

NATIONAL Assessment Centre Services (Ref: JAN05)

Date In: 14/02/2019 16:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002803 KY	SAS e-filing		
Veh No: SKG 5076G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/02/2019 02:00	i-Motor Claim Form	MT/1032124-001	15/2/19 09:50
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: SJX 2307H	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	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] ()		

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$) Int. Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) NI: (dao DA + SMRT Survey) \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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: Idno 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	14/02/2019 16:14
Date Of Accident	14/02/2019 02:00
Exact Location Of Accident	UBI AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5076G
Insured/Policyholder	
Name Of Registered Owner	LUX MOTORING LLP
Co Reg No	T18LL0743F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98105825
Alternative Phone No	OFFICE-98105825

Vehicle Particulars

Manufacturer	BMW
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5101870558
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMEERUDDIN BIN RAZALI
NRIC No	S9503969C
Date Of Birth	05/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98105825
Fax Number	
Contact Number	OTHERS-98105825
E-Mail Address	NOEMAIL

Address	BLK 34 BEDOK SOUTH AVENUE 2 #04-361
Postcode	460034
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	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX2307H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEI JIE (CHEN WEIJIE)
NRIC/Passport Number	S8323535G
Contact Number	91084962
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:

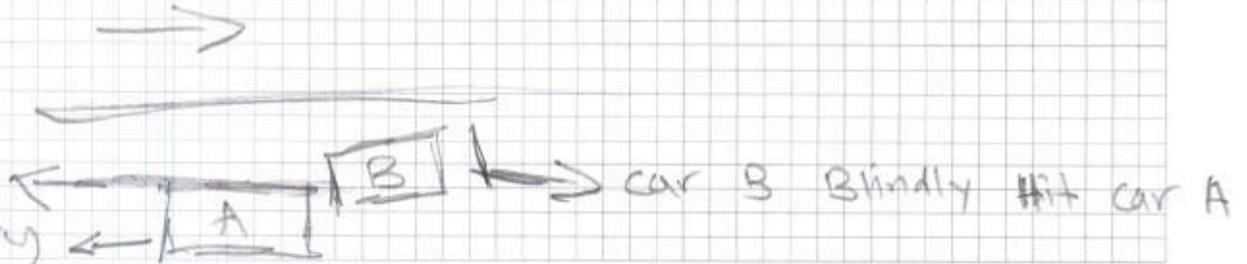
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

UBI Avenue |

A - SKG 5076 G

B - SJX 2307 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A park at the side of the road and no one was in the car because the owner went to a nearby 7 eleven. Vehicle A Engine was off also. Suddenly vehicle B came very fast in that small road and hit vehicle A on the rear right side of the car and the rear right bonnet and rim broke and the car shifted to the left and vehicle A front left tyre pushed in and something was broken in the inner front left tyre. Vehicle B was too fast until his car was facing against the road.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

©IRMM 2018 Form-01m_V3

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

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

14/2/2019

TP



ACE CHROME & RESTORATIONS PTE LTD
Spray Painting

2 Kaki Bukit Avenue 2
#02-24 Kaki Bukit Autohub
Singapore 417921

facebook.com/
spraypaintingsingapore

www.acechrome.sg

陈维杰

FRED TAN WEI JIE

Manager

H/P : +65 9108 4982

Tel : +65 6443 8500

spraypaintingsingapore
@gmail.com

Car Spray Painting
Insurance Claims
Motorcycle Spray Painting
Special Effects Paint
Furniture Painting
Industrial Spray Painting
Vintage Item Restoration
All Spray Paint Projects



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

CASE CARD

Report Number :

G/20190214/0035

Classification :

NO3

Actions Taken

Advised to file magistrate's complaint

Advised to seek community mediation

For further investigation

Others: _____

For queries, please contact:

AIO JASON

6344 7300

NP319E (2018)

For more information, visit www.police.gov.sg or the agencies below:

Magistrate's Complaint
www.statecourts.gov.sg

Community Mediation Centre
www.mlaw.gov.sg/content/cmc

Samaritans of Singapore
www.sos.org.sg

Family Violence Centre
www.ncss.gov.sg

Municipal Services Office
www.oneservice.sg

Consumer Association of Singapore
www.case.org.sg

NP319E (2018)

IDENTITY CARD NO. S9503969C



Name:

MUHAMMAD AMEERUDDIN BIN
RAZALI

Race:

INDIAN

Date of birth:

05-02-1995

Sex:

M

Country of birth:

SINGAPORE

PUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9503969C

Name:

MUHAMMAD AMEERUDDIN BIN
RAZALI

Birth Date: 05 Feb 1995

Issue Date: 06 Jun 2015





**SINGAPORE
POLICE FORCE**



G/20180826/2153

1 of 2

POLICE REPORT (NP322)

Report No. G/20180826/2153

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 26/08/2018 22:13		Vide Report No.		Station Diary No. 48	
Name Of Informant MUHAMMAD AMEERUDDIN BIN RAZALI		Address APT BLK 34 BEDOK SOUTH AVENUE 2 #04-361 SINGAPORE 460034			
ID Type / ID No. NRIC NO / S9503969C		Contact No. Home/Office		Mobile 83093963	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF-EMPLOYED		Sex Male	Age 23	Date of Birth 05/02/1995	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 26/08/2018 15:45		Location Of Incident GUILLEMARD ROAD SINGAPORE J/N of Guillemard Rd & Lor 22 Geylang			

Brief details.

On the above mentioned date and time, I discovered the below mentioned item missing. I made a search but to no avail.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TEO KAI LIANG Contact No.: 62447200

Signature Of Informant:
Date/Time: 26/08/2018 22:13
Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180826/2153

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S950396 9C	1		One Driving Licence Belonging To S9503969C

Signature Of Officer Recording The Report:
 G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ

Signature Of Interpreter:
 Not applicable

Officer In-Charge Of Case:
 G / Bedok Police Divisional Investigation Branch /
 Insp TEO KAI LIANG
 Contact No.: 62447200

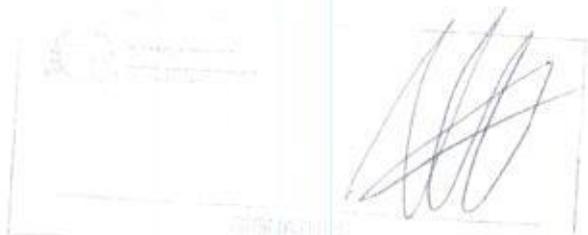
Signature Of Informant:


Date/Time:
 26/08/2018 22:13

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20180826/2149

1 of 2

POLICE REPORT (NP322)

Report No. G/20180826/2149

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 26/08/2018 21:58		Vide Report No.		Station Diary No. 41	
Name Of Informant MUHAMMAD AMEERUDDIN BIN RAZALI		Address APT BLK 34 BEDOK SOUTH AVENUE 2 #04-361 SINGAPORE 460034			
ID Type / ID No. NRIC NO / S9503969C		Contact No. Home/Office		Mobile 83093963	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF-EMPLOYED		Sex Male	Age 23	Date of Birth 05/02/1995	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 26/08/2018 15:45		Location Of Incident GUILLEMARD ROAD SINGAPORE J/N of Guillemard Rd & Lor 22 Geylang			

Brief details.

On the above mentioned date and time, I discovered the below mentioned items missing. I made a search but to no avail.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 26/08/2018 21:58
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TEO KAI LIANG Contact No.: 62447200		Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20180826/2149

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180826/2149

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Black "Burberry" Leather Wallet
2	Identity Card	Lost	SINGAP ORE NRIC		S950396 9C	1		One NRIC Belonging To S9503969C
3	Credit Card / Debit Card/ ATM Card	Lost	BANK OF SINGAP ORE LTD			1		One POSB ATM Card
4	Cash	Lost				1	Singapor e Dollars 300.00	Cash Amounting To SGD\$300/-

Signature Of Officer Recording The Report:
 G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ
 Signature Of Interpreter:
 Not applicable
 Officer In-Charge Of Case:
 G / Bedok Police Divisional Investigation Branch /
 Insp TEO KAI LIANG
 Contact No.: 62447200

Signature Of Informant:
 Date/Time:
 26/08/2018 21:58
 Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2019 02:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKG5076G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101870558		LUX MOTORING LLP	T18LL0743F	GPC	drivo CLASSIC	SKG5076G	SKG5076G	30/06/2018	29/06/2019

Continue

▼ **Policy Information**

Policy No.	5101870558	Policyholder Name	LUX MOTORING LLP	Policyholder NRIC	T18LL0743F
Certificate No.					
Address	BLK 475 #01-20 CHOA CHU KANG AVENUE 3 SUNSHINE PLACE SINGAPORE 680475				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/06/2018	Effective Date	30/06/2018 00:00	Expiry Date	29/06/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	GOLDEN PRIME INSURANCE AGI	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 475 #01-20	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SUNSHINE PLACE
Address 4	SINGAPORE 680475	Address Type	Singapore address	Post Code	680475
Unit No.	01-20	Related Policy Number	5101870558		

▶ **Insured Object: SKG5076G**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1032124

Policy No.	5101870558	Vehicle No.	SKG5076G	GST Registration No.
Certificate No.				
Policyholder Name	LUX MOTORING LLP			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98105825	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	15/02/2019 09:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/02/2019	Time of Accident hh:mm	02:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UBI AVENUE 1			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
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	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 475 #01-20	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4	SINGAPORE 680475	Address Type	Singapore address	Post Code
Unit No.	01-20	Related Policy Number	5101870558	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMMAD AMEERUDDIN BIN I	Driver NRIC	S9503969C	Driving Experience
Register Date of Driver License	08/06/2015	Driver Age	24	Contact No.(Home)
Contact No.(Mobile)	98105825	Contact No.(Office)	0	Address 3
Address 1	BLK 34 #	Address 2	BEDOK SOUTH AVENUE 2	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LUX MC
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SKG5076G
Claim Description	SKG5076G / SJX2307H ON 14 Feb 2019		

Preferred Workshop Finalisation	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	15/02/2019 09:58
Repair Option	Preferred	Preferred Workshop, Name unknown				Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1032124 Claim No. 001
 Last Doc. Received Yes No Upload Date 15/02/2019 09:50

- No file chosen
-

Path *

Category *	Confidential
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
<input type="button" value="Clear"/> 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 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Feb 2019 09:52	Photos	Normal	Photos