

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA1810483**

Date In: <b>13/8/18-17/23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INCRD 1459724</b>	SAS e-filing		
Veh No: <b>SLH24876</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>12/8/18-10:30</b>	i-Motor Claim Form	<b>MT/1008499-001</b>	<b>13/8/18 19:36</b>
OD: <b>TP</b> 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: <b>6T35779</b>	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% P: 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

<b>NA1805032</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> Inc Bill	<b>Am't (\$)</b> Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	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		
<b>Damaged Portion:</b>	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	<b>QD*</b>		
<b>Auditors' Comments:-</b>	*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	
<b>Lat 1:</b>	9) N12: Idac Mobile	\$0	
<b>Lat 2/3:</b>	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	13/08/2018 17:23
Date Of Accident	13/08/2018 10:30
Exact Location Of Accident	TELOK BLANGAH RD TWDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2487G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMV PTE LTD
Co Reg No	201505825Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94838269
Alternative Phone No	OFFICE-94838269

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085362139-01
Cover Note Number	

### Driver

Name of Driver	MUHAMAD AMIN BIN MAHMOOD
NRIC No	S8228127D
Date Of Birth	04/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81235491
Fax Number	
Contact Number	OFFICE-81235491
EMail Address	NOEMAIL

Address	BLK 113 PENDING ROAD #03-102
Postcode	670113
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT3527P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TIN HLIANG OO
NRIC/Passport Number	G7850183P
Contact Number	92352867
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.

### 2. 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:

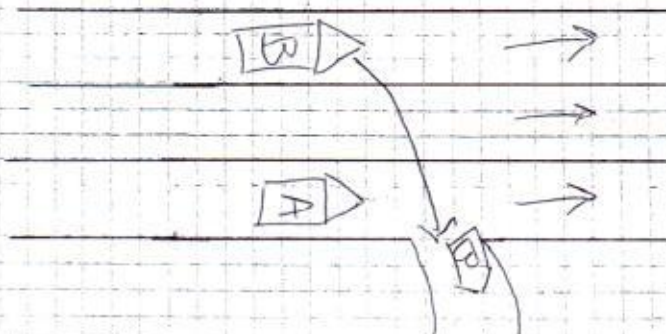
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Person's Signature  
Name:  
NRIC/PIN No.:

# SKETCH PLAN

A - SLH2487G

B GT3527P



Vehicle No

A -

B -

## Legend



Vehicle



Bike

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 TELOK  
BLANGAH RD. VEHICLE B TRAVELLING ALONG LANE 3 SUDDENLY CUT ONTO  
MY LANE, HE WAS TURNING ONTO BUKIT CHERMIN. IN A RESULT, VEHICLE B  
HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Date of Accident : 13/08/18 Accident Time: 1030 (24-HR-Format)  
 Accident Place : TELOK BLANGAH ROAD (Toward MCE)  
 Vehicle No. (Car Plate No.) : SLH2487G Make/Model: TOYOTA SIENNA  
 Insurance Company : NTUC Policy No: 5085362139-01  
 Owner or Company Name / IC No. : AMU PTE LTD  
 Owner or Company Contact No. : 94838269 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 \* DRIVER'S Name / IC No. : \_\_\_\_\_  
 \* DRIVER'S Date Of Birth : \_\_\_\_\_ DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ (Employee) \ Others: \_\_\_\_\_  
 \* DRIVER'S Address : \_\_\_\_\_  
 \* DRIVER'S Contact No. / Alt No. : (1) 81235491 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
 Email Address : Alex@AMU-SINGAPORE.COM  
 Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 - Female (passengers)  
 Was there any video Captured by car camera: YES \ (NO)  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): 1/2 10/2/18

#### Other Party Driver's Particular (if any)

Vehicle No: <u>GT3527P</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>TIN HLAING OO</u>	Name Driver: _____
IC No. Driver/Contact: <u>G7850183P</u> <u>92352867</u>	IC No. Driver/Contact: _____
<u>92352867</u>	

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

License Number: **S 3228127D**

Name: **MUHAMAD AMIN BIN MAHMOOD**

Birth Date: **04 Sep 1982**  
Issue Date: **01 Apr 2008**

Barcode: 001506266K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8228127D**

Portrait photo

Name: **MUHAMAD AMIN BIN MAHMOOD**

محمد أمين بن محمود

Race: **MALAY**

Date of birth: **04-09-1982** Sex: **M**

Country of birth: **SINGAPORE**

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

Class 2B	Motorcycles =< 200 cc	PASS DATE
Class B	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 May 2002 01 Apr 2008

NP 428A

Barcode: Licence No: S8228127D

4925721

Barcode

NPIC No. **S8228127D**

Fingerprint

Date of issue: **19-01-2013**

Address: **APT BLK 113 PENDING ROAD  
#03-102  
SINGAPORE 670113**

## 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:** 5085362139-01

**Cover :** drivo CLASSIC

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SLH2487G</b> |
| Chassis Number  | : NSP1707048905   |
| 2. Name of Policyholder   | : AMV PTE. LTD.   |
| 3. Effective Date of Insurance  | : 27 Oct 2017     |
| 4. Expiry Date of Insurance   | : 26 Oct 2018     |
| 5. Persons or Classes of Persons entitled to drive#   |                   |
| (a) The Policyholder.   |                   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                   |
| 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 or Hirer's business.  |                   |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

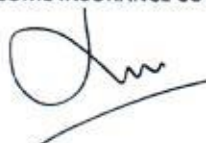
Agency : SININS AGENCY PTE. LTD. (00000615123)  
 Date of Issue : 17 Oct 2017 13:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/08/2018 10:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SLH2487G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085362139-01		AMV PTE. LTD.	201505825Z	GPC	drivo CLASSIC	SLH2487G	SLH2487G	27/10/2017	26/10/2018
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5085362139-01	Policyholder Name	AMV PTE. LTD.	Policyholder NRIC	201505825Z
Certificate No.					
Address	231 MOUNTBATTEN ROAD #02-01 SINGAPORE 397999				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/10/2017	Effective Date	27/10/2017 00:00	Expiry Date	26/10/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	10 WINSTEDT ROAD	Address 2	#02-01	Address 3	SINGAPORE 227977
Address 4		Address Type	Singapore address	Post Code	227977
Unit No.		Related Policy Number	5083652461-02		

 Insured Object: SLH2487G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

## Claim Handling

[Exit](#)

## Accident MT/1006999

Policy No.	5085362139-01	Vehicle No.	SLH2487G	GST Registration No.	
Certificate No.					
Policyholder Name	AMV PTE. LTD.			Policyholder NRIC	2015058252
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94838269	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	13/08/2018 19:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/08/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK BLANGAH RD TWDS MCE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification history					

## Policyholder Mailing Address

Address 1	10 WINSTEDT ROAD	Address 2	#02-01	Address 3	SINGAPORE 227977
Address 4		Address Type	Singapore address	Post Code	227977
Unit No.		Related Policy Number	5083652461-02		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD AMIN BIN MAHMDOE	Driver NRIC	S8228127D	Driver DOB	04/09/1982
Register Date of Driver License	01/04/2008	Driver Age	35	Driving Experience	10
Contact No.(Mobile)	81235491	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 113	Address 2	PENDING ROAD	Address 3	SINGAPORE 670113
Address 4		Address Type	Singapore address	Post Code	670113
Unit No.	03-102				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>	
Breathalyzer or Blood Test Reading?	0 mg
Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification history	

Claim 001

New

Claim Type *	CD-MX	Insured Name	AMV PTE. LTD.	Insured NRIC	2015058252
Contact No.(Mobile)	91445117	Contact No.(Home)	NIL	Contact No.(Office)	66944456
Email Address	info@amv-singapore.com	OT Vehicle Number	SLH2487G	TP Vehicle Number	GT1527P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claim Description	SLH2487G / GT1527P ON 13 Aug 2018			Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/08/2018 19:36	Claim Close Date	<input type="text"/>	Date Received	13/08/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Attachment</b>					
<div> <div>Save</div> <div>Submit</div> </div>					

<b>Attachment</b>			
Accident No.	MT/1006999	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2018 19:37
Page *		Category *	
		Confidential	
		Urgency *	
		Description *	

Browse...
Browse...

Clear
Please Select
90
Normal

Send Message
Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:37	SAS	Normal	SAS 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2018 19:36	Photos	Normal	Photos 2018-8-13		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				