

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018669/r3	SAS e-filing		
Veh No: FBJ 4482	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/10/18 1835	i-Motor Claim Form	MT/1015755-001	
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: (Tel:	Fax:
TP Particulars:	Veh No: SHCS4482	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

NA1806556	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (N11) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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. 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	15/10/2018 15:42
Date Of Accident	12/10/2018 18:25
Exact Location Of Accident	DORSET RD & TRURO RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ448R
Insured/Policyholder	
Name Of Registered Owner	ANG HUNG KOK
NRIC No	S1574634C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97853658
Alternative Phone No	OTHERS-97853658

Vehicle Particulars

Manufacturer	YAMAHA
Model	XA CVT-125CC
Exact Purpose for which vehicle was being used at time of accident	
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096577020
Cover Note Number	

Driver

Name of Driver	ANG HUNG KOK
NRIC No	S1574634C
Date Of Birth	23/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853658
Fax Number	
Contact Number	OTHERS-97853658
EMail Address	NOEMAIL

Address	BLK 114 ANG MO KIO AVENUE 4 #08-365
Postcode	560114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT: T/20181013/2078

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITNESS HAND OVER THE VIDEO TO THE POLICE
Was there any audio recorded?	NO

Details of Witness 1

Name	UNKNOWN(POLICE OFFICER)
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5448Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ANG HUNG KOK
Approximate Age	
Injuries Sustain	RIGHT HAND AND BOTH LEGS
Injured person in which vehicle?	FBJ448R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

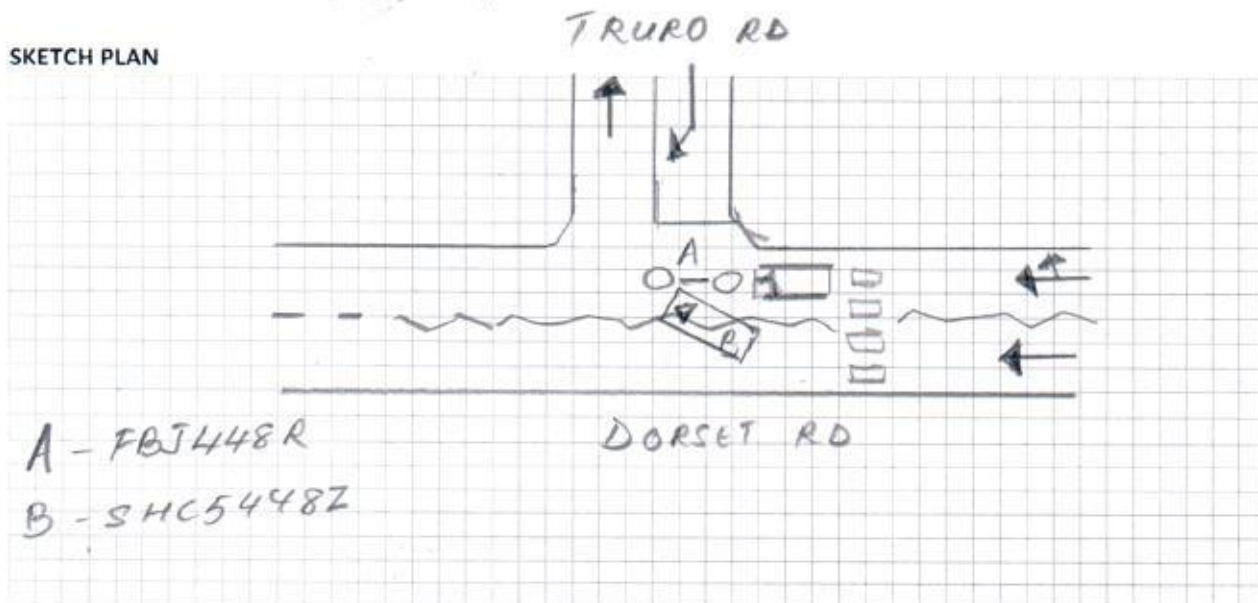
15/10/1963
2018

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

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

15/10/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/2018/013/2078

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.:



SINGAPORE POLICE FORCE



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20181013/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 13:24	Vide Report No.: E/20181012/0123	Station Diary No.: 15
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Informant's Particulars

Name of Informant: ANG HUNG KOK		Address: APT BLK 114 ANG MO KIO AVENUE 4 #08-365 SINGAPORE 560114	
ID Type / ID No.: NRIC NO / S1574634C		Contact No.: Home/Office: Mobile: 97853658	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 23/10/1963	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 18:25	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 DORSET ROAD TRURO ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ448R	Motorcycle	YAMAHA	XA 125 CVT	Black	Slightly Damaged	0
SHC5448Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ448R	NTUC Income Insurance Co-Operative Limited	5096577020	14/12/2017	13/12/2018



**SINGAPORE
POLICE FORCE**



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20181013/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG HUNG KOK	ID No.	S1574634C
Related Vehicle	FBJ448R (Motorcycle)	Contact No.	97853658
Hospital/Clinic	JJ CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/10/2018 at about 1825hrs, while I was riding my motorcycle FBJ448R along Dorset Road towards Truro Road on the right most lane. Suddenly, a taxi which was travelling on my left signal to the right and immediately cut into my lane. I had no time to react and was knocked down by the taxi. Subsequently police arrived at scene and recorded down our particulars. I suffered some abrasion on my right hand and both legs area. I went to seek medical attention at JJ Clinic & Surgery and was given 3 days MC. My insurance number is 5096577020.



**SINGAPORE
POLICE FORCE**



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20181013/2078

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:

F /

Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

13/10/2018 13:24

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/2018) (DD/MM/YYYY), TIME: (18:25) (HH:MM)

LOCATION: DORSET RD & TRURO RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 44PR
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5096577020
 d) POLICY TYPE: (COMPREHENSIVE) (THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: ANG HUNG KOL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1574634/C CONTACT: 97853658
 c) ADDRESS: BIK 114 ANG MO KEE AVE 4
 #08-365 S(560114)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (23/10/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06 03 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC5448Z MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

witness - the video goes to the police officer

Email =

fax =

video =

15/10/18
 waiting for
 veh & scene
 photos

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1574634C



Name

ANG HUNG KOK

Race

CHINESE

Date of birth

23-10-1963

Sex

M

Country of birth

SINGAPORE

S1574634C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1574634C

Name

ANG HUNG KOK

Birth Date: 23 Oct 1963

Issue Date: 05 Feb 2004



001107018A



4670192

NRIC No. S1574634C



Date of issue

03-01-2011

Address

APT BLK 114 ANG MO KIO AVENUE 4
#08-365
SINGAPORE 560114

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

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	06 Mar 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	06 Feb 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	10 Apr 1982
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	07 Mar 1987
Class 5	MOTOR VEHICLES WHICH ARE NOT CONSTRUCTED THEMSELVES TO CARRY ANY LOAD AND THE WEIGHT OF WHICH UNLADEN EXCEEDS 7200 KILOGRAMS	28 Apr 1987

S1574634C

S / No. 9000245096

NP 428A



Licence No. S1574634C

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="12/10/2018 18:25"/>							
Vehicle No.(For Motor)	<input type="text" value="FBJ448R"/>	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"/>	5096577020		ANG HUNG KOK	S1574634C	GMC	Third Party	FBJ448R	FBJ448R	14/12/2017	13/12/2018
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1015755

Policy No.	5096577020	Vehicle No.	FBJ448R	GST Registration No.
Certificate No.				
Policyholder Name	ANG HUNG KOK			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97853658	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	15/10/2018 18:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2018	Time of Accident hh:mm	18:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DORSET RD & TRURO RD			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 114 #08-365	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-468	Related Policy Number	5096577020	

▼ O1 Driver Info

Driver Name	ANG HUNG KOK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1574634C	Driver DOB
Register Date of Driver License	01/01/2015	Driver Age	54	Driving Experience
Contact No.(Mobile)	97853658	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 114	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-365			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	ANG HL
Contact No.(Mobile)	97853658	Contact No. (Home)	645604
Email Address		O1 Vehicle Number	FBJ448
Claim Description	FBJ448R / SHC5448Z ON 12 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/10/2018 18:10	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	



☒ Print AK letter

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

Attachment

Accident No.	MT/1015755	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2018 00:00
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read	Clear	Please Select ▼	NO ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:10	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:06	Photos	Normal	Photos 2

Video List

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