

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118160295

Date In: 12/12/18-11:57	Job description	Date & Time Completed	Done by
Ref No: NA/NCIS022352/24	SAS e-filing		
Veh No: 6BH91X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/14/18-09:30	i-Motor Claim Form	MT/1023598-01	12/14/18 M:25
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: SMA49VTR 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

NA1808277	Invoice Preparation Checklist	Am't (\$) Net Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*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 (N'n INC) against INC \$20		
2 of 1:	9) N12: Idao Mobile \$0		
2 of 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	12/12/2018 11:57
Date Of Accident	10/12/2018 09:30
Exact Location Of Accident	BLK 858 JURONG WEST ST 81 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH91X
Insured/Policyholder	
Name Of Registered Owner	DELSEC LOGISTICS PTE LTD
Co Reg No	201720731R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83181128
Alternative Phone No	OFFICE-83181128

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104264445
Cover Note Number	

Driver

Name of Driver	NG WEN XIANG, JEREMY
NRIC No	S9531066D
Date Of Birth	07/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81865742
Fax Number	
Contact Number	OFFICE-81865742
Email Address	NOEMAIL

Address	BLK 856 JURONG WEST STREET 81 #04-538
Postcode	640856
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4927R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TONG
NRIC/Passport Number	S1685248A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG WEN XIANG, JEREMY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH91X
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 revoke 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 based 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.



Delsec Logistics Pte Ltd

Email : delseclogistics@gmail.com

Co. Reg. No. 201720731R

Mobile : +65 8318 1128

Policyholder's Signature
Date & Time:

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

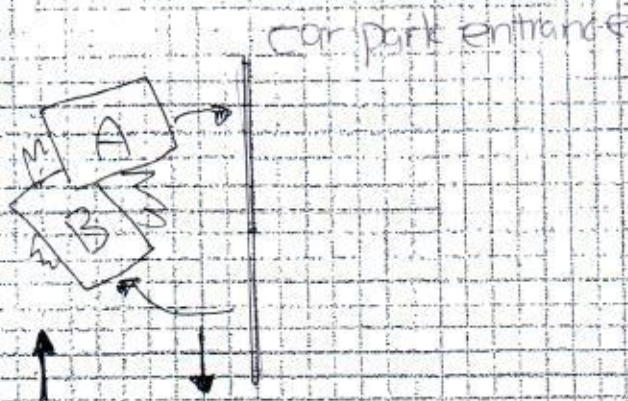
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

BLK 858 Jurong West St 81
car park entrance

Vehicle A: GBH91X
Vehicle B: SMA4927R

SKETCH PLAN

Delsec
Delsec Logistics Pte Ltd
Email: delseclogistics@gmail.com
Co. Reg No. 201720731R Mobile: +65 9318 1128



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 Dec 2018, At around 09:30, vehicle A
GBH91X turning in into carpark via entrance.
While making turn, Vehicle B SMA4927R exits
car park without awaiting on coming vehicle and
hit onto vehicle A: GBH91X.

Delsec
Delsec Logistics Pte Ltd
Email: delseclogistics@gmail.com
Co. Reg No. 201720731R Mobile: +65 9318 1128

Delsec

Delsec Logistics Pte Ltd

DECLARATION

We declare the foregoing particulars are true in every respect.

Co. Reg No. 201720731R Mobile: +65 9318 1128

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.:

Date of Accident : 10 Dec 2018 Accident Time: 09:30 (24-HR-Format)
Accident Place : BLK 858 Jurong West St 81 Car park entrance
Vehicle Reg. No. (Car Plate No.) : GBH 91X
Vehicle Make/Model : TOYOTA HIACE VAN TURBO 5 DR MT
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : Delsec Logistics Pte Ltd
Owner or Company Contact No. : 83181128 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : NG WEN XIANG JEREMY
DRIVER'S Date Of Birth : 07/09/1995 DRIVER'S License Pass Date 15 Dec 2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: _____
DRIVER'S Address : APT BLK 856 Jurong West Street 81, #04-538
5640856
DRIVER'S Contact No. / Alt No. : 1) 8186 5742 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : weiyan0312@gmail.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): 01
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: SMA 4927R

Vehicle Reg. No: _____

Vehicle Make/Model: Hyundai

Vehicle Make/Model: _____

Name Driver: NG TONG

Name Driver: _____

IC No. Driver: S1685248A

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9531066D



Name

NG WEN XIANG, JEREMY

黄文祥

Race

CHINESE

Date of birth

07-09-1995

Sex

M

Country of birth

SINGAPORE

S9531066D

4761111



NRIC No. S9531066D

Date of issue

29-07-2011


Address


APT BLK 856 JURONG WEST STREET 81
#04-538
SINGAPORE 640856

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9531066D**
Name: **NG WEN XIANG, JEREMY**

Birth Date: **07 Sep 1995**
Issue Date: **15 Dec 2016**



 002638999J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)		
		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	15 Dec 2016

NP 428A



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 : 5104264445

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : JTFHT02P600245252 |
| 2. Name of Policyholder | : DELSEC LOGISTICS PTE. LTD. |
| 3. Effective Date of Insurance | : 15 Oct 2018 |
| 4. Expiry Date of Insurance | : 14 Oct 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONE LINK INSURANCE AGENCY PTE. LTD. (00000573391)
Date of Issue : 12 Oct 2018 17:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5104264445"/>	Date of Accident	<input type="text" value="10/12/2018 09:30"/>
Vehicle No. (For Motor)	<input type="text" value="GBH91X"/>	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"/>	5104264445		DELSEC LOGISTICS PTE. LTD.	201720731R	GCV	Comprehensive	GBH91X	GBH91X	17/10/2018	16/10/2019

Policy Information

Policy No.	5104264445	Policyholder Name	DELSEC LOGISTICS PTE. LTD.	Policyholder NRIC	201720731R
Certificate No.					
Address	109 VERDE CRESCENT VILLA VERDE SINGAPORE 688454				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	12/10/2018	Effective Date	17/10/2018 00:00	Expiry Date	16/10/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	ONE LINK INSURANCE AGENCY	Agent Tel.	63633633	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SINGAPORE 688454
Address 4		Address Type	Singapore address	Post Code	688454
Unit No.		Related Policy Number	5104264445		

Insured Object: GBH91X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	17/10/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 17 Oct 2018 TO 16 Oct 2019
2	17/10/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 17 Oct 2018, the following amendment(s) is/are made to this policy:
3	17/10/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 17 Oct 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: JTFHT02P600245252 ENGINE NUMBER: 1KD2826491 VEHICLE REGISTRATION NUMBER: GBH91X ORIGINAL REGISTRATION DATE: 17 Oct 2018

Continue

Cancel

Claim Handling

Accident MT/1023598

Exit

Policy No.	5104264445	Vehicle No.	GBH91X	GST Registration No.	
Certificate No.					
Policyholder Name	DELSEC LOGISTICS PTE. LTD.			Policyholder NRIC	201720731R
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83181128	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	12/12/2018 14:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/12/2018	Time of Accident Minimum	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 858 JURONG WEST ST 81 CARPARK ENTRANCE				
Excess					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SINGAPORE 689454
Address 4		Address Type	Singapore address	Post Code	689454
Unit No.		Related Policy Number	5104264445		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/09/1995
Unnamed driver Name	NG WEN XIANG, JEREMY	Driver NRIC	S9531066D	Driving Experience	1
Register Date of Driver License	15/12/2016	Driver Age	23	Contact No.(Home)	0
Contact No.(Mobile)	81865742	Contact No.(Office)	0	Address 3	SINGAPORE 640856
Address 1	BLK 856	Address 2	JURONG WEST STREET 81	Post Code	640856
Address 4		Address Type	Singapore address		
Unit No.	04-538				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	DELSEC LOGISTICS PTE. LTD.	Insured NRIC	201720731R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	GBH91X	TP Vehicle Number	SMA4927R
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH91X / SMA4927R ON 10 Dec 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	12/12/2018 14:05	Claim Close Date		Date Received	12/12/2018 00:00
Report Taken By	Jackson				

☒ Print Ack letter

















Save Submit

Attachment

Accident No.	MT/1023598	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2018 14:06
Path *		Category *	
	Browse...	Confidential	Urgency *
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:06	SAS	Normal	SAS 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2018 14:05	Photos	Normal	Photos 2018-12-12		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"/>				