

# NATIONAL Assessment Centre Services.

(wsp : Jan'05)

Date In: 02/02/2019 09:58	Job description	Date & Time Completed	Done by:
Ref No: NA/INC19002182/K4	SAS e-filing		
Veh No: SKP 3735D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/01/2019 17:55	I-Motor Claim Form	MT/1030928-001	7/2/19 18:35
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:

GBG 2177A

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

NA1901073

Invoice Preparation Checklist

Am't (\$)  
In Bill

Am't (\$)  
Add. Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON:
- \*N5: Courtesy Car / Tpf Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$3
- TE (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	02/02/2019 09:58
Date Of Accident	29/01/2019 17:55
Exact Location Of Accident	YISHUN ORTO ( CARPARK )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3735D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MATHEW PONG
NRIC No	S9107274B
Email Address	MATHEWPONG91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90110749
Alternative Phone No	OTHERS-90110749

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	THIRD PARTY
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	5104223337
Cover Note Number	

### Driver

Name of Driver	MATHEW PONG
NRIC No	S9107274B
Date Of Birth	19/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90110749
Fax Number	
Contact Number	OTHERS-90110749
Email Address	MATHEWPONG91@GMAIL.COM

Address	BLK 590A MONTREAL LINK #03-25
Postcode	751590
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	SIDE SWIPE
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?	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)	0

#### 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:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2177A
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	MHE DEMAC VAN
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

29/01/2019

Driver's Signature

(If driver is not the policyholder)

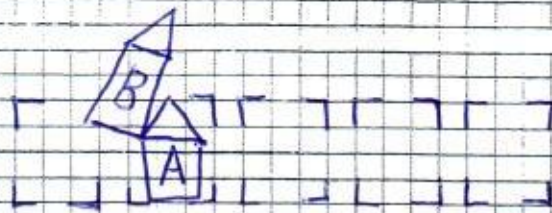
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





VEHICLE A SKP3453D

VEHICLE B GBK2177A

29/01/2019  
1756 PM Y2SHUN  
ORIO  
CAR PARK

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above stated time and date, my vehicle, was parked stationary at the parking lot. Vehicle B, reversed into his desired lot beside me, then colliding into my vehicle and left the scene without leaving any note or contact.

Footage was caught on a opposite vehicle and provided to me.

## 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.:

Date of Accident : 29/01/2019 Accident Time: 1756PM (24-HR-Format)  
 Accident Place : Yishun Orto Carpark  
 Vehicle No. (Car Plate No.) : SKP3735D Make/Model: Volkswagen Scirocco 1.4 TSI  
 Insurance Company : NTUC Income Policy No: 5104223337  
 Owner or Company Name /IC No. : Mathew Pong 59107274B  
 Owner or Company Contact No. : 9011 0749 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Mathew Pong 59107274B  
 DRIVER'S Date Of Birth : 19/02/1991 DRIVER'S License Pass Date 01/03/2010  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : APT BLK 590A MONTREAL LINK #03-25  
 DRIVER'S Contact No./ Alt No. : 1) 9011 0749 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Mathewpong91@gmail.com leanchigga@hotmail.com  
 Weather & Road Surface : CLEAR & DRY \ ~~RAINING & WET~~ \ AFTER RAIN & WET  
 Reporting Type : ~~Reporting Only~~ \ Claim Other Party \ Claim Own Insurance.  
 Number of Passengers (Including Driver): 0  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: GBG 2177A  
 Vehicle Make/Model: Nissan  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: mhe DEMAC van.

Vehicle No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9107274B



Name

MATHEW PONG

冯家伦

Race

CHINESE

Date of birth

19-02-1991

Country of birth

SINGAPORE



Sex

M





3850640



NRIC No. **S9107274B**



Date of issue

**06-03-2006**

**APT BLK 590A MONTREAL LINK #03-25**

**SINGAPORE 751590**

**No: S9107274B**

**Date: 06/10/2014**



REPUBLIC OF SINGAPORE

DRIVING LICENCE



NAME: MATHEW PERERA

Birth Date: 19 Feb 1980

Issue Date: 01 Mar 2000





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3

Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 01 Mar 2010

Licence No: 8819727-0

NP 428A



## 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:** 5104223337

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKP3735D**  
Chassis Number : **WVWZZZ13ZCV002199**
2. Name of Policyholder : **MATHEW PONG**
3. Effective Date of Insurance : **27 Sep 2018**
4. Expiry Date of Insurance : **26 Sep 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.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: PONG MATTHEW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE 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 : ALL INS AGENCY PTE. LTD. (00000571908)

Date of Issue : 27 Sep 2018 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104223337		MATHEW PONG	S9107274B	GPC	drivo CLASSIC	SKP3735D	SKP3735D	27/09/2018	26/09/2019



## ▼ Policy Information

Policy No.	5104223337	Policyholder Name	MATHEW PONG	Policyholder NRIC	S9107274B
Certificate No.					
Address	BLK 590A #03-25 MONTREAL LINK MONTREAL DALE SINGAPORE 751590				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag		N
Policy issue Date	27/09/2018	Effective Date	27/09/2018 00:00	Expiry Date	26/09/2019 23:59
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		
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 590A #03-25	Address 2	MONTREAL LINK	Address 3	MONTREAL DALE
Address 4	SINGAPORE 751590	Address Type	Singapore address	Post Code	751590
Unit No.	03-25	Related Policy Number	5104223337		

## ► Insured Object: SKP3735D

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2018, the following amendment(s) is/are made to this policy: PRIMARY DRIVER: MATHEW PONG
2	27/09/2018 00:00	Basic Information Endorsement	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2018, the following amendment(s) is/are made to this policy: PRIMARY DRIVER: MATTHEW PONG

Continue

Cancel



## Claim Handling

Accident MT/1030928

Policy No.	5104223337	Vehicle No.	SKP3735D	GST Registration No.
Certificate No.				
Policyholder Name	MATHEW PONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90110749	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	07/02/2019 18:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2019	Time of Accident hh:mm	17:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	YISHUN ORTO ( CARPARK )			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 590A #03-25	Address 2	MONTREAL LINK	Address 3
Address 4	SINGAPORE 751590	Address Type	Singapore address	Post Code
Unit No.	03-25	Related Policy Number	5104223337	

## ▼ OI Driver Info

Driver Name	MATHEW PONG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9107274B	Driving Experience
Register Date of Driver License	01/03/2010	Driver Age	27	Contact No.(Home)
Contact No.(Mobile)	90110749	Contact No.(Office)	0	Address 3
Address 1	BLK 590A	Address 2	MONTREAL LINK	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#03-25			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

Claim Type \*

OD-MX Insured Name MATHEW

Contact No.(Mobile)

90110749 Contact No. (Home) NIL

Email Address

MATHEWPONG91@GMAIL.COM OI Vehicle Number SKP373

Claim Description

SKP3735D / GBG2177A ON 29 Jan 2019

Preferred Workshop No. Finalisation ☒ Insured Liability Partially at Fault Preferred Repair Option Preferred Workshop, Name unknown

GIA report Received

Date Registered

07/02/2019 18:39 Claim Close Date

Report Taken By

Workshop Repairer

☒ Print AK letter

## Attachment



Accident No.	MT/1030928	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2019 18:35

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:37	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2019 18:36	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	