

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MNA15 118 139**

Date In: 11/9/18 - 18:37	Job description	Date & Time Completed	Done by
Ref No: NIA/INC18016591/24	SAS e-filing		
Veh No: JACR142W	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/9/18 - 09:15	i-Motor Claim Form	M7/10/1091-001	11/9/18 14:29
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: YPP609L 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
Auditors' Comments:-	8) NTUC Additional Services:-		
	OD:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/09/2018 18:37
Date Of Accident	11/09/2018 09:15
Exact Location Of Accident	SLIP RD CANBERRA LINK TWDS CANBERRA WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8142U
Insured/Policyholder	
Name Of Registered Owner	EC CARZ RENTAL
Co Reg No	53353843B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91911585
Alternative Phone No	OFFICE-91911585

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5102628807
Cover Note Number	

Driver

Name of Driver	TAN SIONG TAI (CHEN XIANGTAI)
NRIC No	S8304432B
Date Of Birth	29/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84102220
Fax Number	
Contact Number	OFFICE-84102220
EMail Address	NOEMAIL

Address	BLK 663A JURONG WEST STREET 65 #12-283
Postcode	641663
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	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	2
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)	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

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	YP8609L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD HUSSIN BIN HASSAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN SIONG TAI (CHEN XIANGTAI)
------	-------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJK8142U

YES

NO

SKETCH PLAN

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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.

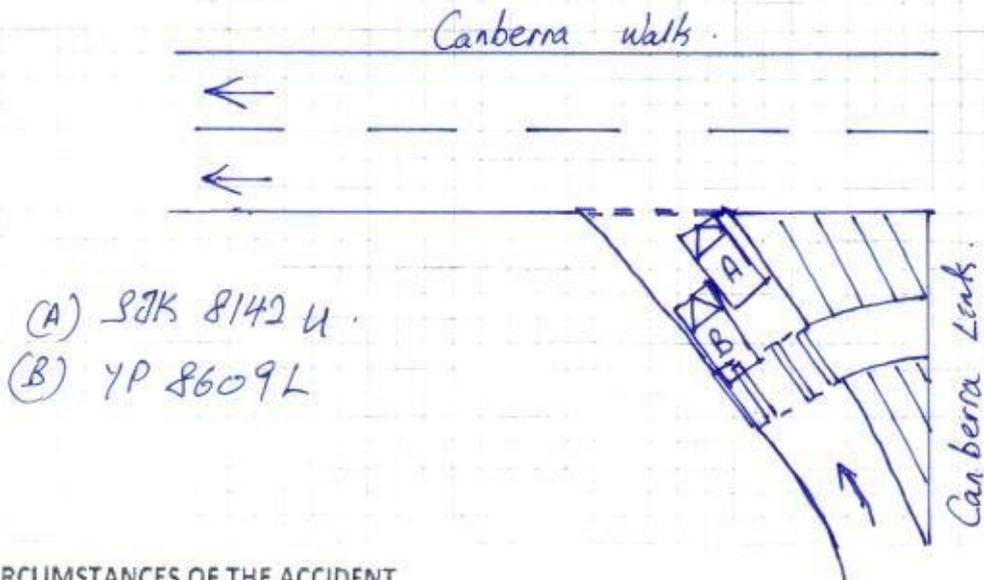


Policyholder's Signature
Date & Time:

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

On 11/09/18 at @ 0915 hrs, I was travelling in my vehicle (SJK 8142U) along Canberra Link turning left into the slip road into Canberra Walk. While travelling along the said slip road, moving slowly and before stop at the give way line. Suddenly, a lorry travelling at a high speed on the left try to squeeze through. As a result, the ~~said~~ lorry (YP 8609L) collided onto the left side of my vehicle and pushed my vehicle to the right. Causing my rear right wheel to hit onto the road kerb on my right.

DECLARATION

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



[Signature]
 Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	SJK 8142U	Model / Make	Honda Stream
Date of Accident	11 / 09 / 18		
Time of Accident	0915 HRS		
Location of Accident	C Canberra Link Slip road into Canberra Walk		
Exact purpose use during accident	Chauffeur		
Name of Owner	EC Carz Rental		
Telephone No.	H/P: 9191 1585	Home:	Office: 6367 2080
NRIC	S3353843B		
Address	11, Sungai Kadut Industrial Estate (S) 729647		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
Policy No.	5102628807		
Name of Driver	As Above If No, TAN SIANG TAI		
NRIC	S8304432B	Any Passengers:	N.A.
Date of birth	29 / 01 / 1983		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	14 / 01 / 2010		
Gender	<u>Male</u>	/	Female
Contact No.	H/P: 8410 2220	Home:	Office:
Address	BLK 663A, Jurong West St 65 #12-283 (S) 641663		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	<u>Hirer</u>
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	TAN SIANG TAI (H/P: 8410 2220)		
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	YP 8609 L	Any Passengers:	N.A.
Name of Driver	Mohamad Hussien Bin Hassan	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A
Accident Portion	Left Side & Right Rear Undercarriage		
Camera Recorder	Yes <u>(No)</u>		
Email Address	mrphilip@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8304432B**
 Name: **TAN SIONG TAI (CHEN XIANGTAI)**
 Birth Date: **29 Jan 1983**
 Issue Date: **10 Aug 2016**

002597205B



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8304432B**



Name: **TAN SIONG TAI (CHEN XIANGTAI)**
陈祥泰
 Race: **CHINESE**
 Date of birth: **29-01-1983** Sex: **M**
 Country/Place of birth: **SINGAPORE**

58304432B

Land Transport Authority



VOCATIONAL LICENCE
 Licence No : **S8304432B**
 Name : **TAN SIONG TAI**

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

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Jan 2010

NP 428A

Licence No: S8304432B



5657956



NRIC No: **S8304432B**



Date of issue: **21-09-2016**

Address: **APT BLK 663A JURONG WEST STREET 65 #12-283 SINGAPORE 641663**

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	07/06/2018



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: 5102628807

Cover : Third Party

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SJK8142U |
| Chassis Number | : RN61085435 |
| 2. Name of Policyholder | : EC CARZ RENTAL |
| 3. Effective Date of Insurance | : 24 Jul 2018 |
| 4. Expiry Date of Insurance | : 23 Jul 2019 |
| 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

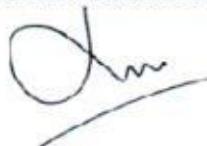
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
 Date of Issue : 24 Jul 2018 09:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102628807		EC CARZ RENTAL	533538438	GPC	Third Party	SJK8142U	SJK8142U	24/07/2018	23/07/2019

Continue

▼ Policy Information

Policy No.	5102628807	Policyholder Name	EC CARZ RENTAL	Policyholder NRIC	53353843B
Certificate No.					
Address	11 SUNGEI KADUT AVENUE SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729647				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/07/2018	Effective Date	24/07/2018 00:00	Expiry Date	23/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	11 SUNGEI KADUT AVENUE	Address 2	SUNGEI KADUT INDUSTRIAL ES	Address 3	SINGAPORE 729647
Address 4		Address Type	Singapore address	Post Code	729647
Unit No.		Related Policy Number	5103790697		

▶ Insured Object: SJK8142U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1011091

Policy No.	510262807	Vehicle No.	SJKR142U	GST Registration No.	
Certificate No.					
Policyholder Name	EC CARZ RENTAL			Policyholder NRIC	53353843B
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91911585	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Full
KPK	<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	Yes

Accident Details

Report Date	11/09/2018 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/09/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD CANBERRA LINK TWDS CANBERRA WALK				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	11 SUNGEE KADUT AVENUE	Address 2	SUNGEE KADUT INDUSTRIAL ES	Address 3	SINGAPORE 729647
Address 4		Address Type	Singapore address	Post Code	729647
Unit No.		Related Policy Number	S103790697		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/01/1983
Unnamed driver Name	TAN SIONG TAJ (CHEN XIANGT)	Driver NRIC	S8304432B	Driving Experience	0
Register Date of Driver License	07/06/2018	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	84102220	Contact No.(Office)	0	Address 3	SINGAPORE 641663
Address 1	BLK 663A	Address 2	JURONG WEST STREET 65	Post Code	641663
Address 4		Address Type	Singapore address		
Unit No.	12-283				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 [New](#)

Claim Type *	DD-MX	Insured Name	EC CARZ RENTAL	Insured NRIC	53353843B	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64400220	
Email Address		O1 Vehicle Number	SJKR142U	TP Vehicle Number	YP8609L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJKR142U / YP8609L ON 11 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	11/09/2018 19:29	Claim Close Date		Date Received	11/09/2018 00:00	
Report Taken By	Jackson					

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1011091	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	11/09/2018 19:31

Patch *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

Please Select No Normal

Please Select No Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hsg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	SAS	Normal	SAS 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:30	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:29	Photos	Normal	Photos 2018-9-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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