

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 15/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020686/13	SAS e-filing		
Veh No: SKB73545	E-mail (within 3hrs, AIC 2hrs)		
D.O.A 14/11/18 0640	I-Motor Claim Form	MT/1019949 - 001	
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (HUP 500N	Tel:	Fax:
TP Particulars:	Veh No: 4P1888T	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:	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

NA1807463	Invoice/Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) PT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1):		
	*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-in INC) against INC \$20		
	9) N12: Idao 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	15/11/2018 12:35
Date Of Accident	14/11/2018 06:40
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB7354S
Insured/Policyholder	
Name Of Registered Owner	ONG JIAQIANG
NRIC No	S8210579D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98349681
Alternative Phone No	OTHERS-98349681
Vehicle Particulars	
Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	GOING WORK
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	5096661787
Cover Note Number	
Driver	
Name of Driver	KONG AI FEN(KONG AIFEN)
NRIC No	S8038288Z
Date Of Birth	16/12/1980
Occupation	INDOOR
Date Of Driving Pass	26/09/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96946420
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 663C PUNGGOL DRIVE #10-236
Postcode	823663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	YES
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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181114/2050

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	YP1888T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	KONG AI FEN(KONG AIFEN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKB7354S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:

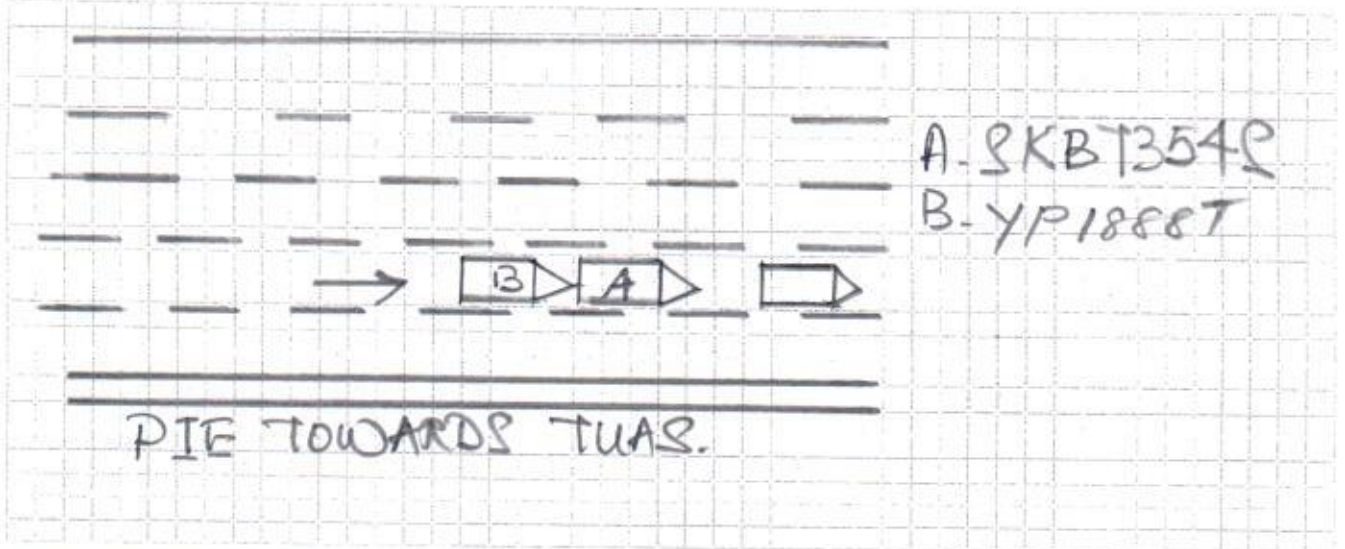
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:

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

 15/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT.

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:

 15/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20181114/2050

T/20181114/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 11:51	Vide Report No.: E/20181114/0050	Station Diary No.: 134
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Informant's Particulars

Name of Informant: KONG AI FEN			Address: APT BLK 663C PUNGGOL DRIVE #10-236 SINGAPORE 823663		
ID Type / ID No.: NRIC NO / S8038288Z			Contact No.: Home/Office: Mobile: 96946420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 37	Date of Birth: 16/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Purchaser			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2018 06:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Tuas, after Eng Neo Exit				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB7354S	Car	BMW	X1 SDRIVE18i AT D/AB 2WD 5DR GAS/D SR	Blue	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20181114/2050

CONTINUATION OF REPORT

Driver			
Name	KONG AI FEN	ID No.	S8038288Z
Related Vehicle	SKB7354S (Car)	Contact No.	96946420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 2019-11-14
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/11/2018 at about 0640hrs, I was driving my vehicle (SKB7354S) along PIE towards Tuas on the second lane. At that point of time it was raining very heavily as such I was roughly driving at the speed of 60km/hr. After the Eng Neo exit, suddenly a vehicle slowed down as such my vehicle slow down too. Thereafter I felt a collision from the rear and the next instant my vehicle surged forward.

After the accident, I stopped my vehicle and noticed that a lorry collided onto my vehicle. I then called 999 for assistant and waited in my car till Police arrival. Afterwhich the Traffic Police and paramedic arrived, I was then conveyed to NUH for medical assistant. I did not sustain any injuries, however I sore on the right side of my back and currently pregnant for 6 months.

I would like to state that there are no CCTV installed on my vehicle. My vehicle is currently not working and is at Traffic Police compound.



**SINGAPORE
POLICE FORCE**



T/20181114/2050

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20181114/2050

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:

E /

Sgt 1 JANSON CHEW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Signature Of Informant:

Date/Time:

14/11/2018 11:51

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 2KB73548 MAKE/MODEL: BMW X1

DATE OF ACCIDENT 1 / 1 / 2018
DAY/MONTH/YEAR

TIME 06 HR 40 MIN AM

LOCATION OF ACCIDENT

PIE TOWARDS TUBS.

EXACT PURPOSE USE DURING ACCIDENT

STONK WORK

CAR OWNER

NAME OF CAR OWNER

ONG JIA QIAN

CONTACT NO

98349681

NRIC

S8210579D

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

N7AC.

TYPE OF COVERAGE

☒ COMPREHENSIVE

☐ THIRD PARTY

☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

KONG AI FEN

NRIC

S8038288Z

DATE OF BIRTH

16-12-1980

OCCUPATION

☐ OUTDOOR

☒ INDOOR

DATE OF DRIVING PASS

26 SEP 2000

GENDER

☐ MALE

☒ FEMALE

CONTACT NO

96946420

ADDRESS

BLK 663C DANGGOL DRIVE #10-236(S) 823663

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT:

WIFE

WEATHER CONDITION

☐ CLEAR
☐ DRY

☒ RAINING
☒ WET

OTHER:

OTHER:

ROAD SURFACE

ANY INJURIES

NO/ IF YES- NAME:

KONG AI FEN.

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

4P1888T

NO OF PASSENGER/S

UNKNOWN.

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8038288Z



Name

KONG AI FEN
(KONG AIFEN)

孔爱芬

Race

CHINESE

Date of birth

18-12-1980

Sex

F

Country of birth

SINGAPORE

S8038288Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8038288Z

Name

KONG AI FEN
(KONG AIFEN)

Birth Date: 16 Dec 1980

Issue Date: 09 Mar 2004



NRIC No. S8038288Z

Date of issue

07-01-2011

UPT BLK 883C PUNGGOL DRIVE #10-236
SINGAPORE 823663

NRIC No. S8038288Z

Date: 18/11/2015

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

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

26 Sep 2008



UP 428A

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
ONG JIAQIANG

NRIC No
S8210579D

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Card No: **S8210579D**

ONG JIAQIANG
(WANG JIAQIANG)

Birth Date: **02 Apr 1982**
Issue Date: **08 Apr 2003**

1000369983D

NRIC No / Colour
S8210579D / PINK

Race
CHINESE

Date Of Birth
02/04/1982

Service Status
REGULAR

Address
**ADDRESS: BLK 663C PUNGGOL DRIVE #10-236
SINGAPORE 823663**

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
WARRANT OFFICER

Sex
M

00000000182346

DATE: 09.11.2015 S8210579D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Nov 2000
Class 2A	Motorcycles between 201 cc and 400 cc	05 Feb 2002
Class 2	Motorcycles exceeding 400 cc	08 Apr 2003
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Feb 2002

NP 494A

1000369983D

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

14/11/2018 06:40

Vehicle No.(For Motor)

SKB7354S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096661787		ONG JIAQIANG	S8210579D	GPC	drivo CLASSIC	SKB7354S	SKB7354S	13/12/2017	24/12/2018

Continue

Claim Handling

Accident MT/1019949

Policy No.	5096661787	Vehicle No.	SKB7354S	GST Registration No.
Certificate No.				
Policyholder Name	ONG JIAQIANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98349681	Contact No.(Office)	0	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(%)	40	Private Hire
➤ Accident Details				
Report Date	15/11/2018 15:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2018	Time of Accident hh:mm	06:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TUAS			
➤ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 663C #10-236	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 823663	Address Type	Singapore address	Post Code
Unit No.	10-236	Related Policy Number	5096661787	
➤ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KONG AI FEN(KONG AIFEN)	Driver NRIC	S8038288Z	Driver DOB
Register Date of Driver License	26/09/2000	Driver Age	37	Driving Experience
Contact No.(Mobile)	96946420	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 663C	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 823663	Address Type	Singapore address	Post Code
Unit No.	#10-236			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG JIA
Contact No.(Mobile)	98349681	Contact No. (Home)	678519
Email Address	ggong@hotmail.com	OI Vehicle Number	SKB735
Claim Description	SKB7354S / YP1888T ON 14 Nov 2018		
Preferred Workshop Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	15/11/2018 15:57	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	

Print AK letter

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

Attachment



Accident No.	MT/1019949	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/11/2018 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 *
Choose File No file chosen	Clear	Please Select ▼	NO *
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 15:57	Photos	Normal	Photos 2

Video List

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