

NATIONAL Assessment Centre Services

Date In: 15/02/2019 14:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002874/K4	SAS e-filing		
Veh No: SMC 221J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 02/02/2019 18:00	i-Motor Claim Form	MT/1032374-001	18/02/19 1100
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: SKFS185E INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars: NA1901278	Invoice Preparation Checklist		Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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: Idao 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: Idao Mobile 30			
Auditors' Comments:	Invoice dated	Fee Charged		
Dat. 1:	Invoice dated	Fee Charged		
Dat. 2/3:				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 15/02/2019 14:59
Date Of Accident 02/02/2019 18:00 ✓
Exact Location Of Accident MCE TWDS KPE EXITING PIE TUAS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC221J ✓
Insured/Policyholder
Name Of Registered Owner LIM CHIN KIAT DESMOND ✓
NRIC No S8844211C
Email Address DESMOND@NANOPRESS.COM.SG
Mobile Phone No (LOCAL) +65-91870597
Alternative Phone No OTHERS-91870597

Vehicle Particulars

Manufacturer BMW
Model 520I AT D/AB 2WD 4DR LED NAV
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 5101045680 ✓
Cover Note Number

Driver

Name of Driver LIM CHIN KIAT DESMOND ✓
NRIC No S8844211C ✓
Date Of Birth 23/10/1988 ✓
Occupation OUTDOOR
Date Of Driving Pass 13/10/2008
Driving Experience 10 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91870597
Fax Number
Contact Number OTHERS-91870597
Email Address DESMOND@NANOPRESS.COM.SG

Address	BLK 663A PUNGGOL DRIVE #16-260
Postcode	821663
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF5185E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHIN KIAT DESMOND
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SMC221J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

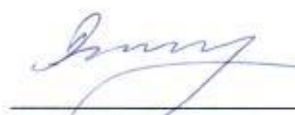
IMPORTANT NOTICE

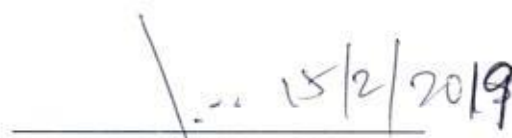
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

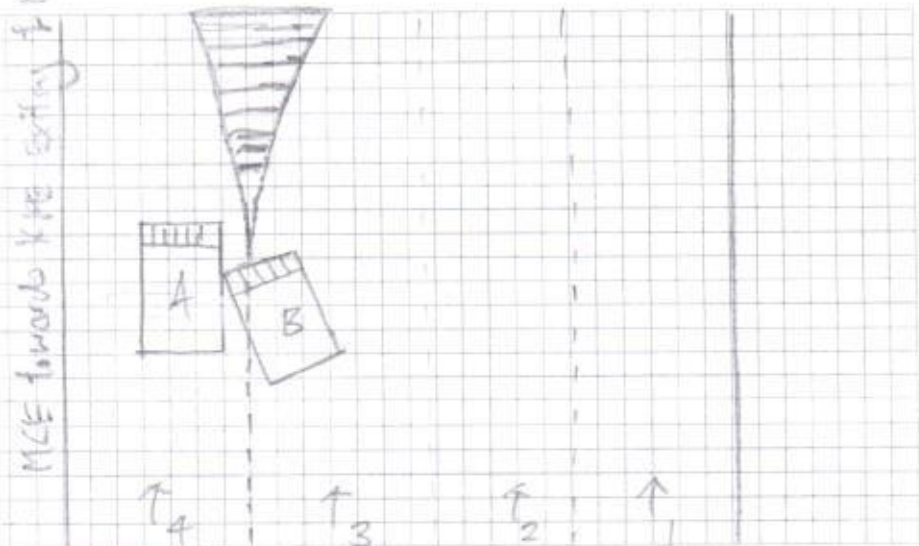

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A-SMC221J
B-SKF5185E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along MCE towards KPE exiting PIE twas on my own Lane 4, Suddenly this vehicle B from Lane 3 cut in to my Lane 4 and bang on to my right portion of my Vehicle A. Total there are 2 cars involved.

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.:

15/2/2019

Reported on 8/2/19
@ 1730HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (2/2/2019) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: MCE towards KPE Exiting PIE Tnas.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 1766M
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91870597
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) OWNER

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: SKF5185E
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)

(2)

1 - male
1 - female

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

* change of
vehicle number
plate
New (SMC 221J)

* Teamwork ?

Email = Desmond@nanopress.com.sg

fax = Desmond@nanopress.com.sg

VIDEO =

Waiting for IC&DL & Vehicle Photos?

call
HP: 83389989
15/2/2019
R 1430H

PUBLIC OF SINGAPORE

NTITY CARD NO. S8844211C



Name

LIM CHIN KIAT, DESMOND

林 俊 杰

Race

CHINESE

Date of birth

23-10-1988

Sex

M

Country of birth

SINGAPORE



342



NRIC No. S8844211C



Date of issue

10-11-2003

APT BLK 663A PUNGGOL DRIVE #16-260
SINGAPORE 821663

NRIC No: S8844211C

Date: 22/06/2016

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8844211C**

Name:

LIM CHIN KIAT, DESMOND

Birth Date: **23 Oct 1988**

Issue Date: **13 Oct 2008**

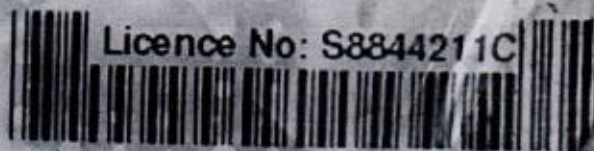


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

CLASS 1 PASSED

with ≤ 7 passengers, exclusive 13 Oct 2008
motor vehicles $\leq 2500\text{kg}$

NP 428A



Licence No: S8844211C

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="02/02/2019 18:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLZ1766M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101045680		LIM CHIN KIAT DESMOND	S8844211C	GPC	drive CLASSIC	SLZ1766M	SLZ1766M	30/05/2018	29/05/2019
<input type="button" value="Continue"/>										

~~SLZ~~ old vehicle plate number

▼ Policy Information

Policy No.	5101045680	Policyholder Name	LIM CHIN KIAT DESMOND	Policyholder NRIC	S8844211C
Certificate No.					
Address	BLK 663A #16-260 PUNGGOL DRIVE WATERWAY SUNBEAM SINGAPORE 821663				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 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	DICKSON AUTO AGENCY	Agent Tel.	90000001	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 663A #16-260	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821663	Address Type	Singapore address	Post Code	821663
Unit No.		Related Policy Number	5101045680		

▶ Insured Object: SLZ1766M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

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="15/02/2019 14:56"/>							
Vehicle No.(For Motor)	<input type="text" value="SMC221J"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101045680		LIM CHIN KIAT DESMOND	S8844211C	GPC	drivo CLASSIC	SMC221J	SMC221J	30/05/2018	29/05/2019
<input type="button" value="Continue"/>										

✕ New Vehicle plate number.

▼ Policy Information

Policy No.	5101045680	Policyholder Name	LIM CHIN KIAT DESMOND	Policyholder NRIC	S8844211C
Certificate No.					
Address	BLK 663A #16-260 PUNGGOL DRIVE WATERWAY SUNBEAM SINGAPORE 821663				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 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	DICKSON INSURANCE AGENCY I	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 663A #16-260	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821663	Address Type	Singapore address	Post Code	821663
Unit No.		Related Policy Number	5101045680		

▶ Insured Object: SMC221J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HL BANK CHASSIS NUMBER: WBA5A32020D334506 ENGINE NUMBER: A5440626N20B20B VEHICLE REGISTRATION NUMBER: SMC221J ORIGINAL REGISTRATION DATE: 30 May 2014

Continue

Cancel

Claim Handling

Accident MT/1032374

Policy No.	5101045680	Vehicle No.	SLZ1766M	GST Registration No.
Certificate No.				
Policyholder Name	LIM CHIN KIAT DESMOND			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91870597	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	18/02/2019 10:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2019	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MCE TWDS KPE EXITING PIE TUAS			
▼ 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 663A #16-260	Address 2	PUNGGOL DRIVE	Address 3
Address 4	SINGAPORE 821663	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101045680	

▼ OI Driver Info

Driver Name	LIM CHIN KIAT DESMOND	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8844211C	Driver DOB
Register Date of Driver License	13/10/2008	Driver Age	30	Driving Experience
Contact No.(Mobile)	91870597	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 663A	Address 2	PUNGGOL DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#16-260			
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	LIM CH
Contact No.(Mobile)	91870597	Contact No.(Home)	
Email Address	DESMOND@NANOPRESS.COM	OI Vehicle Number	SLZ176
Claim Description	SLZ1766M / SKF5185E ON 2 Feb 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Report No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By		Claim Close Date	18/02/2019 11:07
Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No.	MT/1032374	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2019 11:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:06	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 11:04	Photos	Normal	Photos