veh No: SJG. 9483A	i-Motor Claim Form	MT/1002233-001	9/7/18 17:21.
DDA: 6/7/18 14:30.	i-Motor W/O (With a QD 2013, TP 4013)		
QD: 0 Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Worksp		

Preferred Wksp / INC Assign Wksp / CW: (Tel:	Fax:
TP Particulars:	Veh No: YM 9529T.	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: 30-100%]	
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

NA1804314

Invoice Preparation Checklist

Am't (\$)
Int Bill

Am't (\$)
Adm Bill

Claimant's Particulars :-

Driver/Owner

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1

Ref 2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100), INC (\$80)	30.00
3) TF: Towing Fee \$40/\$43	
4) FT: Follow-Through Survey \$120	
5) RT: 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 -	
QJ*	
*N5: Courtesy Car / Tpd Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (N11): TP (Inc INC) against INC \$20	
9) N12: Idac Mobile \$10	

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	09/07/2018 09:46
Date Of Accident	06/07/2018 14:30
Exact Location Of Accident	QUEENSWAY SLIP RD INTO COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9483A
Insured/Policyholder	
Name Of Registered Owner	CAPITAL CAR LEASING PTE LTD
Co Reg No	201629008R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91012322

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086613242-01
Cover Note Number	-

Driver

Name of Driver	LIM JOHNSON (LIN JOHNSON)
NRIC No	S7918460H
Date Of Birth	28/06/1979
Occupation	INDOOR
Date Of Driving Pass	11/05/2001
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91012322
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138C LOR 1A TOA PAYOH #17-36
Postcode	313138
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	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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	YM9529T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

DETAILS OF INJURED PERSON 1

Name	LIM JOHNSON (LIN JOHNSON)
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SJG9483A
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.

Capital Car Leasing Pte Ltd
ROC No: 201629008R
Tel: 86859393 / 91012322

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.:

Commonwealth Ave

Queensway

A = SJG 9483 A

B = YM 9529 T

B = YM 9529 T

Queensway

Please Refer to Police Report

Please Refer to Police Report

Capital Car Leasing Pte Ltd
ROC No: 201629008R
Tel: 86859393 / 91012322

Capital Car Leasing Pte Ltd
ROC No: 201629008R
Tel: 86859393 / 91012322

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



SINGAPORE POLICE FORCE



T/20180706/2134

1 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180706/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 20:51	Vide Report No.:	Station Diary No.: 40
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LIM, JOHNSON		Address: APT BLK 138C LORONG 1A TOA PAYOH #17-36 SINGAPORE 313138	
ID Type / ID No.: NRIC NO / S7918460H		Contact No.: Home/Office: Mobile: 91012322	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 28/06/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2018 14:30	Type of Location: Filter Lane
Location: Along Road 1 QUEENSWAY COMMONWEALTH AVENUE On the filter lane along Queensway turning left to Commonwealth Ave.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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
SJG9483A	Car	MITSUBISHI	Lancer	Silver	Slightly Damaged	0
YM9529T	Lorry	MITSUBISHI		White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180706/2134

2 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20180706/2134

CONTINUATION OF REPORT

Driver			
Name	LIM, JOHNSON	ID No.	S7918460H
Related Vehicle	SJG9483A (Car)	Contact No.	91012322
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/07/2018	Date Discharge	06/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	HU MING	ID No.	S8857774D
Related Vehicle	YM9529T (Lorry)	Contact No.	97601918
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 06/07/2018 at about 1430hrs, I was driving my vehicle bearing registration no.SJG9483A along Queensway. I met with a filter lane to turn left to Commonwealth Ave. After the zebra crossing, I came to a stop to wait for the traffic from my right side to clear before moving off. Suddenly, I felt an impact from the rear of my vehicle. I alighted my vehicle to make a check and discovered that one lorry bearing registration no.YM9529T had collided with my vehicle. I took the driver's particulars and subsequently both parties left the area. My vehicle sustained damages to the rear portion. I felt pain on my neck and shoulder area as such I went to Mt Alvernia Hospital to seek treatment. I was given 7 days of MC. I do not have any in-vehicle camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180706/2134

3 of 3

Report No. T/20180706/2134

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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:

E /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL
BAHRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Signature Of Informant:

Date/Time:

06/07/2018 20:51

Classification Of Case:

SN 062

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7918460H**
 Name: **LIM JOHNSON**
 (LIN, JOHNSON)
 Birth Date: **28 Jun 1979**
 Issue Date: **14 Jul 2003**

000656747K




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7918460H

Name: **LIM JOHNSON**
 (LIN, JOHNSON)
 林宗森
 Race: **CHINESE**
 Date of Birth: **28-06-1979** Sex: **M**
 Country of Birth: **SINGAPORE**

S7918460H


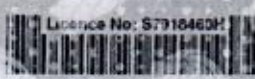



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jun 1995 11 May 2001

NP 420A



Licence No: S7918460H

A0060995

S7918460H

Blood Group: **O+** Date of issue: **11-09-2001**
 APT BLK 138C LORONG 1A TOA PAYOH #17-36
 SINGAPORE 313138
 NRIC No: S7918460H Date: 29/01/2013 No: 7358418

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No: Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086613242-01	CAPITAL CAR LEASING PTE LTD	201629008R	GFT	Third Party	SJG9483A	SJG9483A	07/11/2017	

▼ Policy Information

Policy No.	5086613242-01	Policyholder Name	CAPITAL CAR LEASING PTE LTD	Policyholder NRIC	201629008R
Address	1 KAKI BUKIT ROAD 1 #03-33 ENTERPRISE ONE SINGAPORE 415934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/11/2017	Effective Date	07/11/2017 00:00	Expiry Date	06/11/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	SGP BUSINESS CONSULTANCY F	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 KAKI BUKIT ROAD 1	Address 2	#03-33 ENTERPRISE ONE	Address 3	SINGAPORE 415934
Address 4		Address Type	Singapore address	Post Code	415934
Unit No.	03-33	Related Policy Number	5085872747-01		

► Insured Object: SJG9483A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/11/2017 00:00	Basic Information Endorsement	000001286691686	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that from 13 Nov 2017, the following amendment(s) is/are made to this policy for SKG7780T: PERIOD OF INSURANCE: 07/11/2017 TO 13/11/2018
2	15/11/2017 00:00	Basic Information Endorsement	000001286692774	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Nov 2017, the following amendment(s) is/are made to this policy for vehicle no SKG7780T: PERIOD OF INSURANCE : 07/11/2017 TO 13/11/2018 In view of this amendment, an additional premium of \$1,200.60 (inclusive of GST) is payable under your present 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.
3	27/11/2017 00:00	Basic Information Endorsement	000001286700763	Endorsement Undo	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

Claim Handling

Accident MT/1002233

Policy No.	5086613242-01	Vehicle No.	SJG9483A	GST Registration No.	
Policyholder Name	CAPITAL CAR LEASING PTE LTD			Policyholder NRIC	201629008R
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91012322	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	09/07/2018 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/07/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENSWAY SLIP RD INTO COMMONWEALTH AVE				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	1 KAKI BUKIT ROAD 1	Address 2	#03-33 ENTERPRISE ONE	Address 3	SINGAPORE 415934
Address 4		Address Type	Singapore address	Post Code	415934
Unit No.	03-33	Related Policy Number	5085872747-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/06/1979
Unnamed driver Name	LIM JOHNSON (LIN JOHNSON)	Driver NRIC	S7918460H	Driving Experience	17
Register Date of Driver License	11/05/2001	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	THE PEAK @ TOA PAYOH
Address 1	BLK 138C #17-36	Address 2	LORONG 1A TOA PAYOH	Post Code	313138
Address 4	SINGAPORE 313138	Address Type	Singapore address		
Unit No.	17-36				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CAPITAL CAR LEASING PTE LTD	Insured NRIC	201629008R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJG9483A	TP Vehicle Number	YM9529T
Claim Description	SJG9483A / YM9529T ON 6 Jul 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	09/07/2018 00:00
Date Registered	09/07/2018 17:19	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1002233	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 17:21		
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 09 Jul 2018 17:21	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:21	SAS	Normal	SAS 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:21	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:21	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:20	Photos	Normal	Photos 2018-7-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading