

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118143418

Date In: 5/11/18 - 17:31	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 180207374	SAS e-filing		
Veh No: JLF17 614	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 3/11/18 - 17:50	i-Motor Claim Form	M7/10/18/42-001	7/11/18 22:26
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: JLF17 614	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

M1807230	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		for Bill	Add Bill
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)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*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 (Non INC) against INC \$20		
2at 1:	9) N12: Idac Mobile 30		
2at 2/3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	05/11/2018 17:31
Date Of Accident	03/11/2018 13:50
Exact Location Of Accident	CTE TWDS CITY AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1761G
Insured/Policyholder	
Name Of Registered Owner	LEONG FOOK YIM
NRIC No	S1632499Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724380
Alternative Phone No	OFFICE-96724380

Vehicle Particulars

Manufacturer	SUZUKI
Model	BALENO 1.2XG A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102833979
Cover Note Number	

Driver

Name of Driver	DAWN LEONG WEI SHENG
NRIC No	S8930510A
Date Of Birth	01/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91542727
Fax Number	
Contact Number	OFFICE-91542727
Email Address	NOEMAIL

Address	BLK 743 YISHUN AVENUE 5 #04-544
Postcode	760743
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : GERALDINE LIM CHEE KUAN GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

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	SKW749Y
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)

DETAILS OF INJURED PERSON 1

Name	DAWN LEONG WEI SHENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLF1761G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GERALDINE LIM CHEE KUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLF1761G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

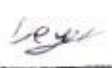
SKETCH PLAN


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 reassess 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 lodging 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:

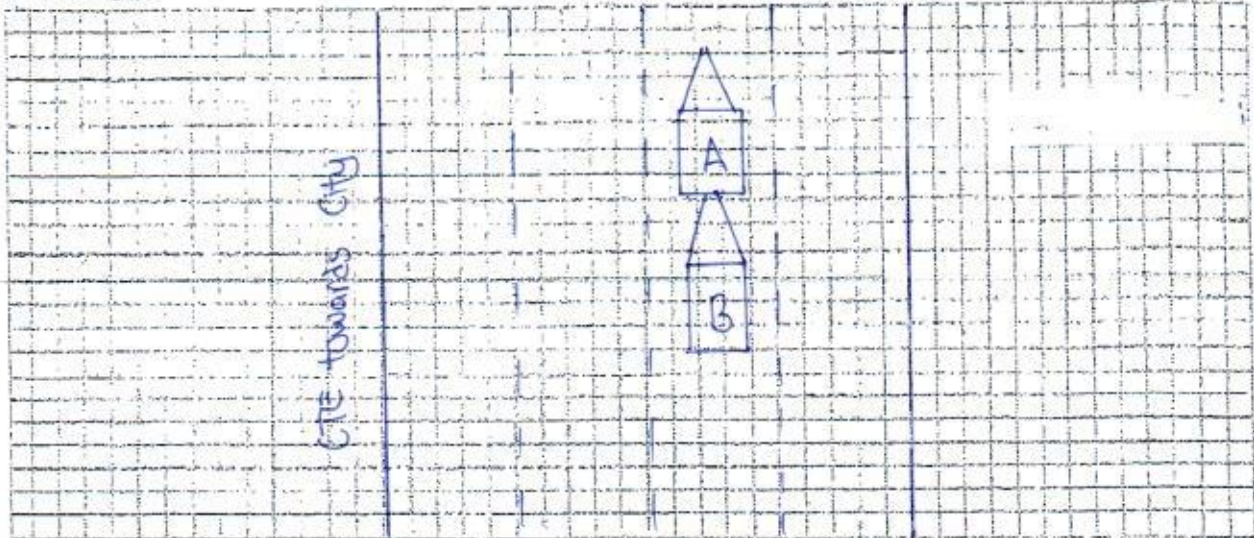

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Vehicle 'A' = SLF1761G

Vehicle 'B' = SKW749Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the stated date and time, at the stated venue.

I vehicle A was travelling along the stated venue, the front vehicle stopped thus I follow suit. Out of a sudden I felt a huge impact from the rear of my vehicle.

DECLARATION

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

Leay
Policyholder's Signature
Date & Time:

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

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

Date of Accident : 3/11/2018 Accident Time: 1350 (24-HR-Format)
Accident Place : CTE towards City After ang mo kip Ave 1 Exit
Vehicle Reg. No. (Car Plate No.) : SLF1761G
Vehicle Make/Model : Suzuki Baleno
Insurance Company : NTUC Income Policy No. _____
Owner or Company Name / IC No. : Leong Fook Yim S1632499Z
Owner or Company Contact No. : 9672 4380 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Dawn Leong Wei Sheng S8230510A
DRIVER'S Date Of Birth : 01/09/1989 DRIVER'S License Pass Date 4 Dec 2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 743 Yishun Avenue 5 #04-544 (S) 760743
DRIVER'S Contact No. / Alt No. : 1) 9184 2727 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : slf1761g @ outlook.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 03

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKW 744Y

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1632499Z



Name
LEONG FOOK YIM

梁 福 贤

Race
CHINESE

Date of birth
04-08-1964

Sex
M

Country/Place of birth
SINGAPORE



5370067



NRIC No. **S1632499Z**



Date of issue
15-10-2014

Address
**APT BLK 357 YISHUN RING ROAD
#11-1850
SINGAPORE 760357**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8930510A



Name

DAWN LEONG WEI SHENG

梁 煒 晟

Race

CHINESE

Date of birth

01-09-1989

Sex

M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8930510A
Name:

DAWN LEONG WEI SHENG

Birth Date: 01 Sep 1989

Issue Date: 04 Dec 2012



Driver

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

		EFFECTIVE DATE
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	04 Dec 2012
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	14 Jan 2016

S / No. 9000244180

NP 428A

Licence No. S8930510A

3611361

NRIC No. S8930510A

Date of issue
09-09-2004

APT BLK 743 YISHUN AVENUE 5 #04-544
SINGAPORE 760743

NRIC No: S8930510A Date: 19/04/2018

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: 5102833979

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF1761G**
 Chassis Number : **MA3EWB32S00122872**
2. Name of Policyholder : **LEONG FOOK YIM**
3. Effective Date of Insurance : **16 Aug 2018**
4. Expiry Date of Insurance : **15 Aug 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEONG FOOK YIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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)

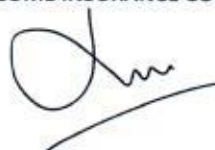
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 07 Aug 2018 16:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102833979		LEONG FOOK YIM	S1632499Z	GPC	drive CLASSIC	SLF1761G	SLF1761G	16/08/2018	15/08/2019

Policy Information

Policy No.

5102833979

Policyholder Name

LEONG FOOK YIM

Policyholder NRIC

S1632499Z

Certificate No.

Address

BLK 357 #11-1850 YISHUN RING ROAD SINGAPORE 760357

Product Name

PRIVATE CAR INSURANCE

Plan

Group Policy Flag

N

Policy Issue Date

07/08/2018

Effective Date

16/08/2018 00:00

Expiry Date

15/08/2019 23:59

Excess Type

All Claims Excess

Third Party Excess

0

Own damage Excess

600

Windscreen Excess

100

Additional Excess

0

OS Premium

0

Outside Singapore OD Excess

600

Outside Singapore TP Excess

0

Young/Inexperience Driver Excess

Agent

DICKSON INSURANCE AGENCY

Agent Tel.

63447667

GST Flag

Y

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Mailing Address

Address 1

BLK 357 #11-1850

Address 2

YISHUN RING ROAD

Address 3

SINGAPORE 760357

Address 4

Address Type

Singapore address

Post Code

760357

Unit No.

Related Policy Number

5102833979

Insured Object: SLF1761G

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Status

Endorsement Content

Continue

Cancel

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5102833979&...> 5/11/2018

Claim Handling

Exit

Accident HT/1018542

Policy No.	S102833979	Vehicle No.	SLF1761G	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG POOK YIM	Cover Type	Drive CLASSIC	Policyholder NRIC	S16324992
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	96724380	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	05/11/2018 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/11/2018	Time of Accident h:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	CTE TWGS CITY AFTER AMK AVE 1 EXIT				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 357 #11-1850	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760357
Address 4		Address Type	Singapore address	Post Code	760357
Unit No.		Related Policy Number	S102833979		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/09/1989
Unnamed driver Name	DAWN LEONG WEI SHENG	Driver NRIC	S8920510A	Driving Experience	5
Register Date of Driver License	04/12/2012	Driver Age	29	Contact No. (Home)	0
Contact No. (Mobile)	91542727	Contact No. (Office)	0	Address 3	NIE SOON CENTRAL SPRING
Address 1	BLK 743	Address 2	YISHUN AVENUE 5	Post Code	760743
Address 4	SINGAPORE 760743	Address Type	Singapore address		
Unit No.	06-544				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 New

Claim Type *	CO-MX	Insured Name	LEONG POOK YIM	Insured NRIC	S16324992
Contact No. (Mobile)	96724380	Contact No. (Home)	67527444	Contact No. (Office)	
Email Address	POOKYIM@SINGNET.COM.SG	DI Vehicle Number	SLF1761G	TP Vehicle Number	SKW749Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLF1761G / SKW749Y ON 3 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/11/2018 22:26	Claim Close Date		Date Received	05/11/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Save Submit

Accident No.	HT/1018542	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/11/2018 22:28

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="v"/>	<input type="button" value="v"/>	Normal	<input type="button" value="v"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="v"/>	<input type="button" value="v"/>	Normal	<input type="button" value="v"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	SAS	Normal	SAS 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	Photos	Normal	Photos 2018-11-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:27	Photos	Normal	Photos 2018-11-5		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Nov 2018 22:26	Photos	Normal	Photos 2018-11-5		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	