

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 10/07/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18012400/13	SAS e-filing		
Veh No FW26085	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 20/06/18 00:00	i-Motor Claim Form	MT/1002471-001	
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**AS PHOON**) Tel: Fax:)

TP Particulars:	Veh No: SLQ29907	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

NA1804315

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 30		
Auditors' Comments :-	Invoice dated Fee Charged		
Cat. 1:	Invoice dated Fee Charged		
Cat. 2 / 3:			

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 10/07/2018 09:18
 Date Of Accident 20/06/2018 00:00
 Exact Location Of Accident JUNC OF AMK AVE 5 & AMK AVE 10
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FW2608S
Insured/Policyholder
 Name Of Registered Owner DZAKARIAH HILMI BIN JIMMY
 NRIC No S9839710H
 Email Address DZAKHILMI21@GMAIL.COM
 Mobile Phone No (LOCAL) +65-90559848
 Alternative Phone No OTHERS-90559848

Vehicle Particulars

Manufacturer YAMAHA
 Model RXZ
 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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5101420656
 Cover Note Number

Driver

Name of Driver DZAKARIAH HILMI BIN JIMMY
 NRIC No S9839710H
 Date Of Birth 21/11/1998
 Occupation INDOOR
 Date Of Driving Pass 15/03/2018
 Driving Experience 0 YEAR AND 3 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-90559848
 Fax Number
 Contact Number OTHERS-90559848
 Email Address DZAKHILMI21@GMAIL.COM

Address	BLK 14 MERPATI RD #05-69
Postcode	370014
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NUR DIANA BINTE NGADIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180620/2148

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	SLQ2990Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Name DZAKARIAH HILMI BIN JIMMY

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FW2608S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR DIANA BINTE NGADIA

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FW2608S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

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


I understand, acknowledge, agree and consent that:

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

 5/7/18

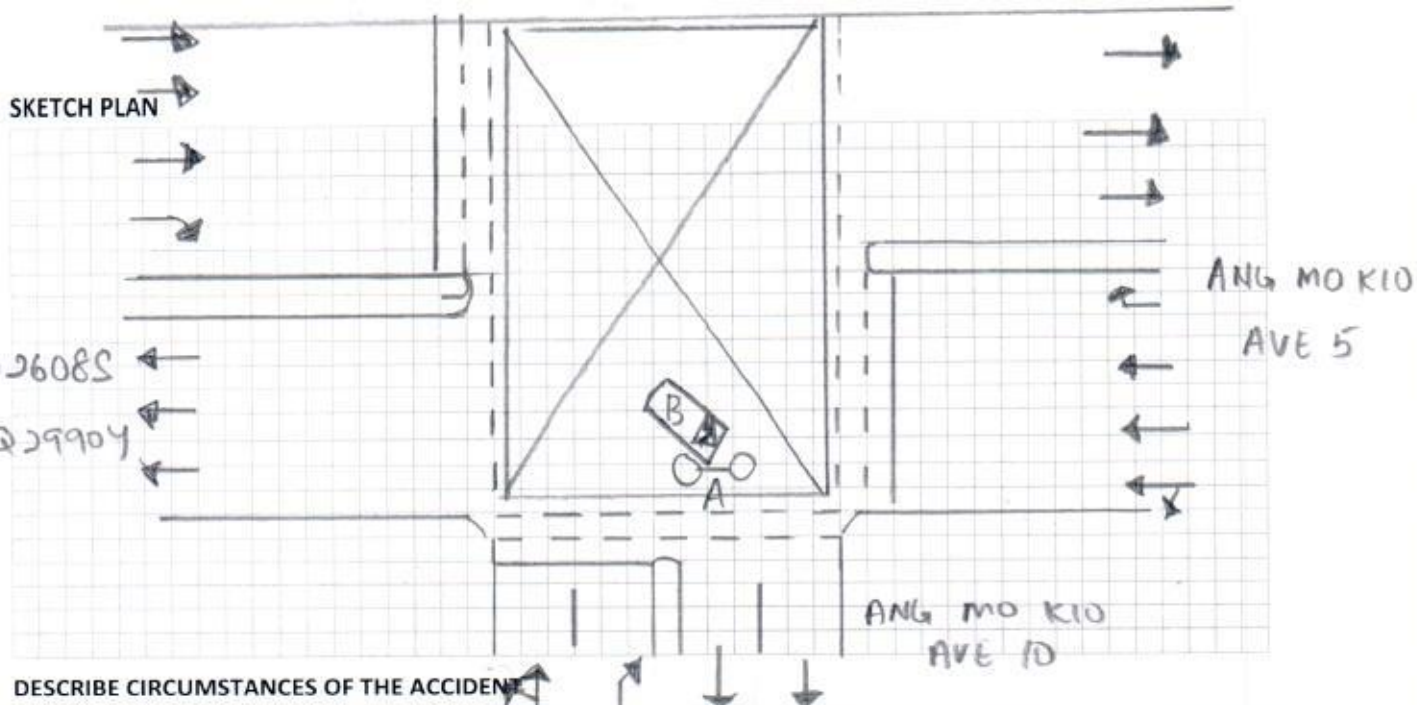
Policyholder's Signature
Date & Time:

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

 10/07/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180620/2148

DECLARATION

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

Policyholder's Signature
Date & Time:

5/7/18

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

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

10/07/18



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180620/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 18:54	Vide Report No.:	Station Diary No.: 336
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Informant's Particulars

Name of Informant: DZAKARIAH HILMI BIN JIMMY			Address: APT BLK 14 MERPATI ROAD #05-69 SINGAPORE 370014		
ID Type / ID No.: NRIC NO / S9839710H			Contact No.: Home/Office: Mobile: 90559848		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 21/11/1998	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2018 00:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 10 At the junction of Ang Mo Kio Avenue 5 and Ang mo Kio Avenue 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW2608S	Motorcycle	YAMAHA	RXZ	Purple	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW2608S	NTUC Income Insurance Co-Operative Limited	5101420656	14/06/2018	13/06/2019



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DZAKARIAH HILMI BIN JIMMY	ID No.	S9839710H
Related Vehicle	FW2608S (Motorcycle)	Contact No.	90559848
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Pillion			
Name	NUR DIANA BINTE NGADIA	ID No.	T0006085I
Related Vehicle	FW2608S (Motorcycle)	Contact No.	88089573
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 20/06/2017 at about midnight, I was riding my motorbike, FW2608S along Ang Mo Kio Avenue 5. As I was approaching the junction of Ang Mo Kio Avenue 5 and Avenue 10, I noticed a white car from the opposite side of Avenue 5 turning towards its right, towards avenue 10. However, upon seeing my motorbike, the vehicle slowed down. I continued to ride on the straight road as the traffic light was still green and the road was clear in front of me. However, when I reached the junction, I suddenly felt a hit from the right side causing my vehicle to flip. My girlfriend was my pillion. I was slightly conscious as such went to assist my girlfriend as she was unconscious. Nearby there was another vehicle, and the driver came to my assistance as well. I then learnt that the front of the white vehicle had hit onto my right side of my bike. The driver came down and took a look at me and my girlfriend however he did not assist. After a while, ambulance and a police car arrived at the incident location. Subsequently my girlfriend and I was conveyed to Tan Tock Seng Hospital. I suffered abrasion at my lower back, left shoulder, left elbow, left knee and a cut on my left hand near the knuckle area. My girlfriend suffered abrasion on her right arm and both knees. She dislocated her left arm and is still undergoing surgery. I was given 1 week of medical leave.

The driver who assisted me earlier at the scene took down my number, as his car camera caught the accident on record. He then sent the video to me via whatsapp.



**SINGAPORE
POLICE FORCE**



T/20180620/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 4

Report No. T/20180620/2148

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180620/2148

4 of 4

Report No. T/20180620/2148

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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 /
Sgt 1 RAJESWARI D/O PATRICK VISWA
NATHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SN 167

SIGNATURE

Signature Of Informant:

Date/Time:
20/06/2018 18:54

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 06 / 2018) (DD/MM/YYYY), TIME: (00 : 00) (HH:MM)

LOCATION: Ang Mo Kio Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW2608S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: RXZ
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Zakariah Hilmi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9889710H CONTACT:
c) ADDRESS: Blk 14, Merpati Road, #05-09, S'pore (370014)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 90559843
c) ADDRESS:

*d) DATE OF BIRTH: (21 / 11 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 months

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Kampong Jaya

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ2990Y MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

05/07/18

email =

fax =

waiting for

cl, video, photo at scene.
and to see no



Hello, NAC_PAYA_UBI_800601

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

Policy No.	<input type="text" value="5101420656"/>	Date of Accident	<input type="text" value="20/06/2018 00:00"/>						
Vehicle No.(For Motor)	<input type="text"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101420656	DZAKARIAH HILMI BIN JIMMY	S9839710H	GMC	Third Party	FW2608S	FW2608S	14/06/2018	13/06/2019
				<input type="button" value="Continue"/>					

Claim Handling

Accident MT/1002471

Policy No.	5101420656	Vehicle No.	FW2608S	GST Registration No.	
Policyholder Name	DZAKARIAH HILMI BIN JIMMY			Policyholder NRIC	S9839710H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90559848	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	10/07/2018 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/06/2018	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF AMK AVE 5 & AMK AVE 10				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 14 #05-69	Address 2	MERPATI ROAD	Address 3	SINGAPORE 370014
Address 4		Address Type	Singapore address	Post Code	370014
Unit No.	05-69	Related Policy Number	5101420656		
OI Driver Info					
Driver Name	DZAKARIAH HILMI BIN JIMMY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9839710H	Driver DOB	21/11/1998
Register Date of Driver License	15/03/2018	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	90559848	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 14	Address 2	MERPATI ROAD	Address 3	SINGAPORE 370014
Address 4		Address Type	Singapore address	Post Code	370014
Unit No.	#05-69				
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 New

Claim Type *	OD-MX	Insured Name	DZAKARIAH HILMI BIN JIMMY	Insured NRIC	S9839710H
Contact No.(Mobile)	90559848	Contact No.(Home)	64554376	Contact No.(Office)	
Email Address		OI Vehicle Number	FW2608S	TP Vehicle Number	SLQ2990Y
Claim Description	FW2608S / SLQ2990Y ON 20 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/07/2018 19:45	Claim Close Date		Date Received	10/07/2018 00:00
Report Taken By	ROSLINDA				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1002471	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	10/07/2018 19:46		
Path *					
Choose File	No file chosen	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

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Message Read

ClearPlease SelectNONormal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:46	SAS	Normal	SAS 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:46	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:46	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:46	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:45	Photos	Normal	Photos 2018-7-10

Video List

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