

# NATIONAL Assessment Centre Services. [wef 1 Jan 2005]

Date In: 17/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18018830/13	SAS e-filing		
Veh No: SLA 9315 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/10/18 1025	i-Motor Claim Form	17/10/18 064 -	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: ( TOWNCAR Tel: Fax: )

TP Particulars: Veh No: SLA 8455T 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:

NA1806675

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-on INC) against INC \$20

9) N12: Idac Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2/3:



## 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	17/10/2018 09:20
Date Of Accident	16/10/2018 10:25
Exact Location Of Accident	BEACH RD BESIDE DINERS CLUB(SINGAPORE)@ECP JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9315G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67351551

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093489587-01
Cover Note Number	

### Driver

Name of Driver	SOW CHOR SENG
NRIC No	S1729649C
Date Of Birth	13/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96795538
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 448 BUKIT PANJANG RING RD #04-559
Postcode	670448
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	
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

I WAS MAKING A LEFT TURN FROM BEACH RD INTO ECP AND I WAS ON THE 2ND LANE. WHILE I WAS MAKING A LEFT TURN ON THE 2ND LANE GOING STRAIGHT AND LEFT TURN LANE. HALF WAY TURNING, SUDDENLY VEH B HIT ONTO MY LEFT REAR PORTION OF MY VEH. ALIGHTED FROM MY VEH AND REALISED IT WAS VEH(B) BEARING REG NO SLK8455T TRAVELLED STRAIGHT IN A TURN LEFT LANE ONLY, THAT CAUSES DAMAGE TO MY VEH. THERE WAS AUDIO RECORDED WITH THE DRIVER.

#### 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	SLK8455T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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:

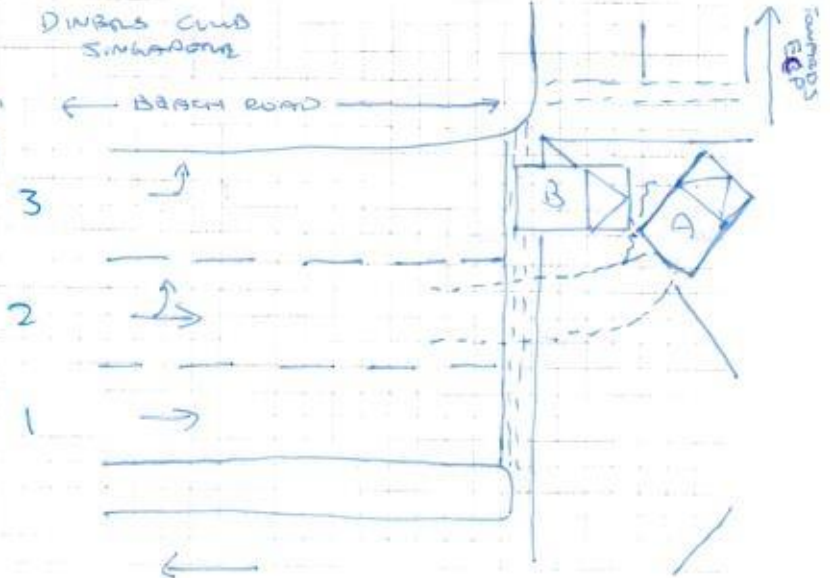
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### SKETCH PLAN

VERMILION A - SLP 93156

UBH1CUB B - SLK 8455 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A LEFT TURN FROM 32nd ROAD INTO  
EED. I WAS ON THE SECOND LANE.

WHILE I WAS MAKING A LEFT TURN ON THE SECOND LANE GOING STRAIGHT AND LEFT TURN LANE. HALF WAY THROUGH, SUDDENLY A VEHICLE HIT ONTO THE LEFT REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE SLK 8455 T THAT COLLIDED TO THE LEFT REAR OF MY VEHICLE WHEN SHE TRAVELED STRAIGHT IN A TURN LEFT ONLY LANE, THIS CAUSES THE DAMAGE TO MY VEHICLE.

VEHICLE A - 3LP 9315G

USANCE B - SLK 8455 T

### DECLARATION

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



Policyholder: \_\_\_\_\_  
Date & Time: \_\_\_\_\_



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

Sept 17/10/18

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



<b>Vehicle No.</b>	SLP 9315G	<b>Model / Make</b>	HONDA SHUTTER
<b>Date of Accident</b>	16/10/18		
<b>Time of Accident</b>	1025	<b>HRS</b>	
<b>Location of Accident</b>	BEACH ROAD BESIDE DINERS CLUB (SWANWEE)	<b>AT</b>	RT JUNCTION
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	AUTO 51 LEASING PTE LTD		
<b>Telephone No.</b>	H/P :	<b>Home :</b>	<b>Office :</b> 67351551
<b>NRIC</b>	201632910R		
<b>Address</b>	15 MISHUN INDUSTRIAL ST 1 #01-05 MN 5 S(768091)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5093489587-01		
<b>Name of Driver</b>	As Above If No, SOW CHOR SENG		
<b>NRIC</b>	S1729649C	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	13 JAN 1965		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	24 NOV 1982		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 96795538	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Buk 448 Bukit PANGKAL RINK ROAD #04-559 S(670448)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state RENTAL / LEASING		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLK 8455 T	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LEFT REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		<b>Yes / No</b>	
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510	<b>voice audio</b>	
<b>WORKSHOP Email ADDRESS</b>	Sales @ n51.com.sg		

1280917



NRIC No. S1729649C



Blood Group: A+ Date of issue: 25-07-1994

APT BLK 448 BUKIT PANJANG RING ROAD #04-559  
SINGAPORE 670448


NRIC No: S1729649C Date: 30/06/2011 No: 6774219

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Oct 1989
Class 2A	Motorcycles between 201 cc and 400 cc	23 Oct 1989
Class 2	Motorcycles exceeding 400 cc	21 Sep 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Nov 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	13 Mar 1986
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	25 Mar 1986


NP 428A

Licence No: S1729649C



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

Type	Description	Issue Date
02	TAXI VL	20/10/1995
03	BUS VL	01/10/1992





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1729649C



Name

SOW CHOR SENG



Race

CHINESE

Date of Birth

13-01-1965

Sex

M

Country of Birth  
SINGAPORE

S1729649C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1729649C

Name

SOW CHOR SENG

Birth Date: 13 Jan 1965

Issue Date: 17 Dec 2002



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S1729649C

Name : SOW CHOR SENG

Issue Date : 13/9/2005



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence



## 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:** 5093489587-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLP9315G**  
Chassis Number : GK81007684
2. Name of Policyholder : AUTO 51 LEASING PTE LTD
3. Effective Date of Insurance : 10 Mar 2018
4. Expiry Date of Insurance : 09 Mar 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) PTE 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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 12 Mar 2018 08:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1016064

Policy No.	5093489587-01	Vehicle No.	SLP9315G	GST Registration No.
Certificate No.				
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67351551	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
<b>Accident Details</b>				
Report Date	17/10/2018 16:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/10/2018	Time of Accident hh:mm	10:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEACH RD BESIDE DINERS CLUB(SINGAPORE)@ECP JUNC			
<b>Excess</b>				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-06	Related Policy Number	5093489587-01	
<b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SOW CHOR SENG	Driver NRIC	S1729649C	Driver DOB
Register Date of Driver License	24/11/1982	Driver Age	53	Driving Experience
Contact No.(Mobile)	96795538	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 448	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-559			
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 type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTO 5
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SLP931
Claim Description	SLP9315G / SLK8455T ON 16 Oct 2018		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop (refer below)	
Finalisation	Yes	GIA report	Received
Date Registered	17/10/2018 16:53	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	



[Print AK letter](#)

Save

Submit

## Attachment

Accident No. MT/1016064 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 17/10/2018 00:00

Path \*

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Clear

Category \*

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 16:52	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)