

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MWA 119 010 885

Date In: 23/11/19 10:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001486164	SAS e-filing		
Veh No: SJT 7116E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/11/19 13:30	I-Motor Claim Form	M7/1027798-002	23/11/19 13:53
OD / TP / Reporting 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 Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: Property INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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:	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

Client's Particulars	Invoice Itemization Checklist	Am't (\$)	Remarks
NA1900679	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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*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	23/01/2019 10:04
Date Of Accident	08/01/2019 13:30
Exact Location Of Accident	HOUANG MALL EXIT BARRIER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT7116E
Insured/Policyholder	
Name Of Registered Owner	8226 TRADING ENTERPRISE
Co Reg No	53101822M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81367000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103100826
Cover Note Number	-
Driver	
Name of Driver	CHEW SUANG HENG
NRIC No	S0367584Z
Date Of Birth	04/03/1942
Occupation	INDOOR
Date Of Driving Pass	02/01/1963
Driving Experience	56 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81367000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 683 HOUGANG AVE 8 #02-931
Postcode	530683
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	NO 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	1
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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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) 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

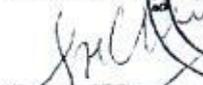
Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

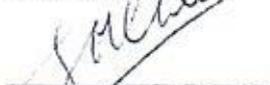
I received a letter from NTUC, but I did not hit my property - so I'm here to file an uncontact report.

DECLARATION

I/We declare the above 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.:

Personal Particulars

Date of Accident: 8/1/19 Time of Accident: 13:30

Exact Location of Accident: Hougang mall exit barrier

Owner's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Driver's Name: Chew Siong Heng NRIC No: S03675847 HP No: 81367000

Date of Birth: 4/3/1942 Driving Licence Passing Date: 2/1/1963 Occupation: Indoor / Outdoor

Address: 683 Hougang Ave 8 #02-931 (530683)

Relationship of Driver with Insured: Hired Email Address: hermanquah@gmail.com

Vehicle No: SJT 7116 E Make & Model: \_\_\_\_\_

Insurance Co: SJT 7116 E NTUC Coverage: Third Party Policy No: 5103100826

\*Purpose of Reporting?  Own Damage Claim /  3rd Party Claim /  Not Claiming,  Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work

\*Weather Condition?  Clear /  Raining / Others: \_\_\_\_\_ Wet /  Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

No  Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

No  Yes, Vehicle Registration No: \_\_\_\_\_ insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: property Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S0367584**

Name: **CHEW SUANG HENG**

Birth Date: **04 Mar 1942**

Issue Date: **21 Jul 2003**



1000669688F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0367584Z**



**CHEW SUANG HENG**

**周昌銓**

Race: **CHINESE**

Date of Birth: **04-03-1942**

Sex: **M**

Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

PASS DATE

02 Jan 1963

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

NP 428A

Licence No: S0367584Z



3066313



S0367584



25-06-1989

APT BLK 683 HOUGANG AVENUE 8 #02-831 SINGAPORE 530663

NRIC No: S0367584Z

Date: 14/10/2014

## 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: 5103100826

Cover : Third Party

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJT7116E                |
| Chassis Number  | : MR053HY9305132782       |
| 2. Name of Policyholder   | : 8226 TRADING ENTERPRISE |
| 3. Effective Date of Insurance  | : 17 Aug 2018             |
| 4. Expiry Date of Insurance   | : 16 Aug 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.

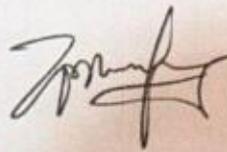
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

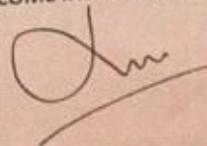
Agency : SININS AGENCY PTE. LTD. (00000615123)  
Date of Issue : 16 Aug 2018 10:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



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

**Claim Handling**

**Accident MT/1027798**

Policy No.	5103100826	Vehicle No.	SJT7116E	GST Registration No.	
Certificate No.					
Policyholder Name	8226 TRADING ENTERPRISE			Policyholder NRIC	5310
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not a

▼ **Accident Details**

Report Date	15/01/2019 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	08/01/2019	Time of Accident hh:mm	13:29	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	At Hougang Mall Exit Barrier Arm				

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	16/01/2019 09:15:17 Deborah Mui changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	BLK 36 #13-447	Address 2	JALAN RUMAH TINGGI	Address 3	STNG
Address 4		Address Type	Singapore address	Post Code	1500
Unit No.		Related Policy Number	S106632272		

▼ **O1 Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

**Claim Handling**

**Accident MT/1027798**

Policy No.	5103100826	Vehicle No.	SJT7116E	GST Registration No.	
Certificate No.					
Policyholder Name	8226 TRADING ENTERPRISE			Policyholder NRIC	5310
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not a

▼ **Accident Details**

Report Date	15/01/2019 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	08/01/2019	Time of Accident hh:mm	13:29	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	At Hougang Mall Exit Barrier Arm				

▼ **Excess**

<b>Total Excess Applicable</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Excess Type		Windscreen Excess	0.00		

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

Driver is Covered?

OD Standard Excess TP Standard Excess  
 YIED OD Excess YIED TP Excess Driver is Covered?  
 Additional Excess 0.00  
 Total OD Excess Applicable Total TP Excess Applicable

**Benefits**  
**GST Registered Information**



**Policyholder Mailing Address**  
 Address 1 BLK 36 #13-447 Address 2 JALAN RUMAH TINGGI Address 3 SING  
 Address 4 Address Type Singapore address Post Code 1500  
 Unit No. Related Policy Number 5106632272

**OI Driver Info**  
 Driver Name Driver Type  
 Unnamed driver Name Driver NRJC Driver DOB  
 Register Date of Driver License Driver Age Driving Experience  
 Contact No.(Mobile) Contact No.(Office) Contact No.(Home)  
 Address 1 Address 2 Address 3  
 Address 4 Address Type Foreign address Post Code  
 Unit No.  
 Does he own a Singapore Registered car?  Yes  No Driver Vehicle No. Driver Insurer Company

Modification History

**Claim 002 OD-MX** **New**

Claim Type \* **OD-MX** Insured Name **8226 TRADING ENTERPRISE**  
 Contact No.(Mobile) **97333488** Contact No. (Home)  
 Email Address OI Vehicle Number **SJT7116E**  
 Claim Description **SJT7116E / PROPERTY ON 8 Jan 2019**  
 Preferred Workshop **0** Insured Liability **Partially at Fault**  
 Contact No. Finalisation **Yes** Preferred Repair Option **Preferred Workshop, Name unknown** GIA report **Received**  
 Date Registered **23/01/2019 13:52** Claim Close Date  
 Report Taken By **LIEW SHAN HUI** Workshop Repairer  
 Print AK letter  
 Save Submit

**Attachment**

Accident No.	Claim No.	Upload Date	Category *	Confidential	Urgency *
MT/1027798	002	23/01/2019 13:53	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
Path *			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Message Read"/>			<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-23	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-23	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:53	SAS	Normal	SAS 2019-1-23	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:53	Photos	Normal	Photos 2019-1-23	



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2019 13:52	Photos	Normal	Photos 2019-1-23

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"/>	