

NATIONAL Assessment Centre Services

Ref: 1 Jan 2005

MMA 118093311

Date In: 19/12/18 15:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA INC 18013149164	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SKE 9467X	i-Motor Claim Form	MT/1003732 ⁰⁰¹	19/12/18 17:38
D.O.A: 18/12/18 18:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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: SJJ 8476L	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

MA1804571	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q12:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Ref: 1	9) N12: Idac Mobile 30		
Ref: 2 / 3	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	19/07/2018 15:28
Date Of Accident	18/07/2018 18:50
Exact Location Of Accident	MERDEKA BRIDGE TWDS KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9467X
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91894325

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	5076004893-02
Cover Note Number	-

Driver

Name of Driver	LI JIA JIE MALCOLM
NRIC No	S9248725C
Date Of Birth	26/12/1992
Occupation	INDOOR
Date Of Driving Pass	16/11/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98564238
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 MARSILING DR #09-51
Postcode	730005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SJJ8476L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHOJI AMANE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LI JIA JIE MALCOLM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKE9467X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LI JIA JUN LESTER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKE9467X

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



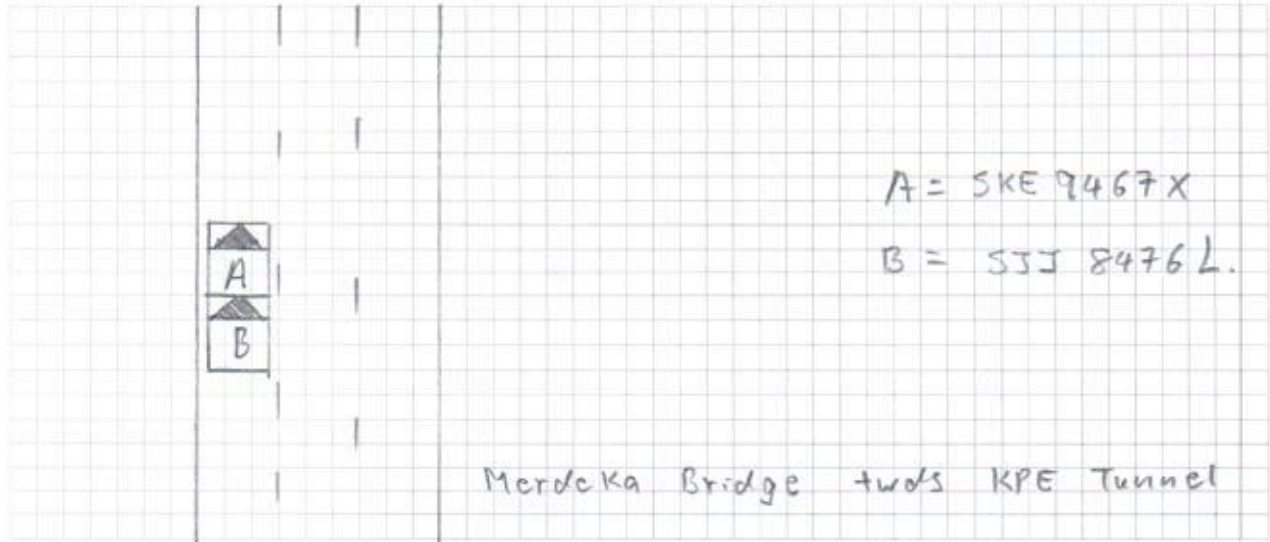
M

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SKE 9467X
B = STJ 8476L

Merdeka Bridge twos KPE Tunnel

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

M

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

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180719/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180719/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 15:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LI JIA JIE MALCOLM			Address: APT BLK 5 MARSILING DRIVE #09-51 SINGAPORE 730005	
ID Type / ID No.: NRIC NO / S9248725C			Contact No.: Home/Office: Mobile: 98564238	
Nationality: SINGAPORE CITIZEN			Email: malcolmlijajie@gmail.com	
Sex: Male	Age: 25	Date of Birth: 26/12/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2018 18:50	Type of Location: Bridge
Location: NICOLL HIGHWAY Along Merdeka Bridge towards KPE Tunnel				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJJ8476L	Car	TOYOTA	Altis	Grey		0
SKE9467X	Car	MERCEDES BENZ	C180	Black		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180719/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180719/7009

CONTINUATION OF REPORT

Passenger			
Name	LI JIA JUN LESTER	ID No.	S9712210E
Related Vehicle	SKE9467X (Car)	Contact No.	91016408
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2018	Date Discharge	19/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	LI JIA JIE MALCOLM	ID No.	S9248725C
Related Vehicle	SKE9467X (Car)	Contact No.	98564238
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/07/2018	Date Discharge	19/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	Shoji Amame	ID No.	G3234582X
Related Vehicle	NIL	Contact No.	NIL
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.

I was driving my vehicle SKE9467X along Merdeka Bridge towards KPE Tunnel. As I slowed down to a stop, suddenly I felt a big impact from the back. I alighted from my car and realised that vehicle SJJ8476L has collided onto the rear of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180719/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180719/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp


NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.


Date/Time:
19/07/2018 15:03

Classification Of Case:

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
LI JIA JIE MALCOLM

NRIC No
S9248725C




This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9248725C**
Name
LI JIA JIE MALCOLM
@ EU JIN DING MALCOLM

Birth Date: **26 Dec 1992**
Issue Date: **16 Nov 2011**

 **D02018416J**

00MAL7050P1000503W12 **00000050161048**

NRIC No/Colour
S9248725C/ PINK

Race
CHINESE

Date Of Birth
26/12/1992

Service Status
REGULAR

Blood Group
B (+)

Country Of Birth
SINGAPORE

Sex
M

Service Status
60/1/196

REGULAR

BIK 5 MARSILING DRIVE
#09-51 SINGAPORE 730005

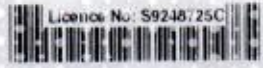


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **16 Nov 2011**

Licence No: S9248725C



NP 428A

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="checkbox"/>	5076004893-02	KEM AUTO	53309211J	GFT	drivo CLASSIC	SKE9467X	SKE9467X	15/05/2018	

▼ Policy Information

Policy No.	5076004893-02	Policyholder Name	KEM AUTO	Policyholder NRIC	53309211J
Address	BLK 3014 #01-278 UBI ROAD 1 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408702				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/07/2017	Effective Date	23/07/2017 00:00	Expiry Date	22/07/2018 23:59
Third Party Excess	1500	Own damage Excess	6000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	6000	Outside Singapore TP Excess	1500		
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 3014 #01-278	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
Unit No.	05-148	Related Policy Number	5072912152-02		

► Insured Object: SKE9467X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/08/2017 00:00	Basic Information Endorsement	000001286611300	Endorsement Take Effective	memo update Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGZ2276M 01-08-2017 \$1,467.89 In view of this amendment, an additional premium of \$1,467.89 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	01/08/2017 00:00	Basic Information Endorsement	000001286611293	Endorsement Take Effective	
3	23/08/2017 00:00	Basic Information Endorsement	null	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 23 Aug 2017, the following amendment(s) is/are made to this policy: In view of this amendment, a refund of \$27,578.27 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance refund cheque of

Claim Handling

Accident MT/1003732

Policy No.	5076004893-02	Vehicle No.	SKE9467X	GST Registration No.	
Policyholder Name	KEM AUTO			Policyholder NRIC	533092113
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91894325	Contact No.(Office)		Contact No.(Home)	
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	19/07/2018 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/07/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	MERDEKA BRIDGE TWDS KPE TUNNEL				
▼ Benefits					
▼ Excess					
Own damage Excess	6,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	6,000.00		
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	BLK 3014 #01-278	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL
Address 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
Unit No.	05-148	Related Policy Number	5072912152-02		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/12/1992
Unnamed driver Name	LI JIA JIE MALCOLM	Driver NRIC	S9248725C	Driving Experience	6
Register Date of Driver License	16/11/2011	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	98564238	Contact No.(Office)		Address 3	MARSILING SPRING
Address 1	BLK 5 #09-51	Address 2	MARSILING DRIVE	Post Code	730005
Address 4	SINGAPORE 730005	Address Type	Singapore address		
Unit No.	09-51				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	KEM AUTO	Insured NRIC	533092113
Contact No.(Mobile)	92718665	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SKE9467X	TP Vehicle Number	SJ38476L
Claim Description	SKE9467X / SJ38476L ON 18 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	19/07/2018 00:00
Date Registered	19/07/2018 17:37	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1003732	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/07/2018 17:38		
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 ▼	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:38	SAS	Normal	SAS 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:38	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:38	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:38	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:37	Photos	Normal	Photos 2018-7-19

Video List

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