

NATIONAL Assessment Centre Services (wef 1 Jan'05) MA119005527			
Date In: 14/1/19 - 09:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC1920086724	SAS e-filing		
Veh No: 5479355	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/19 - 14:30	i-Motor Claim Form	17/1/2022 001	14/1/19 20:26
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: Unknown	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

MA1900392	Invoice Preparation Checklist	Am't (\$) Inc 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) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QJ*		
	*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: Idac 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	14/01/2019 09:39
Date Of Accident	11/01/2019 14:30
Exact Location Of Accident	BLK 102 ALJUNIED CRES OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7935G
Insured/Policyholder	
Name Of Registered Owner	ANG GHIM HIN
NRIC No	S0105972F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83412713
Alternative Phone No	OFFICE-83412713

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS TREND 1.6 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099122054
Cover Note Number	

Driver

Name of Driver	ANG GHIM HIN
NRIC No	S0105972F
Date Of Birth	27/11/1953
Occupation	INDOOR
Date Of Driving Pass	26/01/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83412713
Fax Number	
Contact Number	OFFICE-83412713
EMail Address	NOEMAIL

Address	BLK 247 BUKIT BATOK EAST AVENUE 5 #04-86
Postcode	650247
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	2
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)	0

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

REFER TO POLICE REPORT - T/20190111/2137.

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	UNKNOWN
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.



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

Blk 102 A fenced crescent
open space carpark -



A: SJY 79356

B: unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019011/2137.

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 1 / 19) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Blk B2 Aligned crescent open space carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JY79356
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099122054
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ang Ghim Hin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0105972F CONTACT: 83477713
c) ADDRESS: Blk 247 Bukit Basah East Ave 5 #04-86 (650247)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (22 / 11 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 / 1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) - Waiting
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20190111/2137

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

1 of 3

Report No. T/20190111/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2019 18:02	Vide Report No.:	Station Diary No.: 56
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ANG GHIM HIN			Address: APT BLK 247 BUKIT BATOK EAST AVENUE 5 #04-86 SINGAPORE 650247		
ID Type / ID No.: NRIC NO / S0105972F			Contact No.: Home/Office: Mobile: 83412713		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 27/11/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/01/2019 14:30	Type of Location: Car Park
Location: Along Road 1 ALJUNIED AVENUE 2 Blk 117 Aljunied Avenue 2 open carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY7935G	Car	FORD	FOCUS TREND 1.6 4DR	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY7935G	NTUC Income Insurance Co-Operative Limited	5099122054	04/05/2018	31/03/2019



**SINGAPORE
POLICE FORCE**



T/20190111/2137

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

2 of 3

Report No. T/20190111/2137

CONTINUATION OF REPORT

Brief Details.

On 11/01/2019 at about 1030hrs, I parked my vehicle bearing registration number SJY 7935 G at the open carpark of Blk 117 Aljunied Ave 2. I parked my said vehicle (head-in) at the carpark. On the same day at about 1430hrs, when I came back to my vehicle, I discovered my right rear tail light broken. I also discovered dented on my rear right passenger door. The oil tank cover on my rear right side was also dented. I then ask around and was told by one of the worker that a vehicle GY 9587 ,unknown suffix, (a white van) had collided my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190111/2137

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

3 of 3

Report No. T/20190111/2137

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 /

Sr Staff Sgt YAZID BIN AHMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Signature Of Informant:

Date/Time:

11/01/2019 18:02

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0105972F**

Name: **ANG GHIM HIN**

Birth Date: **27 Nov 1953**

Issue Date: **28 Oct 2003**

000963726A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0105972F

Name: **ANG GHIM HIN**
@MUHAMAD AMIN ANG

Race: **CHINESE**

Date of birth: **27-11-1953**

Sex: **M**

Country of birth: **SINGAPORE**





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 Jan 1973**

Licence No: **S0105972F**

NP 428A

4500076

S0105972F

IRIC No: **S0105972F**

Date of issue: **21-12-2009**

Address: **APT BLK 247 BUKIT BATOK EAST AVENUE 5**
#04-86
SINGAPORE 650247



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5099122054		ANG GHIM HIN	S0105972F	GPC	drive CLASSIC	SJY7935G	SJY7935G	04/05/2018	31/03/2019

Continue

Policy Information

Policy No.	5099122054	Policyholder Name	ANG GHIM HIN	Policyholder NRIC	S0105972F
Certificate No.					
Address	BLK 247 #04-86 BUKIT BATOK EAST AVENUE 5 SINGAPORE 650247				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/03/2018	Effective Date	04/05/2018 00:00	Expiry Date	31/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 247 #04-86	Address 2	BUKIT BATOK EAST AVENUE 5	Address 3	SINGAPORE 650247
Address 4		Address Type	Singapore address	Post Code	650247
Unit No.		Related Policy Number	5099122054		

Insured Object: SJY7935G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Exit

Accident MT/1027772

Policy No.	5099122054	Vehicle No.	SJY791SG	GST Registration No.	
Certificate No.					
Policyholder Name	ANG GHIM HIN			Policyholder NRIC	50105972F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83412713	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	14/01/2019 20:24	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	11/01/2019	Time of Accident (hh:mm)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 102 ALJUNIED CRES OPEN SPACE CARPARK				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 247 #04-66	Address 2	BUKIT BATOK EAST AVENUE 5	Address 3	SINGAPORE 650247
Address 4		Address Type	Singapore address	Post Code	650247
Unit No.		Related Policy Number	5099122054		
OE Driver Info					
Driver Name	ANG GHIM HIN @ MUHAMAD AMIN ANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	50105972F	Driver DOB	27/11/1953
Register Date of Driver License	26/01/1973	Driver Age	65	Driving Experience	45
Contact No.(Mobile)	83412713	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 247	Address 2	BUKIT BATOK EAST AVENUE 5	Address 3	SINGAPORE 650247
Address 4		Address Type	Singapore address	Post Code	650247
Unit No.	04-66				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	ANG GHIM HIN	Insured NRIC	50105972F
Contact No.(Mobile)	83412713	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Oil Vehicle Number	SJY7935G	TP Vehicle Number	UNKNOWN
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJY7935G / UNKNOWN ON 11 Jan 2019				
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	14/01/2019 20:26	Claim Close Date		Date Received	14/01/2019 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1027772	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2019 20:27		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="text"/>	Normal	
	Browse... Clear	Please Select	<input type="text"/>	Normal	
	Browse... Clear	Please Select	<input type="text"/>	Normal	
	Browse... Clear	Please Select	<input type="text"/>	Normal	

Browse...		Clear	Please Select	1/0	Normal	
Browse...		Clear	Please Select	1/0	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:27	SAS	Normal	SAS 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 20:26	Photos	Normal	Photos 2019-1-14		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"/>				