

# NATIONAL Assessment Centre Services. [ver 1 Jan 2005] MNA118153214

Date In: 26/11/18 16:39	Job description	Date & Time Completed	Done by
Ref No: MNA118153214	SAS e-filing		
Veh No: SLG 1215H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/11/18 08:00	I-Motor Claim Form	MT/1021488-001	27/11/18 09:22
OD: <input checked="" type="radio"/> 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: (	Tel:	Fax:
TP Particulars:	Veh No: SLH 5364H	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 repaiier.

( ) 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

MA1807763		Invoice/Repairation Checklist		Amo (\$)	Amo (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Tel. 1:		6) TR: Re-inspection \$75			
Tel. 2/3:		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tpt Allowance \$3			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$3			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao Mobile 30			
		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	26/11/2018 16:39
Date Of Accident	24/11/2018 08:00
Exact Location Of Accident	AYER RAJAH AVE ENTRANCE OF INSEAD ASIA CAMPUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1215H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5097296239-01
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD SALEHAN BIN JAAFAR
NRIC No	S9639124B
Date Of Birth	05/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97115442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 274 CHOA CHU KANG AVE 2 #05-233
Postcode	680274
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)	2
Passenger 1	
	NAME: : UNKNOWN
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLH5364H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUN HE
NRIC/Passport Number	S8157266F
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SALEHAN BIN JAAFAR
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SLC1215H
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 **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.

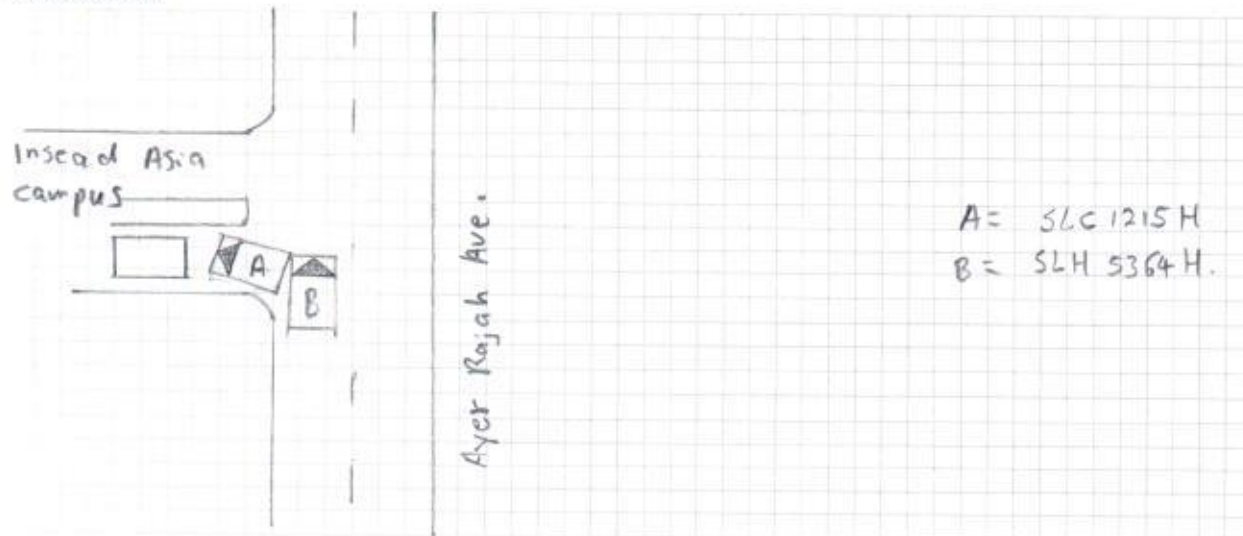


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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



Policyholder's Signature

Date & Time:

No.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Handwritten signature of Reporting Centre Personnel.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20181126/2107

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20181126/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2018 15:37	Vide Report No.:	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: MUHAMMAD SALEHAN BIN JAAFAR			Address: APT BLK 274 CHOA CHU KANG AVENUE 2 #05-233 SINGAPORE 680274		
ID Type / ID No.: NRIC NO / S9639124B			Contact No.: Home/Office: Mobile: 97115442		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 05/11/1996	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2018 08:00	Type of Location: Straight Road
Location:  AYER RAJAH AVENUE  1 AYER RAJAH AVE, ENTRANCE OF INSEAD Asia Campus				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC1215H	Car				Slightly Damaged	1
SLH5364H	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181126/2107

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20181126/2107

**CONTINUATION OF REPORT**

Driver			
Name	MUHAMMAD SALEHAN BIN JAAFAR	ID No.	S9639124B
Related Vehicle	SLC1215H (Car)	Contact No.	97115442
Hospital/Clinic	SINGHEALTH POLYCLINICS - GEYLANG	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	26/11/2018	Date Discharge	26/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUN HE	ID No.	S8157266F
Related Vehicle	SLH5364H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 24/11/2018, I am a grab driver and I was driving a black Toyota Axio bearing the registration plate number, SLC1215H along Ayer Rajah Ave. I then turned left into the entrance of INSEAD Asia Campus and came to a stop as there was a lorry in front of me at the barrier area. Many people was alighting from the lorry and thus I had to wait. At that point of time, my vehicle was parked in between the entrance of the said building and also on the road of Ayer Rajah Ave. Suddenly, one white citroen bearing the registration plate number, SLH5364H had hit onto the back of my car. I came then came down to make a check and saw that the back right side of my car had sustained dents and scratches and the boot of my car was also not able to open. The other vehicle sustained scratches on the front left of the vehicle. We then exchange particulars and left the scene as there was many vehicles at the vicinity. I felt some pain at the middle back area of my body and I went to see a doctor and was given three days MC, GEM2018545233. I am lodging this report as instructed by Grab company and also for record purpose.



**SINGAPORE  
POLICE FORCE**



T/20181126/2107

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20181126/2107

**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:

G /

Sgt 2 ONG WEI XING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

26/11/2018 15:37

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Muhammad Salehan Bin Jaafer

Licence Number: **S9639124B**

Name: **MUHAMMAD SALEHAN BIN JAAFAR**

Birth Date: **05 Nov 1996**

Issue Date: **08 Sep 2015**

Barcode: 002471261D

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9639124B**

Portrait of Muhammad Salehan Bin Jaafer

Name: **MUHAMMAD SALEHAN BIN JAAFAR**

محمد صالح بن جعفر

Race: **MALAY**

Date of birth: **05-11-1996**

Sex: **M**

Country of birth: **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE: **08 Sep 2015**

NP 428A



4674178

Barcode

NRIC No: **S9639124B**

Portrait of Muhammad Salehan Bin Jaafer

Date of issue: **24-01-2011**

Address: **APT BLK 274 CHOA CHU KANG AVENUE 2 #05-233 SINGAPORE 680274**

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="24/11/2018 16:29"/>
Vehicle No.(For Motor)	<input type="text" value="SLC1215H"/>	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="checkbox"/>	5097296239-01		VOULEZ CARS	53350846X	GFT	drive CLASSIC	SLC1215H	SLC1215H	25/09/2018	

## Policy Information

Policy No.	5097296239-01	Policyholder Name	VOULEZ CARS	Policyholder NRIC	53350846X
Certificate No.					
Address	BLK 102 #09-908 SIMEI STREET 1 SINGAPORE 520102				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/08/2018	Effective Date	25/09/2018 00:00	Expiry Date	24/09/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	14680.18		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5097296239-01		

## Insured Object: SLC1215H

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	25/09/2018 00:00	Basic Information Endorsement	000001286901958	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ7952Z 25-09-2018 \$1,156.18 In view of this amendment, an additional premium of \$1,156.18 (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>
2	17/10/2018 00:00	Basic Information Endorsement	000001286924743	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF1867K 18-10-2018 \$1,083.32 2. SLG1729X 18-10-2018 \$1,083.32 In view of this amendment, an additional</p>

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1021488

Policy No.	5097296239-01	Vehicle No.	SLC1215H	GST Registration No.	
Certificate No.					
Policyholder Name	VOULEZ CARS			Policyholder NRIC	533501
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

➤ **Accident Details**

Report Date	27/11/2018 09:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	24/11/2018	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYER RAJAH AVE ENTRANCE OF INSEAD ASIA CAMPUS				

➤ **Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52010
Unit No.	09-908	Related Policy Number	5097296239-01		

## ➤ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD SALEHAN BIN JAAF	Driver NRIC	S96391248	Driver DOB	05/11/
Register Date of Driver License	08/09/2015	Driver Age	22	Driving Experience	3
Contact No.(Mobile)	97115442	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 274 #05-233	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	68027
Unit No.	05-233				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	VOULEZ CARS
Contact No.(Mobile)	91449265	Contact No.(Home)	NIL
Email Address		Vehicle Number	SLC1215H
Claim Description	SLC1215H / SLH5364H ON 24 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	27/11/2018 09:19	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	

Print AK letter

Save Submit

## Attachment

Accident No.	Claim No.
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MT/1021488

001

Last Doc: Received

Yes No

Upload Date

27/11/2018 09:20

Path \*

Category \*

Confidential

Urgency \*

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	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	SAS	Normal	SAS 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:19	Photos	Normal	Photos 2018-11-27

## Video List

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