

# NATIONAL Assessment Centre Services

Date In: 09/07/2018 17:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012469/K4	SAS e-filing		
Veh No: FBA9135G	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/07/2018 07:00	i-Motor Claim Form	MT/1002293-001	10/7/18 09:45
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: (	Tel:	Fax:
TP Particulars:	Veh No: SGM8380Z	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

NA1804339	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TR (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 17:01
Date Of Accident	08/07/2018 07:00
Exact Location Of Accident	BLK 127A KIM TIAN RD MULTI-STOREY CARPARK DECK1B
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBA9135G
Insured/Policyholder	
Name Of Registered Owner	MUNAWAR BIN SAJIRAN
NRIC No	S0595113E
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-97318396
Alternative Phone No	OTHERS-97318396
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	5094281174
Cover Note Number	
Driver	
Name of Driver	MUNAWAR BIN SAJIRAN
NRIC No	S0595113E
Date Of Birth	11/11/1945
Occupation	INDOOR
Date Of Driving Pass	18/03/1974
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97318396
Fax Number	
Contact Number	OTHERS-97318396
EMail Address	NOEMAIL

Address	BLK 127D KIM TIAN ROAD #10-553
Postcode	164127
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	COLLIDED INTO MOTORCYCLIST
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?	NO
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)	0

#### 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

PLS REFER TO THE ATTACHED 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	SGM8380Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP NG YONG
NRIC/Passport Number	
Contact Number	98632855
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGS268L
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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)



## 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.

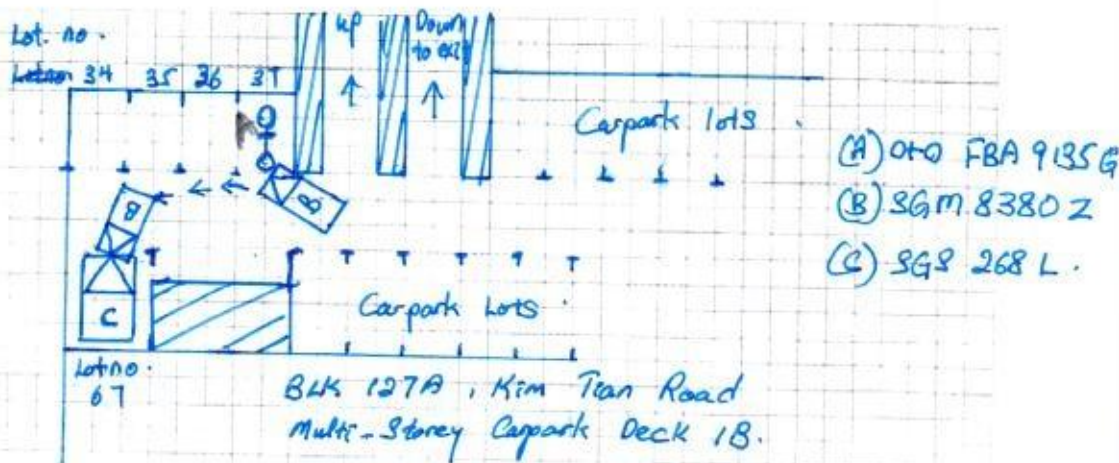
  
Policyholder's Signature  
Date & Time:

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

 9/7/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

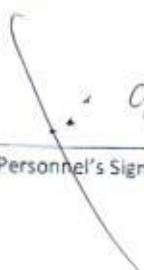
On 08/07/18, I was resting at home and I received a call from the traffic police around 0830 hrs that my motorcycle (FBA 9135 G) was involve in an accident at the multi-storey that I parked. I go down to the multi-storey carpark deck 18 and found that my motorcycle was hit by a car (SGM 8380 Z). I was informed by the owner of another vehicle (SGS 268 L) that he was there witness the accident. The vehicle (SGM 8380 Z) hit onto my motorcycle then reversed and went forward again and collided onto on his vehicle (SGS 268 L).

## 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:

 9/7/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	FBA 9135G		Model / Make	Spark 1.3
Date of Accident	08/07/18			
Time of Accident	0700 HRS			
Location of Accident	BLK 127A, Kim Tian Road, Multi-Storey Carpark Deck 1B.			
Exact purpose use during accident	Private used.			
<b>Name of Owner</b>	Munawar Bin Sajitan			
Telephone No.	H/P: 9731 8396	Home:	Office:	
NRIC	S0595113/E			
Address	BLK 127D, Kim Tian Road #10-553 (S) 164127			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5094281174			
<b>Name of Driver</b>	As Above If No,			
NRIC				
Date of birth	11/11/1945	Any Passengers: N.A.		
Occupation	Outdoor / Indoor			
Driving License Pass Date	18/03/1974			
Gender	Male / Female			
Contact No.	H/P:	Home:	Office:	
Address				
Driver have any own vehicle	No, If yes, Reg No.	Owner		
Relationship	Employee, If no, state			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
<b>Vehicle B No.</b>	SGM 8380 Z	Any Passengers: N.A.		
Name of Driver	Yap Ng Yong	Contact No.: 9863 2855		
<b>Vehicle C No.</b>	SGS 268 L	Any Passengers: N.A.		
<b>Vehicle D No.</b>		Any Passengers:		
<b>Vehicle E no.</b>		Any Passengers:		
<b>Vehicle F No.</b>		Any Passengers:		
<b>Vehicle G No.</b>		Any Passengers:		
Witness Name		Witness Contact:		
<b>Accident Portion</b>	Front, rear and left side.			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
Yes / No				
<b>PARTICULAR WORKSHOP</b>	Moto 51			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Jackee			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

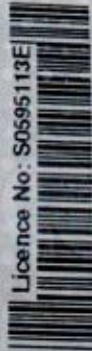


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles not exceeding 200 cc  
 Class 2A Motorcycles between 201 cc and 400 cc  
 Class 2 Motorcycles exceeding 400 cc  
 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

18 Mar 1974  
 18 Mar 1974  
 18 Mar 1974  
 30 Apr 1976



Licence No: S0595113E

NP 428A

1140304



NRIC No: S0595113E



Blood Group B+ Date of issue 27-07-1993

APT BLK 127D KIM TIAN ROAD #10-553  
 SINGAPORE 164127

NRIC No: S0595113E Date: 07/05/2012 No: 6918413

REPUBLIC OF SINGAPORE DRIVING LICENCE

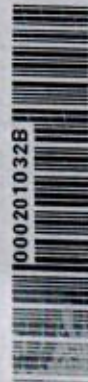
Licence Number: S0595113E

Name

MUNAWAR BIN SAJIRAN

Birth Date: 11 Nov 1945

Issue Date: 17 Feb 2003



000201032B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0595113E

Name

MUNAWAR BIN SAJIRAN

موناور بن ساجيران

Race

JAVANESE

Date of Birth

11-11-1945

Country of Birth

SINGAPORE

Sex

M







road tax Renewal - FBA9135G  
Road Tax ( 25 Sep 2017 - 24 Sep 2018 )  
20170915105616515287

Sub-Total

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5094281174

1. Index mark and Registration Number of Vehicle  
Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Cover : Third Party

: FBA9135G

: 5YP204256

: MUNAWAR BIN SAJIRAN

: 26 Sep 2017

: 25 Sep 2018

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUNAWAR BIN SAJIRAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 14 Sep 2017 14:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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"/>	5094281174	MUNAWAR BIN SAJIRAN	S0595113E	GMC	Third Party	FBA9135G	FBA9135G	26/09/2017	25/09/2018



## ▼ Policy Information

Policy No.	5094281174	Policyholder Name	MUNAWAR BIN SAJIRAN	Policyholder NRIC	S0595113E
Address	BLK 127D #10-553 KIM TIAN ROAD KIM TIAN GREEN SINGAPORE 164127				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/09/2017	Effective Date	26/09/2017 00:00	Expiry Date	25/09/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 127D #10-553	Address 2	KIM TIAN ROAD	Address 3	KIM TIAN GREEN
Address 4	SINGAPORE 164127	Address Type	Singapore address	Post Code	164127
Unit No.	10-553	Related Policy Number	5094281174		

► Insured Object: FBA9135G

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

## Accident MT/1002293

Policy No.	5094281174	Vehicle No.	FBA9135G	GST Registration No.	
Policyholder Name	MUNAWAR BIN SAJJIRAN			Policyholder NRIC	S05
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97318396	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	10/07/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	08/07/2018	Time of Accident hh:mm	07:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 127A KIM TIAN RD MULTI-STOREY CARPARK DECK1B				

## ▼ 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 127D #10-553	Address 2	KIM TIAN ROAD	Address 3	KIM
Address 4	SINGAPORE 164127	Address Type	Singapore address	Post Code	164
Unit No.	10-553	Related Policy Number	5094281174		

## ▼ OI Driver Info

Driver Name	MUNAWAR BIN SAJJIRAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0595113E	Driver DOB	11/1
Register Date of Driver License	18/03/1974	Driver Age	72	Driving Experience	44
Contact No.(Mobile)	97318396	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 127D	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	164
Unit No.	#10-553				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUNAWAR BIN SAJJIRAN	Insured NRIC	S05
Contact No.(Mobile)		Contact No.(Home)	62749027	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	FBA9135G	TP Vehicle Number	SGM
Claim Description	FBA9135G / SGM8380Z ON 8 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	10/07/2018 09:47	Claim Close Date		Date Received	10/1
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment





7/10/2018

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

Accident No.

MT/1002293

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

10/07/2018 09:45

Path \*

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Category \*

Confidential

Urgency \*

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:46	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 09:44	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>