NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA/1903/199

Date In: 14/3/19 - 12:53	Job description	Date & Time Completed	Done by
Ref No: 49/INC/19 04 629/24	SAS e-filing		
Veh No: SLZ4459E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/7/18 - 12:40	i-Motor Claim Form	MT/1035898-001	14/3/19 11:35.
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: SX 6188 Y 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

NA/19/45

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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:-			
QD*			
*N5: Courtesy Car / Tpt 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: 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 witholding 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	14/03/2019 12:23
Date Of Accident	13/03/2019 10:40
Exact Location Of Accident	JLN TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ4459E
Insured/Policyholder	
Name Of Registered Owner	DOL LIMOUSINE
Co Reg No	53380265B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82229735
Alternative Phone No	OFFICE-82229735
Vehicle Particulars	
Manufacturer	OPEL
Model	CROSSLAND X B12XHT AT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100591987
Cover Note Number	
Driver	
Name of Driver	HASSAN BIN IBRAHIM
NRIC No	S6929643B
Date Of Birth	10/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82229735
Fax Number	
Contact Number	OFFICE-82229735
EMail Address	NOEMAIL

Address	BLK 214 TAMPINES STREET 23 #05-65
Postcode	520214
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190313/7008.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX6188T
Vehicle Make/Model/Colour	TOYOTA LITEACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH CHENG SUAN
NRIC/Passport Number	S1175732D

Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HASSAN BIN IBRAHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ4459E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

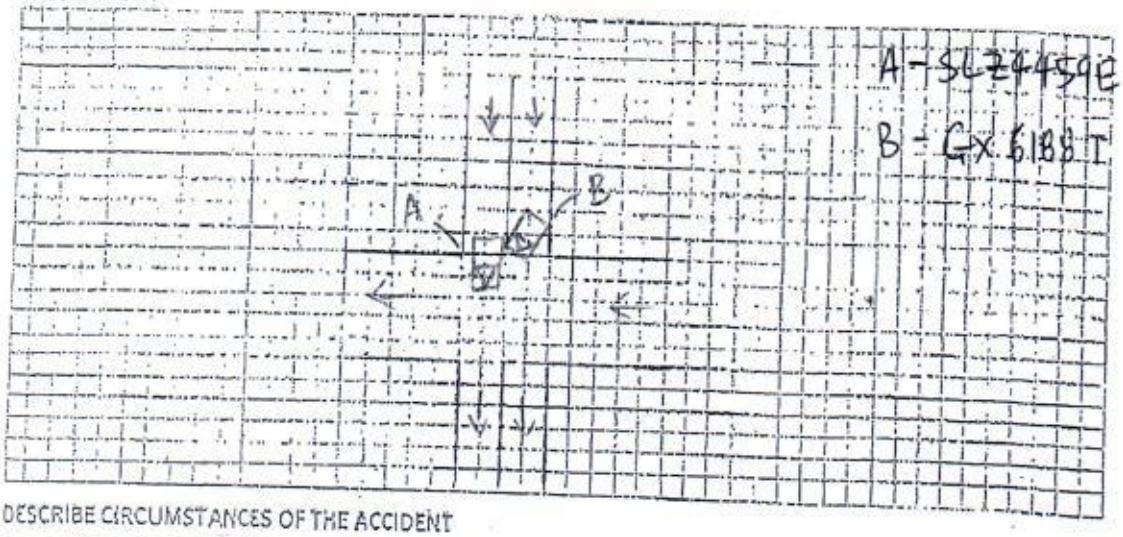
DOL LIMOUSINE S33802658

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

– Refer to Police Report –

DECLARATION

I/We declare that 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 : 13/3/19 Accident Time: 1040 hrs (24-HR-Format)

Accident Place : Jalan Toa Payoh towards PIE Changi / Macpherson Rd

Vehicle Reg. No. (Car Plate No.) : SLZ4459E

Vehicle Make/Model : Opel Crossland X B12XHT AT

Insurance Company : NTUC Policy No. 5100591987

Owner or Company Name /IC No. : DOL LIMOUSINE S6929643B

Owner or Company Contact No. : 82229735 Owner's Hp 82821109 Company Tel

DRIVER'S Name / IC No. : HASSAN BIN IBRAHIM S6929643B

DRIVER'S Date Of Birth : 10/09/1969 DRIVER'S License Pass Date 25/2/2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : APT Blk 214 Tampines Street 23 #05-65 S(520214)

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)

Email Address : tikarru@gmail.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): 2 (me)

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: GX 6188T	Vehicle Reg. No:
Vehicle Make\Model: Toyota Lite Ace	Vehicle Make\Model:
Name Driver: Goh Cheng Suan	Name Driver:
IC No. Driver: S1175732D	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

SINGAPORE POLICE FORCE

T/20190313/7008

Report No. T/20190313/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/03/2019 13:46		

Informant's Particulars

Name of Informant: HASSAN BIN IBRAHIM			Address: APT BLK 214 TAMPINES STREET 23 #05-65 SINGAPORE 520214	
ID Type / ID No.: NRIC NO / S6929643B			Contact No.: Home/Office: Mobile: 82229735	
Nationality: SINGAPORE CITIZEN			Email: tikarru@gmail.com	
Sex: Male	Age: 49	Date of Birth: 10/09/1969	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2019 10:40	Type of Location: X-Junction
Location: Jalan Toa Payoh towards PIE CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX6188T	Van	TOYOTA			Seriously Damaged	0
SLZ4459E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20190313/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	Hassan Bin Ibrahim	ID No.	S6929643B
Related Vehicle	SLZ4459E (Car)	Contact No.	82229735
Hospital/Clinic	LUA CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	13/03/2019	Date Discharge	13/03/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Driver			
Name	HASSAN BIN IBRAHIM	ID No.	S6929643B
Related Vehicle	SLZ4459E (Car)	Contact No.	82229735
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/3/2019, I was travelling in my vehicle bearing (SLZ4459E) straight along Jalan Toa Payoh near macpherson going towards PIE Changi. Suddenly a van bearing (GX6188T) cut right and hit onto the left rear side of my vehicle, damaging my rims and car body. I stop my vehicle and went down to exchange particulars with the driver. We then decide to proceed with insurance claim.
I felt my neck aching after the accident and went to see a doctor after i reach home. I was given 4 days of MC by the doctor.

SINGAPORE POLICE FORCE

T/20190313/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190313/7008

CONTINUATION OF REPORT

Sketch Plan

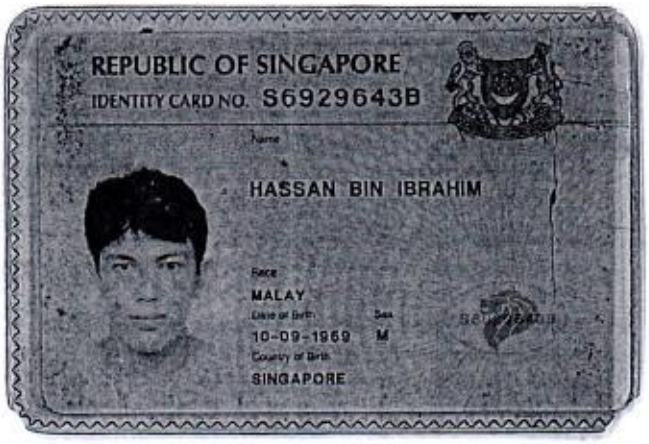
Informant is not able to provide sketch plan

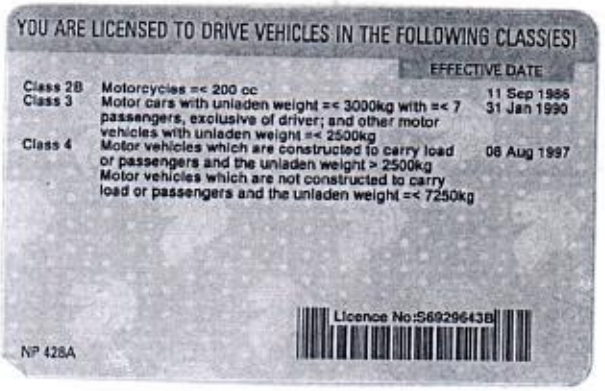
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2019 13:46
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

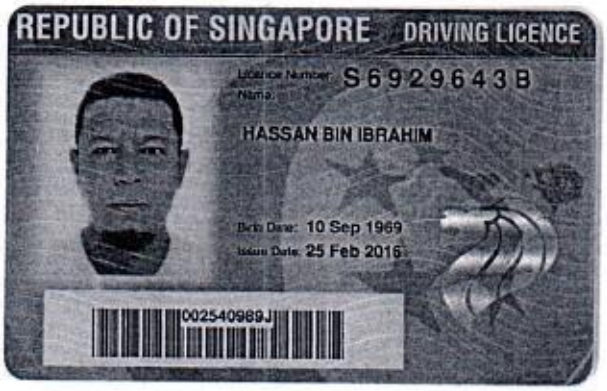
Authentication Stamp

NP168


NRIC No. S6929643B
Blood Group
A+
Date of issue
13-12-1993
APT BLK 214 TAMPINES STREET 23 #05-85
SINGAPORE 520214
NRIC No: S6929643B
Date: 26-06-1999
No: 2984962


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6929643B
Name
HASSAN BIN IBRAHIM
Race
MALAY
Date of Birth
10-09-1969
Sex
M
Country of Birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 11 Sep 1986
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 31 Jan 1990
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg 08 Aug 1997
Licence No:S6929643B
NP 428A


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S6929643B
Name
HASSAN BIN IBRAHIM
Birth Date: 10 Sep 1969
Issue Date: 25 Feb 2016
002540989J

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 13/03/2019 10:40

Vehicle No.(For Motor) SLZ4459E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100591987		DOL LIMOUSINE	53380265B	GPC	drivo PREMIUM	SLZ4459E	SLZ4459E	03/05/2018	02/05/2019

Continue

Policy Information

Policy No.	5100591987	Policyholder Name	DOL LIMOUSINE	Policyholder NRIC	53380265B
Certificate No.					
Address	BLK 214 #05-65 TAMPINES STREET 23 SINGAPORE 520214				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/05/2018	Effective Date	03/05/2018 00:00	Expiry Date	02/05/2019 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 214 #05-65	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 520214
Address 4		Address Type	Singapore address	Post Code	520214
Unit No.	05-65	Related Policy Number	5100591987		

Insured Object: SLZ4459E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1035878

Policy No.	5100591987	Vehicle No.	SLZ4459E	GST Registration No.	
Certificate No.					
Policyholder Name	DOL LIMOUSINE			Policyholder NRIC	53380265B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	82229735	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	14/03/2019 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/03/2019	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN TOA PAYOH TWDS PIE (CHANGI)				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	Yes

Modification History

Policyholder Mailing Address

Address 1	BLK 214 #05-65	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 520214
Address 4		Address Type	Singapore address	Post Code	520214
Unit No.	05-65	Related Policy Number	5100591987		

OI Driver Info

Driver Name	Hassan Bin Ibrahim	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6929643B	Driver DOB	10/09/1969
Register Date of Driver License	31/01/1990	Driver Age	49	Driving Experience	29
Contact No.(Mobile)	82229735	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 214	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 520214
Address 4		Address Type	Singapore address	Post Code	520214
Unit No.	05-65				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	DOL LIMOUSINE	Insured NRIC	53380265B
Contact No.(Mobile)	82229735	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLZ4459E	TP Vehicle Number	GX6188T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLZ4459E / GX6188T ON 13 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/03/2019 12:35	Claim Close Date		Date Received	14/03/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1035878	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	14/03/2019 12:37

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	SAS	Normal	SAS 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:36	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:35	Photos	Normal	Photos 2019-3-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2019 12:35	Photos	Normal	Photos 2019-3-14		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

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