

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 118165735

Date In: 26/12/18 15:11	Job description	Date & Time Completed	Done by
Ref No: NA1/INC18023094/64	SAS e-filing		
Veh No: G8G 3892L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/12/18 16:30	i-Motor Claim Form	MT11025279-001	27/12/18 09:11
OD / TP : Repairing Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GR 7200R 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 repaler.

( ) 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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Ref. 1: Ref. 2/3:	Invoice/Repairation Checklist NA1808524	Amt (\$) Add. Bill	Amt (\$) Add. Bill	
	1) AR: Accident Reporting (\$30);	30.00		
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD:				
*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 (Non INC) against INC	\$20			
9) N12: Idno 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	26/12/2018 15:11
Date Of Accident	24/12/2018 16:30
Exact Location Of Accident	PIE TWDS CHANGI B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3892L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VYY PTE. LTD.
Co Reg No	200903502N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98291839

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
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	5091207372-01
Cover Note Number	-

### Driver

Name of Driver	ONG YEE PING
NRIC No	G2227001Q
Date Of Birth	24/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98589299
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 565 AMK AVE 10 #09-3435
Postcode	560565
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GR7200R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBA4569X  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD839C  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GZ672R  
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)

## 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.

**VYY** **VYY PTE LTD**  
CO./GST NO.: 200903502N  
BLK 1078 EUNOS AVE 6  
#01-168 SINGAPORE 409634  
TEL: 6747 8880 FAX: 6747 0938

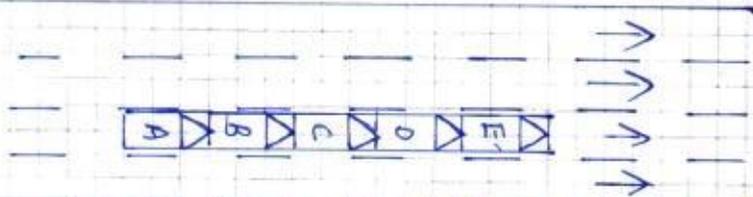
VYY PTE LTD  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

- (A) G86 3892 L.
- (B) GR 7200 R.
- (C) GBA 4569X
- (D) GBD 839 C
- (E) GZ 672 R.



P1E towards Changi before Steven Road Exit.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24/12/18 at @ 1632 hrs, I was travelling in my company van (G86 3892 L) along P1E towards Changi before Steven Road Exit on the second lane from the right. Suddenly, I saw the lorry (GR 7200 R) in front of me jammed brake and collided onto the vehicles ahead. I applied on my brake and my vehicle moved forward and touches the lorry ahead. I got down from my vehicle and found, it was a chain collision involving 5 vehicles.

**DECLARATION**

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



VYY PTE LTD  
 CO./GST NO.: 200903502N  
 BLK 1078 EUNOS AVE 6  
 #01-168 SINGAPORE 409634  
 TEL: 6747 8880 FAX: 6747 0938  
 WWW.VYY.COM.SG

Policyholder's Signature  
 Date & Time:

*Bing*

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

*Bing*

*[Signature]*

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

<b>Vehicle No.</b>	G86 3892 L	<b>Model / Make</b>	Nissan NV200
<b>Date of Accident</b>	24 / 12 / 18		
<b>Time of Accident</b>	1632 HRS		
<b>Location of Accident</b>	PIE towards Changi before Steven Road exit.		
<b>Exact purpose use during accident</b>	Commercial 'used'.		
<b>Name of Owner</b>	VYY Pte. Ltd.		
<b>Telephone No.</b>	H/P : 9829 1839	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	200903502N.		
<b>Address</b>	BLK 1078, Eunus Ave 6 #01-168 (S) 409634.		
<b>Claim type</b>	OD	THIRD PARTY	<u>REPORTING ONLY</u>
<b>Insurance Company</b>	NTUC.		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire /Theft
<b>Policy No.</b>	5091207372-01		
<b>Name of Driver</b>	As Above If No, Ong Tee Pong.		
<b>NRIC</b>	G 2227001Q.	<b>Any Passengers :</b>	N.A.
<b>Date of birth</b>	24 / 02 / 1995.		
<b>Occupation</b>	<u>Outdoor</u>	/	Indoor
<b>Driving License Pass Date</b>	28 / 10 / 2016.		
<b>Gender</b>	Male	/	<u>Female</u>
<b>Contact No.</b>	H/P : 9858 9299.	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 565, Ang Mo Kio Ave 10 #09-3435 (S) 560565		
<b>Driver have any own vehicle</b>	<u>No,</u>	If yes, Reg No.	
<b>Relationship</b>	<u>Employee,</u>	If no, state	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	<u>No,</u>	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No,</u>	If Yes, Where?	
<b>Vehicle B No.</b>		<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A.
<b>Accident Portion</b>	Front Portion.		
<b>Camera Recorder</b>	<u>Yes / No</u>		
<b>Email Address</b>	may@vyy.com.sg.		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>	Yes / <u>No</u>		
<b>PARTICULAR WORKSHOP</b>	N-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Haixen.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 2227001Q**

Name: **ONG YEE PING**

Birth Date: **24 Feb 1995**  
Issue Date: **06 Aug 2016**  
Valid Till **05/08/2021**



WORK PERMIT  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**VVY PTE. LTD.**

Sector: **MANUFACTURING**



Name: **ONG YEE PING**  
Occupation: **CLERK**

Work Permit No.: **4 0439701-**

Date of Application: **28-08-2014**  
Date of Issue: **07-08-2017**  
Date of Expiry: **07-08-2019**



L8194439

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

Class	Description	Effective Date
C	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	31 Oct 2016

S / No. 9000236877

G2227001Q



NP 428A

VISIT PASS  
Immigration Regulations

Name:  
**ONG YEE PING**



Date of Birth:	Sex:	Nationality:
24-02-1995	F	MALAYSIAN
FIN:	Date of Issue:	Date of Expiry:
G2227001Q	07-08-2017	07-08-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



### 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** : 5091207372-01

**Cover** : Comprehensive

- |  |                   |
|--|-------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>GBG3892L</b> |
| Chassis Number   | : VM20105523      |
| 2. Name of Policyholder  | : VYY PTE. LTD.   |
| 3. Effective Date of Insurance   | : 01 Aug 2018     |
| 4. Expiry Date of Insurance  | : 31 Jul 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.<br>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	: N/A
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)

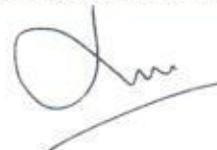
Agency : TOH BINGLIANG ELVIN (00000630509)  
Date of Issue : 18 May 2018 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorized Officer



\_\_\_\_\_  
Chief Executive

**Claim Handling**

Accident MT/1025279

Policy No.	5091207372-01	Vehicle No.	GBG3892L	GST Registration No.	20090
Certificate No.					
Policyholder Name	VYY PTE. LTD.			Policyholder NRIC	20090
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98291839	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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	27/12/2018 09:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	24/12/2018	Time of Accident hh:mm	16:30	Country of Accident	Singap.
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 STEVEN RD EXIT				

**Excess**

Own damage Excess	600.00	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	Yes	GST Registration Date	15/05/2009
GST Registration No.	200903502N	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 107B #01-168	Address 2	EUNOS AVENUE 6	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40963
Unit No.		Related Policy Number	5091197433-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/02/
Unnamed driver Name	ONG YEE PING	Driver NRIC	G2227001Q	Driving Experience	2
Register Date of Driver License	28/10/2016	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	98589299	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 565 #09-3435	Address 2	ANG MO KIO AVENUE 3	Post Code	560561
Address 4		Address Type	Singapore address		
Unit No.	09-3435				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VYY PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBG3892L
Claim Description	GBG3892L / GR7200R ON 24 Dec 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
<input checked="" type="checkbox"/> Print AK letter.		Claim Close Date	27/12/2018 09:10
			LIEW SHAN HUI

Save Submit

**Attachment**

Accident No.	MT/1025279	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

27/12/2018 09:11

Path \*

- Choose File No file chosen
- Message Read

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	SAS	Normal	SAS 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:11	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2018 09:10	Photos	Normal	Photos 2018-12-27

Video List

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