

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000924/13	SAS e-filing		
Veh No: 522305R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 14/01/19 1805	i-Motor Claim Form	MT/1027978-001	
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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SJV6415F	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%; F: 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

NA1900470	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	15/01/2019 16:35
Date Of Accident	14/01/2019 18:05
Exact Location Of Accident	BRADDELL RD TWDS LORNIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL305R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93838421
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	TING LAI HENG
NRIC No	S7971063F
Date Of Birth	05/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98619988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 811A CHOA CHU KANG AVE 7 #17-655
Postcode	681811
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	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	3
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: : CHEW KAI YI LOUISA GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV6415T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 GBG9728P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TING LAI HENG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLL305R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name CHEW KAI YI LOUISA  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLL305R  
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.



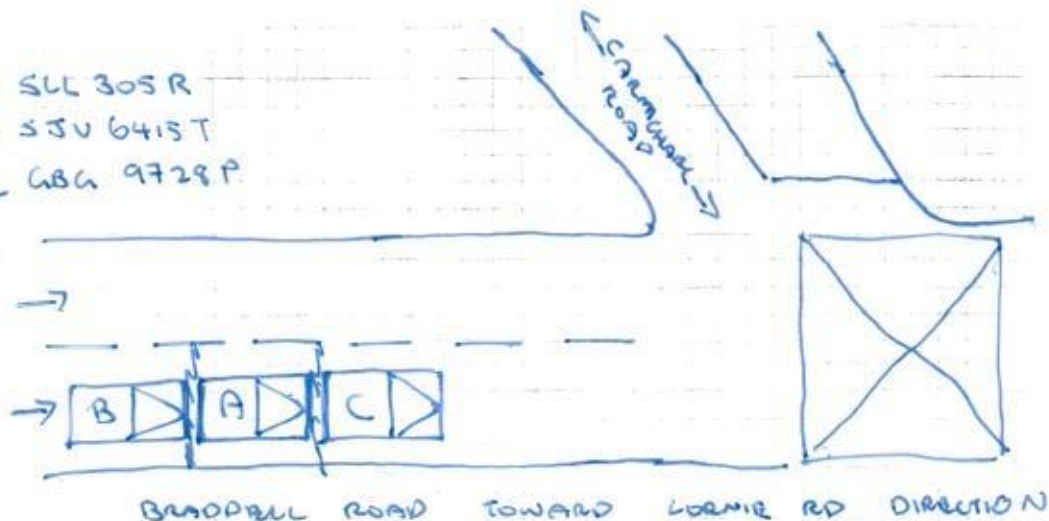
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

VEHICLE A - SLL 305R  
 VEHICLE B - SJU 6415T  
 VEHICLE C - GBG 9728P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BRADDELL ROAD, TOWARD LORNE ROAD DIRECTION. I WAS ON THE RIGHT LANE.

DUE TO HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKED TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. AND THIS IMPACT CAUSED ME TO PUSH FORWARD AND HIT ONTO THE VEHICLE INFRONT.

AUGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SJU 6415 T) THAT COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD TO HIT ON THE VEHICLE INFRONT.

VEHICLE A - SLL 305R  
 VEHICLE B - SJU 6415T  
 VEHICLE C - GBG 9728P

## 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.:



<b>Vehicle No.</b>	SLL 305 R	Model / Make	TOYOTA PRIUS
Date of Accident	14 JAN 2019		
Time of Accident	1805	HRS	
Location of Accident	BRADDELL ROAD TOWARD LORNE DIRECTION BEFORE CTG BESIDE BRADDELL UNDERPASS		
Exact purpose use during accident	WORKING HOUR		
<b>Name of Owner</b>	AUTOBAHN RENT A CAR PTE LTD		
Telephone No.	H/P: 93938421	Home:	Office:
NRIC	2016079702		
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER S(199589)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5679864471-02		
<b>Name of Driver</b>	As Above If No, TING LAI HENG		
NRIC	S7971063F	Any Passengers: 01	
Date of birth	05 OCT 1979		
Occupation	Outdoor / <del>Indoor</del>		
Driving License Pass Date	23 JAN 2002		
Gender	Male / <del>Female</del>		
Contact No.	H/P: 9861 9984	Home:	Office:
Address	BLK 811 A CHOA CHU KANG AVE 7 #017-655		
Driver have any own vehicle	No, <del>If yes</del> , Reg No.		
Relationship	Employee, If no, state <u>RENTAL LEASING</u>		
Weather condition	Clear <del>Raining</del> Other		
Road Surface	Dry <del>Wet</del> Other		
Any Injuries	No, <del>If yes</del> Who?		
Name And Contact No.	TING LAI HENG, 9861 9984		
Name And Contact No.	CHEN KAI YI LOUISA, 9119 2313		
Police Report	<u>NO</u> If Yes, Where?		
<b>Vehicle B No.</b>	SJU 6415 T	Any Passengers:	
Name of Driver	TED ZHI XIANG DARREN	Contact No.:	
<b>Vehicle C No.</b>	GBG 9728 P	Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name	Witness Contact:		
<b>Accident Portion</b>	FRONT / REAR		
<b>Camera Recorder</b>	<u>Yes</u> / No FRONT VIEW		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7971063F



Name

TING LAI HENG

丁来兴

Race

CHINESE

Date of birth

Sex

S7971063F

05-10-1979

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

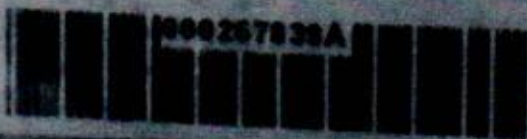


S7971063F

TING LAI HENG

Birth Date: 05 Oct 1979

Issue Date: 06 Mar 2008





4640024



NRIC No. S7971063F

Date of Issue  
18-10-2010

APT BLK 811A CHOA CHU KANG AVENUE 7 #17-655  
SINGAPORE 681811

NRIC No: S7971063F Date: 17/04/2017

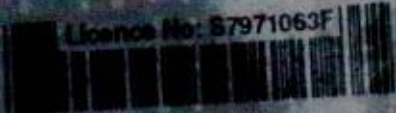
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
23 Jan 2002

NP 428A

Licence No: S7971063F





En



## 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: S079RG4471.02

Cover : drive CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | SLL305R                       |
| Chassis Number  | ZVW506049260                  |
| 2. Name of Policyholder   | AUTOBAHN RENT A CAR PTE. LTD. |
| 3. Effective Date of Insurance  | 13 Dec 2018                   |
| 4. Expiry Date of Insurance   | 12 Dec 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 or Hirer's business.  |                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) Use for any purpose in connection with the Motor Trade.

# 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\$3,500
EXCESS (SECTION 2)	: S\$3,000
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)  
Date of Issue : 04 Apr 2018 15:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1027978

Policy No.	5079864471-02	Vehicle No.	SLL305R	GST Registration No.
Certificate No.				
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93838421	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

## ▼ Accident Details

Report Date	15/01/2019 17:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/01/2019	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BRADDELL RD TWDS LORNE			

## ▼ Excess

Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00	
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOT38	Related Policy Number	5079864471-02	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TING LAI HENG	Driver NRIC	S7971063F	Driver DOB
Register Date of Driver License	23/01/2002	Driver Age	39	Driving Experience
Contact No.(Mobile)	98619988	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 811A	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 681811	Address Type	Singapore address	Post Code
Unit No.	#17-655			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTOBAHN
Contact No.(Mobile)	88380101	Contact No. (Home)	
Email Address	INSURANCEHAMILTONAUTOHUB	Vehicle Number	SLL305
Claim Description	SLL305R / SJV6415T ON 14 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSILINDA	Claim Close Date	15/01/2019 17:44
		Workshop Repairer	

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1027978	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2019 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼ NO
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 17:43	Photos	Normal	Photos





Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading