

NATIONAL Assessment Centre Services. [wef 1 Jan'03] MNA 119010044.

Date In: 21/1/19 17:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19001333164	SAS e-filing		
Veh No: GX 8448 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 10:25	I-Motor Claim Form	MT/1028855-001	21/1/19 17:45
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: SKQ 7160E	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: YBS () / 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:	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

NA1900588		Invoice Preparation Charge		Amo (\$)	Amo (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claimant against INC Only (wef 10 Jan 2003)			
Sat 1:		6) TR: Re-inspection \$75			
Sat 2/3:		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		QD:			
		*N5: Courtesy Car / Tpt Allowance \$3			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$23			
		*N8: DV / Collect Excess Coordination \$3			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao 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	21/01/2019 17:14
Date Of Accident	21/01/2019 10:25
Exact Location Of Accident	TUAS SOUTH AVE 5 SLIP RD INTO TUAS SOUTH AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8448E
Insured/Policyholder	
Name Of Registered Owner	KENZONE SINGAPORE PTE. LTD.
Co Reg No	200204837C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440230

Vehicle Particulars

Manufacturer	OPEL
Model	VIVARO VAN L1H1 1.6 CDTI 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	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	5062749530-05
Cover Note Number	-

Driver

Name of Driver	KUMARASAMY S/O SINGARAVELU
NRIC No	S1818649G
Date Of Birth	08/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83494924
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 448B BUKIT BATOK WEST AVE 9 #13-34
Postcode	652448
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 (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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ7160E
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)	

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

Tuas South Ave 4.

A = GX 8448 E
B = JKR 7160 E



Tuas South Ave 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

I STOP AT THE SLIP RD FROM TUAS SOUTH AVE 5 TO CHECK TRAFFIC ON THE TUAS SOUTH AVE 4. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKQ7160E) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 1 / 19) (DD/MM/YYYY), TIME: (10 : 25) (HH:MM)

LOCATION: Tuas South Ave 5, Slip Rd
turning to Tuas South Ave 4.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX 844E
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
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: Working
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: Kenzone Singapore Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6844 0230
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kumarasamy S/o Singaravelu. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83 4949 24
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKR 7160E 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: _____

waiting chop

Email = Steven.chia@kenzonegroup.com

fax =

VIDEO = NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1818649G



Name
KUMARASAMY S/O SINGARAVELU

Race
INDIAN

Date of birth
08-03-1967

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1818649G

KUMARASAMY S/O SINGARAVELU

Birth Date: **08 Mar 1967**

Issue Date: **16 Feb 2016**



5488004



NRIC No: **S1818649G**



Date of issue
24-06-2015

APT BLK 448B BUKIT BATOK WEST AVENUE 9 #13-34
SINGAPORE 652448

NRIC No: S1818649G Date: 20/02/2018

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

Class	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	EFFECTIVE DATE
Class 3		16 Feb 2016

NP 428A

Licence No: S1818649G



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 : 5062749530-05

Cover : Comprehensive

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GX8448E |
| Chassis Number | : W0L3F7012GV614300 |
| 2. Name of Policyholder | : KENZONE SINGAPORE PTE. LTD. |
| 3. Effective Date of Insurance | : 15 Nov 2018 |
| 4. Expiry Date of Insurance | : 14 Nov 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	: 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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 09 Nov 2018 10:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1028855

Policy No.	5062749530-05	Vehicle No.	GX8448E	GST Registration No.	
Certificate No.					
Policyholder Name	KENZONE SINGAPORE PTE. LTD.			Policyholder NRIC	2002
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	68440230	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	21/01/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	21/01/2019	Time of Accident hh:mm	10:25	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS SOUTH AVE 5 SLIP RD INTO TUAS SOUTH AVE 4				
▼ Excess					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.0
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 Registration No.		GST Status Verified		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	150 UBI AVENUE 4	Address 2	#05-07/08 UBI BIZ-HUB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4088
Unit No.		Related Policy Number	5062749530-05		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KUMARASAMY S/D SINGARAVEL	Driver NRIC	S1818649G	Driver DOB	08/02
Register Date of Driver License	16/02/2016	Driver Age	51	Driving Experience	2
Contact No.(Mobile)	83494924	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 448B #13-34	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	6524
Unit No.	13-34				
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Handling

Accident MT/1028855

Policy No.	5062749530-05	Vehicle No.	GX8448E	GST Registration No.						
Certificate No.										
Policyholder Name	KENZONE SINGAPORE PTE. LTD.			Policyholder NRIC	2002					
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0					
Contact No.(Mobile)	68440230	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	21/01/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collisi					
Date of Accident	21/01/2019	Time of Accident hh:mm	10:25	Country of Accident	Singa					
Reporting Centre		Orange Force		ICM No.						
Accident Location	TUAS SOUTH AVE 5 SLIP RD INTO TUAS SOUTH AVE 4									
▼ Excess										
Total Excess Applicable										
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.0					
Unnamed Driver Excess		Outside Singapore OD Excess								
Third Party Excess	0.00	Outside Singapore TP Excess								
Excess Type		Windscreen Excess	100.00							

1/21/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	150 UBI AVENUE 4	Address 2	#05-07/08 UBI BIZ-HUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4088
Unit No.		Related Policy Number	5062749530-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KUMARASAMY S/O SINGARAVEL	Driver NRIC	S1818649G	Driver DOB	08/01
Register Date of Driver License	16/02/2016	Driver Age	51	Driving Experience	2
Contact No.(Mobile)	83494924	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 446B #13-34	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST
Address 4	SINGAPORE 652448	Address Type	Singapore address	Post Code	6524
Unit No.	13-34				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KENZONE SINGAPORE PTE. L
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	GX8448E
Claim Description	GX8448E / SKQ7160E ON 21 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/01/2019 17:45
		Workshop Repairer	LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1028855	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/01/2019 17:45
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21	
21 Jan 2019 17:45				



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	SAS	Normal	SAS 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:45	Photos	Normal	Photos 2019-1-21

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading