

NATIONAL Assessment Centre Services [wef: 1 Jan 2005]			
Date In: 08/11/2018 15:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020342/K4	SAS e-filing		
Veh No: SKZ 9487C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/11/2018 18:30	i-Motor Claim Form	MT/1018969-002	12/11/18 09:41
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: GZ6240P INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

NA1807294 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st 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

QC Checked by (Engr-In-Charge): 5) RT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments:- For claiming against INC Only (wef 10 Jan 2005)

Date 1: 6) TR: Re-inspection \$75

Date 2/3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idac Mobile \$30

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	08/11/2018 15:36
Date Of Accident	07/11/2018 18:30
Exact Location Of Accident	TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9487C
Insured/Policyholder	
Name Of Registered Owner	SERVIRE AUTO SOLUTIONS
Co Reg No	53372836C
Email Address	YUNUSDYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91478751
Alternative Phone No	OFFICE-91478751

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) EX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095720330
Cover Note Number	

Driver

Name of Driver	YUNUS DAVID YIN YING
NRIC No	S9131816D
Date Of Birth	26/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91478751
Fax Number	
Contact Number	OTHERS-91478751
EMail Address	YUNUSDYY@GMAIL.COM

Address	BLK 524B PASIR RIS STREET 51 #05-611
Postcode	512524
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	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	
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ6240P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HLA WIN SOE
NRIC/Passport Number	G5963241N
Contact Number	82688150
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YUNUS DAVID YIN YING
------	----------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKZ9487C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

SERVIRE AUTO SOLUTIONS
Reg No: 53372836C



Policyholder's Signature
Date & Time:

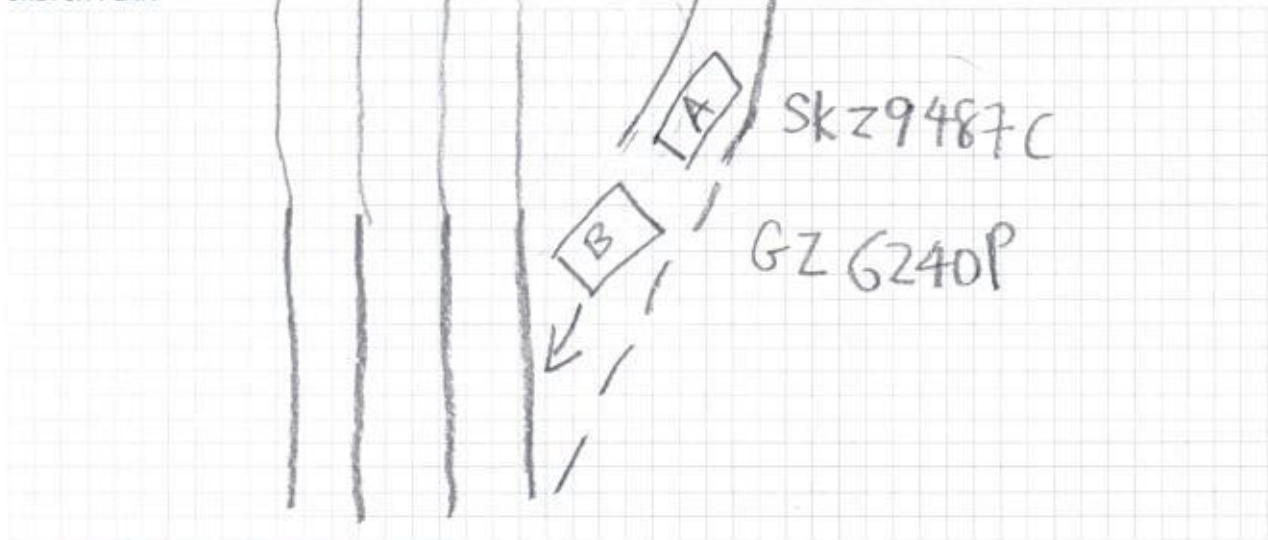
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Turf club Fly over

Turf club Ave 6:30 pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) My vehicle - SKZ 9487C was driving out of Turf club Ave (Singapore Turf club), it was a merging lane towards the highway 1) (BKE (Woodland's, Johor) 2) SLE (CTE/TPE) 3) BKE (PIE) as I was driving out of a bend onto the highway, GZ 6240P slowed down suddenly, I couldn't react in time even when I did an emergency braking and my vehicle collided into GZ 6240P which the driver intended to stop at the merging lane to alight his workers that were at the back of his vehicle. No one was injured during this accident. There were no damage on GZ 6240P. but the my vehicle SKZ 9487C was damaged badly.

DECLARATION

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

SERVIRE AUTO SOLUTIONS**Reg No: 53372836C**
 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.:

CLARICO SketchPlanForm_v3

9/11/2018

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **8661**

Policy Number 215730230		Vehicle Number SKZ 9487C	
Cover Type <input type="checkbox"/> Prestige <input type="checkbox"/> Drivo Premium <input type="checkbox"/> Comprehensive <input type="checkbox"/> Prestige Third Party Fire & Theft <input type="checkbox"/> Drivo Classic <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Prestige Third Party <input type="checkbox"/> Comprehensive (PWP) <input type="checkbox"/> Third Party			
No Claim Discount (NCD)		Excess (Subject to Prevailing GST)	
%		Standard Excess \$	
NCD Protector Yes <input type="checkbox"/> No <input type="checkbox"/> (1 accident within the period of insurance)		Unnamed Excess \$	
		Additional Excess \$	
		Third Party Excess \$	
Transport Allowance Yes <input type="checkbox"/> No <input type="checkbox"/> (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
Excess Waiver Yes <input type="checkbox"/> No <input type="checkbox"/> (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident

Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

- Bring a Copy of Policyholder's NRIC (Front & Back).
- Bring Company's Stamp.

Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- Damage to government property
- Foreign vehicle
- Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
- Pedestrian / Cyclist
- Hit-and-run
- Fatality

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name		For video recording up to 10MB, you may ➤ email to motorvideo@income.com.sg.	
NRIC/ID no.	Relationship to Policyholder	For video recording more than 10MB, you may ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.	
Contact no.	Signature		

For Official Use

Issued by	Staff Code	Date (dd/mm/yyyy)	Time
	210349	02/04/20	10:00am

Tow out from idae at 1620hrs.

on

8/11/2018

Chore S'ong Son

87236300

← Main contact person.

He told that the workshop will
come and chop in sketch. Plan

to. on 8/11/2018 or

9/11/2018.

✓

Towin on 8/11/2018 @ 1450 HRS.

*

Reported on 8/11/2018
@ 1510 HRS.

Shan (92272551)

Actual income

ACCIDENT STATEMENT

Ms Yunus

ACCIDENT DATE: (7/10/2018) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

91478751

LOCATION: Turf Club Ave

A vehicle
Given key.

DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKZ 9487C

b) INSURANCE COMPANY: _____

c) POLICY NUMBER: _____

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: _____

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: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: 91478751

c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRE

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Slight

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GZ6240P MODEL: _____

b) DRIVER'S NAME: HLA WIN SOE

c) NRIC/FIN/PASSPORT: G5963241N CONTACT: 82688150

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

A Driver told they will tow the vehicle by 7/11/2018
from idac.?

Email = yunusdy@gmail.com

fax = yunusdy@gmail.com

VIDEO =

Waiting for Company Chop?

*No of passengers
(including driver)

(1)

*No of passengers
(including driver)

(1)

*No of passengers
(including driver)

(1)

Private Hire Striker

Cannot open the
left door.

Vehicle key given to idac

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9131816D



Name

YUNUS DAVID YIN YING

殷瑛

Race

CHINESE

Date of birth

26-08-1991

Country/Place of birth

SINGAPORE

Sex

F



5478683



NRIC No. S9131816D



Date of issue

03-06-2015

APT BLK 524B PASIR RIS STREET 51 #05-611
SINGAPORE 512524

NRIC No: S9131816D

Date: 23/03/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9131816D

Name

TAN YIN YING, ANGELINE
(CHEN YINYING)

Birth Date: 26 Aug 1991

Issue Date: 27 May 2010



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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC

27 May 2010

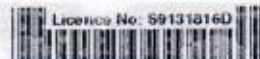
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

11 Mar 2013

S9131816D

S / No. 9000164789

NP 428A



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="07/11/2018 18:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKZ9487C"/>	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"/>	5095720330		SERVIRE AUTO SOLUTIONS	53372836C	GFT	drivo CLASSIC	SKZ9487C	SKZ9487C	15/08/2018	

Policy Information

Policy No.	5095720330	Policyholder Name	SERVIRE AUTO SOLUTIONS	Policyholder NRIC	53372836C
Certificate No.					
Address	98 EDGEDALE PLAINS #09-40 THE TERRACE SINGAPORE 828689				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/11/2017	Effective Date	08/11/2017 00:00	Expiry Date	07/11/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	WEE ENG NGEE, LINUS (HUANG	Agent Tel.	62518467	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	98 EDGEDALE PLAINS	Address 2	#09-40 THE TERRACE	Address 3	SINGAPORE 828689
Address 4		Address Type	Singapore address	Post Code	828689
Unit No.	09-40	Related Policy Number	5095720330-01		

Insured Object: SKZ9487C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	14/11/2017 00:00	Basic Information Endorsement	000001286691951	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJK7520T 15-11-2017 \$1,448.28 In view of this amendment, an additional premium of \$1,448.28 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Claim Handling

Accident MT/1018969

Policy No.	5095720330	Vehicle No.	SKZ9487C	GST Registration No.
Certificate No.				
Policyholder Name	SERVIRE AUTO SOLUTIONS			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	09/11/2018 08:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/11/2018	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TURF CLUB AVE TOWARDS BKE/PIE/SLE			

▼ Excess

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	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	98 EDGE DALE PLAINS	Address 2	#09-40 THE TERRACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-40	Related Policy Number	5095720330-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	SERVIRE
Contact No.(Mobile)	91294066	Contact No. (Home)	
Email Address		OI Vehicle Number	SKZ9487C
Claim Description	SKZ9487C / GZ6240P ON 7 Nov 2018		
Preferred Workshop Repair No. Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	12/11/2018 09:41	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Pending
		Claim Close Date	
		Workshop Repairer	

Print AK letter






















Save Submit

Attachment

Accident No. MT/1018969 Claim No. 002
 Last Doc. Received Yes No Upload Date 12/11/2018 09:40

Choose File	No file chosen	Path *	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:41	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:39	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:39	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:39	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:39	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:39	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 09:38	Photos	Normal	Photos ;

Video List

Uploaded By/Date Folder Date File Name