

NATIONAL Assessment Centre Services

Date In: 11/09/2018 16:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18016569/K4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: YP7937X	i-Motor Claim Form	MT/1008056+002	12/9/18 13:20
D.O.A: 18/08/2018 08:50	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: GBA1874J	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditor's Comments:	NA1805805		Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	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: (dau DA + SMRT Survey) \$160					
	8) NTUC Additional Services:-					
Q1)*						
*N5: Courtesy Car / Tpl Allowance \$5						
*N6: Repair Co-ordination \$10						
*N7: Post Repair Inspection \$25						
*N8: DV / Collect Excess Coordination \$5						
TP (N11): TP (Non INC) against INC \$20						
9) N12: Idno Mobile \$10						
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	11/09/2018 16:19
Date Of Accident	18/08/2018 06:50
Exact Location Of Accident	17, TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7937X
Insured/Policyholder	
Name Of Registered Owner	HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD
Co Reg No	201120081R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91366322
Alternative Phone No	OFFICE-91366322

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096311666
Cover Note Number	

Driver

Name of Driver	PANDIYAN RAJKUMAR
Passport No/FIN	G6894776L
Date Of Birth	18/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91366322
Fax Number	
Contact Number	OTHERS-91366322
Email Address	NOEMAIL

Address JAI CONSTRUCTION PTE LTD
 Postcode
 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 SIDE SWIPE
 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) 1

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 GBA1874J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver RAJU MOHAN PERIASAMY
 NRIC/Passport Number S7363335D
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

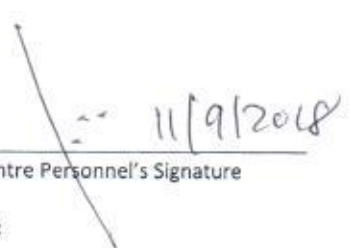
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

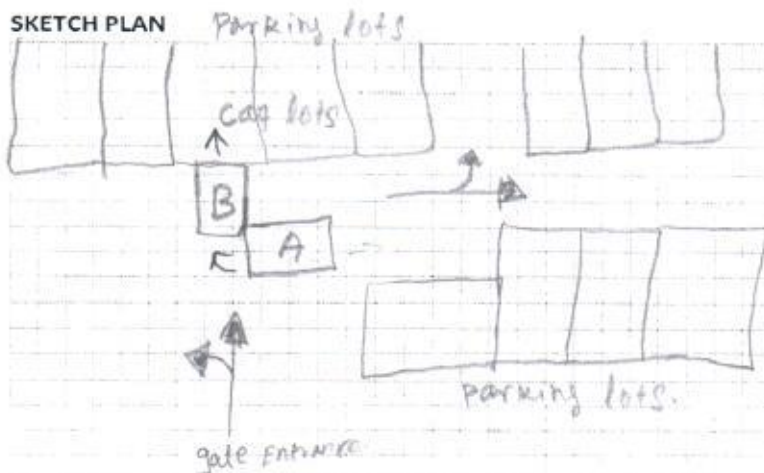

Policyholder's Signature
Date & Time:


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


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



SKETCH PLAN



A - YP7937X
B - GBA1874J

17, TOH GUAN ROAD EAST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at 17, TOH GUAN ROAD EAST.
Vehicle A was going inside the carpark area.
Vehicle A was reversing into the carpark lot
and suddenly Vehicle B cross inside my lane
and hit on my Vehicle A and Vehicle B resulted
a scraped on Vehicle B but Vehicle A
do not have any scratched.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



11/9/2018



Our Ref: MT/CA/TP/020/1008050-001/JL/NHF

31 Aug 2018

**CERTIFICATE OF POSTING
REMINDER**

HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD
25 KAKI BUKIT ROAD 4
#03-78 SYNERGY @ KB
SINGAPORE 417800

Dear Policyholder

CLAIM NUMBER: MT/1008050-001
ACCIDENT INVOLVING YP7937X / GBA1874J on 18 Aug 2018

We refer to our letter of 21 Aug 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

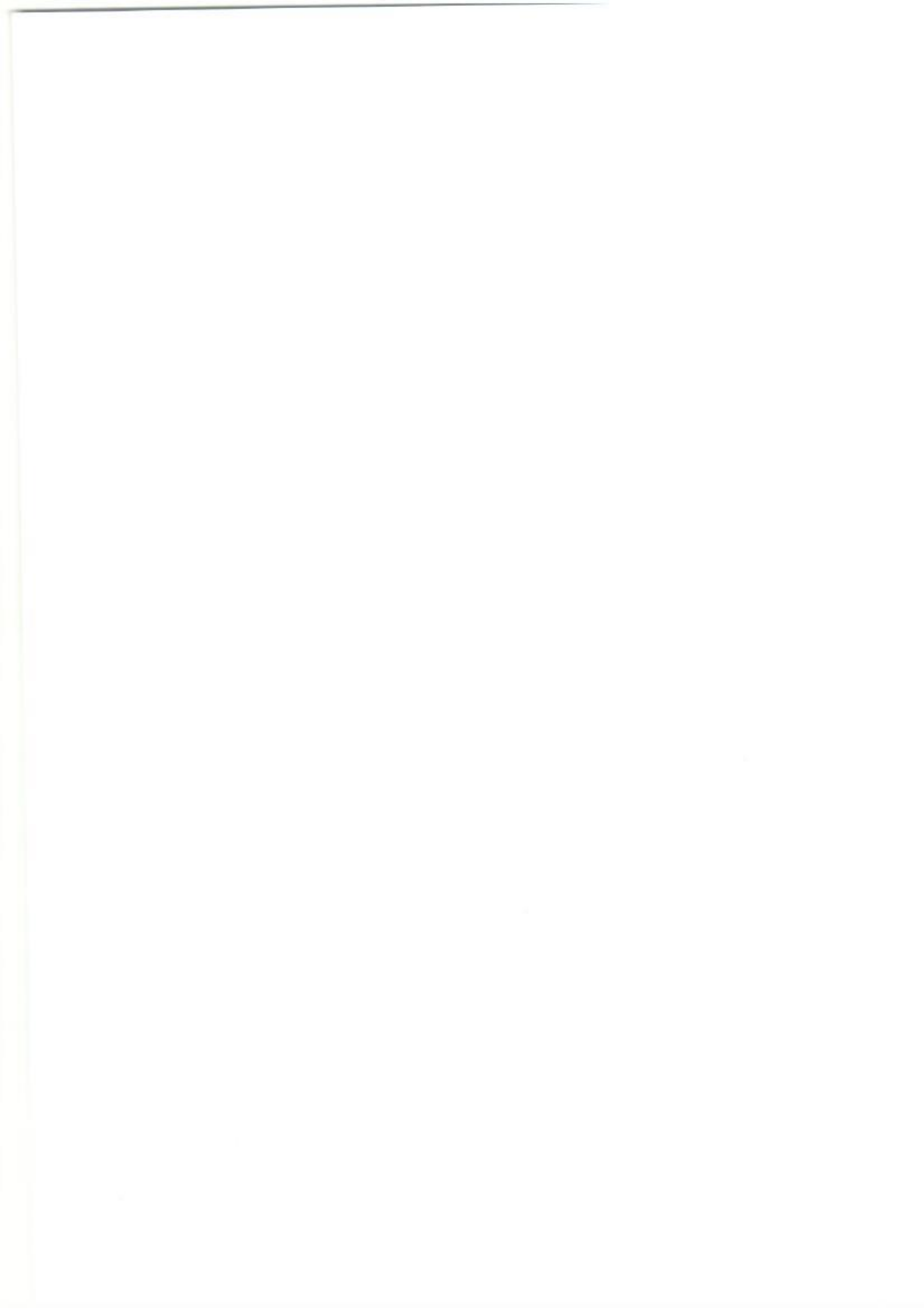
We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Juliana Lee at 6430 7936 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance





S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
JAI CONSTRUCTION PTE. LTD.

Sector: CONSTRUCTION



Name
PANDIYAN RAJKUMAR
Occupation
LORRY DRIVER

S Pass No.
O 35344632



Date of Application
12-01-2018
Date of Issue
26-01-2018
Date of Expiry
26-01-2020



L8586416

VISIT PASS

Immigration Regulations

Name
PANDIYAN RAJKUMAR

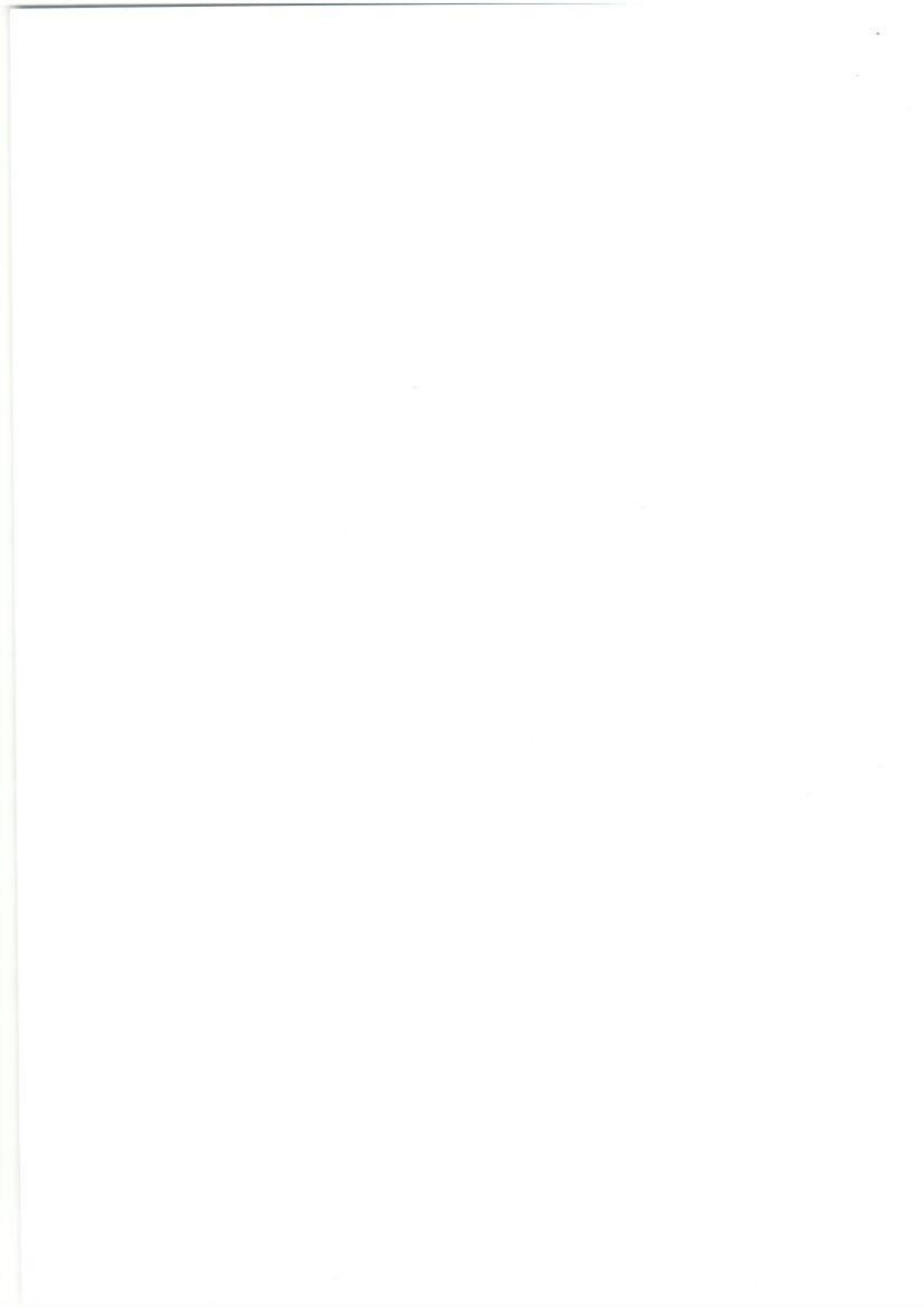


Date of Birth	Sex	Nationality
18-05-1985	M	INDIAN
FIN	Date of Issue	Date of Expiry
06894776L	26-01-2018	26-01-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 6894776 L**

Name: **PANDIYAN RAJKUMAR**

Birth Date: **18 May 1985**

Issue Date: **18 Nov 2017**

Valid Till: **26/11/2022**

002744789A





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

			EFFECTIVE DATE
C	Class 2B	Motorcycles <= 200 CC	27 Nov 2012
C	Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Mar 2018

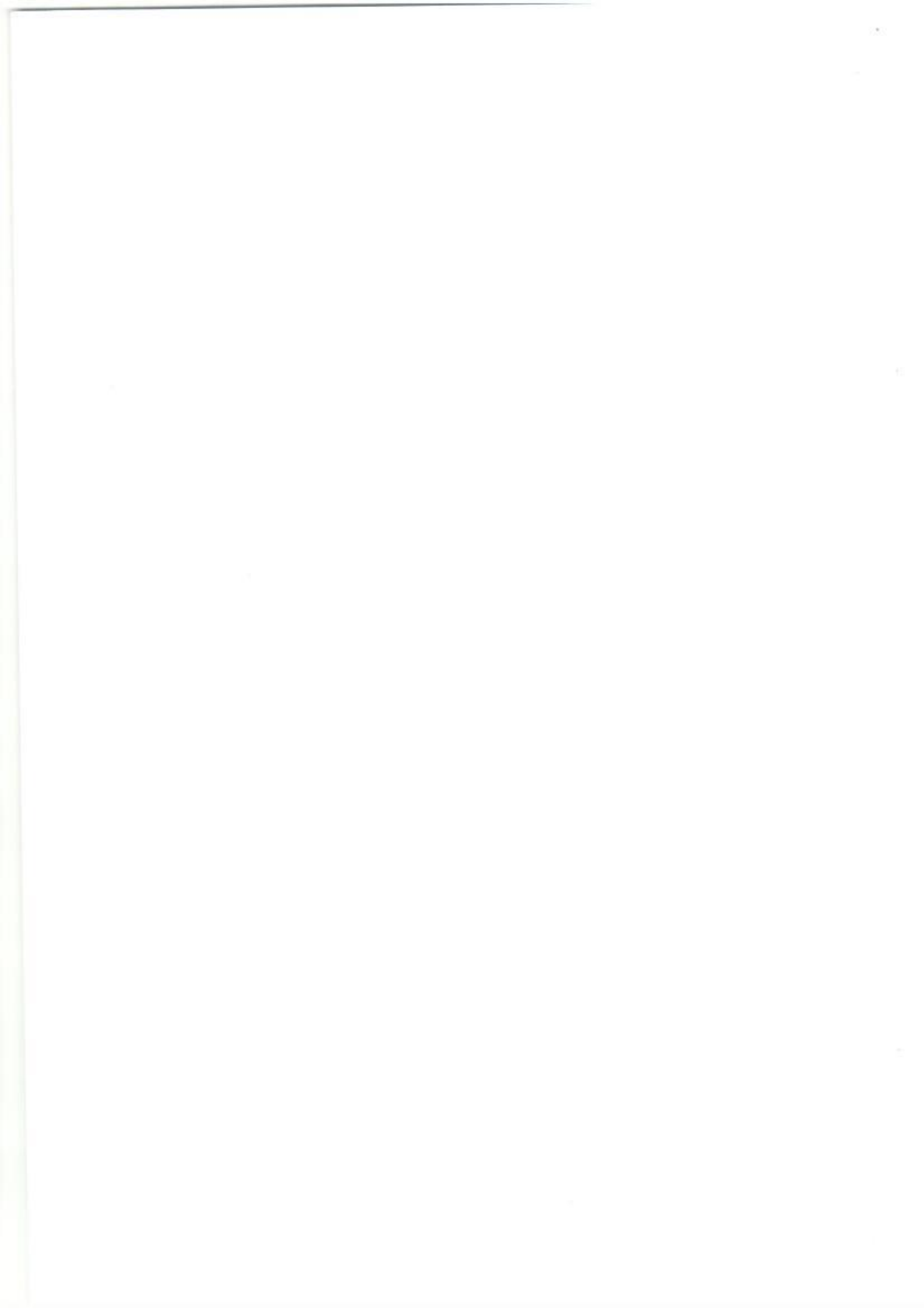
G6894776L

S / No 9000307200

NP 428A

Licence No: G6894776L





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 : 5096311666

Cover : Preferred Workshop Plan

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP7937X |
| Chassis Number | : FEB21EA21637 |
| 2. Name of Policyholder | : HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 05 Dec 2017 |
| 4. Expiry Date of Insurance | : 04 Dec 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
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)

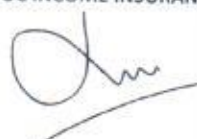
Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 29 Nov 2017 10:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

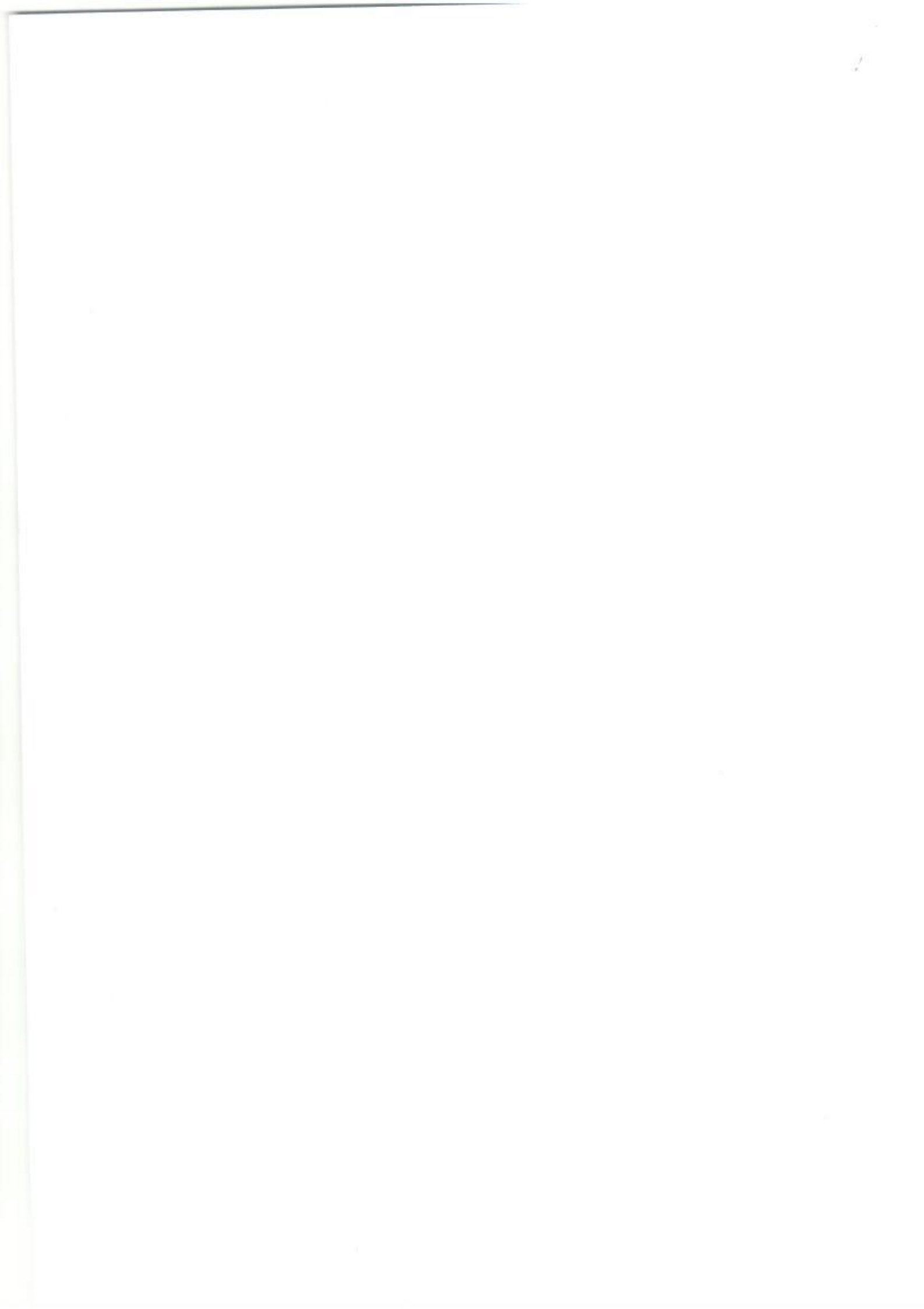


Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No.(For Motor)	<input type="text" value="YP7937X"/>	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 checked="" type="radio"/>	5096311666		HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD	201120081R	GCV	Preferred Workshop Plan	YP7937X	YP7937X	05/12/2017	04/12/2018

Claim Handling

▼ Accident MT/1008050

Task Transfer Exit

LOS SAL SUB

Policy No.	5096311666	Vehicle No.	YP7937X	GST Registration No.	201120081R
Certificate No.					
Policyholder Name	HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD			Policyholder NRIC	201120081R
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	21/08/2018 08:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/08/2018	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOH GUAN ROAD EAST				

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/2016
GST Registration No.	201120081R	GST Status Verified	Yes
Modification History	23/08/2018 11:39:39 Deborah Mui changed GST Registered from No to Yes 23/08/2018 11:39:39 Deborah Mui changed GST Registration No. from null to 201120081R 23/08/2018 11:39:39 Deborah Mui changed GST Registration Date from null to 01/02/2016		

▼ Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#03-78 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.		Related Policy Number	5096311666		

▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	
Address 4	Foreign address	Post Code	



Claim Handling

Accident MT/1008050

Policy No.	5096311666	Vehicle No.	YP7937X	GST Registration No.	
Certificate No.					
Policyholder Name	HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	No
Accident Details					
Report Date	21/08/2018 08:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	18/08/2018	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TDH GUAN ROAD EAST				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/02/2016		
GST Registration No.	201120081R	GST Status Verified	Yes		
Modification History	23/08/2018 11:39:39 Deborah Mui changed GST Registered from No to Yes 23/08/2018 11:39:39 Deborah Mui changed GST Registration No. from null to 201120081R 23/08/2018 11:39:39 Deborah Mui changed GST Registration Date from null to 01/02/2016				
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#03-7B SYNERGY @ KB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096311666		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	HORSE POWER ENGINEERING &	Insured NRIC	
Contact No.(Mobile)	90084312	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP7937X	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP7937X / GBA1874J ON 18 Aug 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	
Date Registered	12/09/2018 13:26	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1008050	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/09/2018 13:20

Path *

Category *

Confidential

Urgency

Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Message Board

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:23	SAS	Normal	SAS 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:22	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Sep 2018 13:20	Photos	Normal	Photos 2018-9-12
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