

NATIONAL Assessment Centre Services

Date In: 06/09/18	Job description	Date & Time Completed	Done by:
Ref No: NA/INC/2016 317/13	SAS e-filing		
Veh No: SLK 91822	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 27/08/18 0930	i-Motor Claim Form	MT/1010436 - 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: (BENZ BODY KIT	Tel:	Fax:
TP Particulars:	Veh No: FBG2682E	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

NA/205681	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 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	06/09/2018 16:29
Date Of Accident	27/08/2018 09:20
Exact Location Of Accident	THE HERENCIA,46 KIM YAN RD DROP OF POINT.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK9182Z
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
Driver	
Name of Driver	KOH HAO YANG,RYAN
NRIC No	S9534805Z
Date Of Birth	28/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91386048
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 114 DEPOT ROAD #22-1037
Postcode	100114
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 - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180827/2122

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	FBG2683E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SALIHIN BIN ABDUL GANI
NRIC/Passport Number	S9225219A
Contact Number	87495399
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

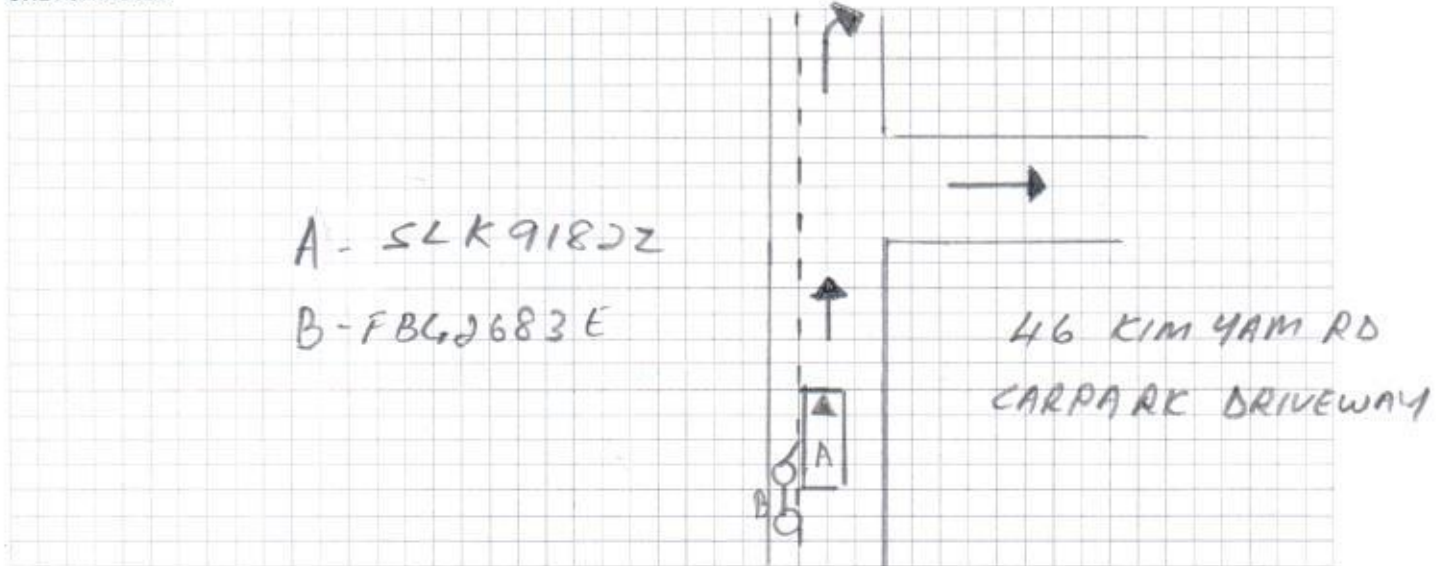


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 20180827/2112

DECLARATION

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


Policyholder's Signature
Date & Time:

 4/9/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 06/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180527/2122

1 of 3

Report No. T/20180527/2122

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 16:31		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: KOH HAO YANG, RYAN		Address: APT BLK 114 DEPOT ROAD #22-1037 SINGAPORE 100114			
ID Type / ID No.: NRIC NO / S9534805Z		Contact No.:		Mobile: 91386048	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 22	Date of Birth: 28/09/1995	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 09:20	Type of Location: DROP OFF POINT
Location: Along Road 1 KIM YAM ROAD THE HERENCIA, 46 KIM YAM ROAD, DROP OFF POINT				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: HEAD TO REAR OPEN DOOR			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2683E	Motorcycle				Slightly Damaged	0
SLK9182Z	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No. 1800-3779999



T20180827/2122

2 of 3

Report No. T20180827/2122

CONTINUATION OF REPORT

Rider			
Name	SALIHIN BIN ABDUL GANI	ID No.	S9225219A
Related Vehicle	FBG2683E (Motorcycle)	Contact No.	87495399
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
Driver			
Name	KOH HAO YANG, RYAN	ID No.	S9534805Z
Related Vehicle	SLK9182Z (Car)	Contact No.	91386048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On 27/08/2018 at about 0920hrs, I stop my vehicle at The Herencia for my Passenger to alight. My passenger opened the left rear door and a motorcycle collided into it. He fell down after colliding into it however nobody is injured.

My vehicle left rear door was forced out and not able to close it. The motorcycle turn signal slightly dislodged. No police or ambulance at scene. Both exchanged particulars and I was instructed to go to Police station to lodge a police report by him. The rider was wearing a Certis Cisco Polo T Shirt and he informed that he will need to lodge a police report due to his job nature and he advised me to lodge a police report within 24hrs prior to the accident that happened. Thus, I came down to lodge a police report.

I have already informed my vehicle rental company and had left a feedback for Grab company. Currently, I am waiting for the follow up from my rental company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
150682
Tel No: 1800-3778999



T/20180827/2122

3 of 3

Report No: T/20180827/2122

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:
D /
Sgt 2 BEE ZHI CHYE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/08/2018 18:31

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No : 65476151

Classification Of Case:

Authentication Stamp
NP158

ACCIDENT STATEMENT

ACCIDENT DATE: 27/08/2018 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: The Herexia, 46 Kim Yam Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 9182Z
b) INSURANCE COMPANY: UTUC
c) POLICY NUMBER: 5079864471-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Corolla Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grub
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86084649
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chan Hao Yang Ryan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9534052 CONTACT: 91386048
c) ADDRESS: 114 Depot Road
#22-1037 Sico 114

*d) DATE OF BIRTH: 28/09/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 Dec 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Bukit Merah West VPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB6 2683E MODEL: _____
b) DRIVER'S NAME: Shahin Bin Abdul Gani
c) NRIC/FIN/PASSPORT: S922529A CONTACT: 8749 5349

9. THIRD PARTY VEHICLE

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

04/09/18

waiting for
company stamp ✓
and police report.

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9534805Z



Name

KOH HAO YANG, RYAN

许浩扬

Race

CHINESE

Date of birth

28-09-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S9534805Z

Name

KOH HAO YANG, RYAN

Birth Date: 28 Sep 1995

Issue Date: 19 Dec 2015



002505079A

SG
50



4649143

NRIC No. S9534805Z



Date of issue

04-11-2010

Address

APT BLK 114 DEPOT ROAD
#22-1037
SINGAPORE 100114

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 19 Dec 2015

NP 429A



Licence No: S9534805Z



VOCATIONAL LICENCE

Licence No : S9534805Z

Name : KOH HAO YANG, RYAN

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	25/07/2018



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="27/08/2018 09:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLK9182Z"/>	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"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SLK9182Z	SLK9182Z	03/08/2018	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1010436

Policy No.	5079864471-02	Vehicle No.	SLK9182Z	GST Registrat
Certificate No.				
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	86089649	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
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 Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	07/09/2018 09:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/08/2018	Time of Accident hh:mm	09:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	THE HERENCIA,46 KIM YAN RD DROP OF POINT.			

▼ Excess

Own damage Excess	3,500.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00	
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOT38	Related Policy Number	5079864471-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH HAO YANG, RYAN	Driver NRIC	S9534805Z	Driver DOB
Register Date of Driver License	19/12/2015	Driver Age	22	Driving Exper
Contact No.(Mobile)	91386048	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 114	Address 2	DEPOT ROAD	Address 3
Address 4	SINGAPORE 100114	Address Type	Singapore address	Post Code
Unit No.	#22-1037			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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	A
Contact No.(Mobile)	88380101	Contact No. (Home)	
Email Address	INSURANCEHAMILTONAUTOHUB	O1 Vehicle Number	S
Claim Description	SLK9182Z / FBG2683E ON 27 Aug 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/09/2018 09:53
		Workshop Repairer	ROSINDA














☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1010436	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/09/2018 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:53	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:52	Photos	Normal	I

Video List

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