

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 02/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005796/13	SAS e-filing		
Veh No: SJL8411M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/03/19 1715	i-Motor Claim Form	MT/1038492-001	
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: (FWINCAR	Tel:	Fax:
TP Particulars:	Veh No: 5DK280C	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

NA1900540	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	02/04/2019 14:20
Date Of Accident	30/03/2019 17:15
Exact Location Of Accident	UPP THOMSON RD NEAR BUS STOP ID:53029
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8411M
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	

Driver

Name of Driver	CHUAH MING DA
NRIC No	S8941323J
Date Of Birth	18/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92395781
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 851 YISHUN ST 81 #08-58
Postcode	760851
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)	2
Passenger 1	NAME: : CHUAH TUANG SU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190330/2147

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	SDK280C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUO YEE HUA
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

- 55L 8411 m

- SDK 280 C

Bus stop ID: 53024

Bus Bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

REPORT NUMBER

T / 20190330 / 2147

Vehicle A - SJL 8411M

Verh. CuZn 2 - Spk 280 C

DECLARATION

I/We certify 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.:



SINGAPORE POLICE FORCE



T/20190330/2147

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190330/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 18:50		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: CHUAH MING DA			Address: APT BLK 851 YISHUN STREET 81 #08-58 SINGAPORE 760851		
ID Type / ID No.: NRIC NO / S8941323J			Contact No.: Home/Office: Mobile: 92395781		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 18/11/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:15	Type of Location: Slip Road
Location: Along Road 1 MARYMOUNT LANE along the slip road towards Mary Mount Road. Located near SPC petrol kiosk.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDK280C	Car				Slightly Damaged	0
SJL8411M	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190330/2147

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190330/2147

CONTINUATION OF REPORT

Driver			
Name	CHUAH MING DA	ID No.	S8941323J
Related Vehicle	NIL	Contact No.	92395781
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KUO YEE HUA	ID No.	S2565296G
Related Vehicle	NIL	Contact No.	NIL
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 30/03/2019 at about 1715hrs, while I was driving my vehicle SJC8411M along Marymount lane towards Mary Mount Road via the slip road, while waiting for the traffic in front to move suddenly I and my father namely Chuah Tuang Su H/P:93877717 heard a loud bang coming from the rear of my vehicle, I and my father then alighted from our vehicle to make a check and discover that there is some scratches and my rear left fender pop out from its original place. After which I spoke to the driver of SDK280C and initially she claim that her vehicle did not collide onto my vehicle, however after my father told her that she did collide on to the rear of my vehicle then she admitted that she lightly touch the rear of my bumper. As no one was injured thus no police or ambulance was activated. After I got hold of her particulars both of us left the accident vicinity shortly.

When the accident happen I do not have a dash cam on board. The details of SDK280C driver is Kuo Yee Hua S2565296G F residing at blk 14 Daffobil Dr SG579061 however she refuse to provide her contact number.

I am lodging this report as instructed by my car rental company Munchi Leasing Pte Ltd.

Vehicle No.	S3L 8411 M	Model / Make	TOYOTA UOS
Date of Accident	30/03/2019		
Time of Accident	1715	HRS	
Location of Accident	UPPER THOMSON ROAD, NEAR BUS STOP 10: 53029		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUNCHI LEASING PTE LTD		
Telephone No.	H/P: 8183 3239	Home:	Office:
NRIC	2018 32946 K		
Address	421 TAGORE INDUSTRIAL AVE #01-20 TAGORE S (787805)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5104376548		
Name of Driver	As Above If <u>No</u> CHUAH MWA DA		
NRIC	58941323 J	Any Passengers:	1 (FATHER)
Date of birth	18/11/1989		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	06 JUN 2008		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 92395781	Home:	Office:
Address	BLK 851 GISHUN ST #08-58 S(760851)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	RENTAL / LEASING
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If <u>Yes</u> Where? GISHUN SOUTH NPC		
Vehicle B No.	SOK 280 C	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8941323J



Name

CHUAH MING DA

蔡明達

Race

CHINESE

Date of birth

18-11-1989

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8941323J

Name

CHUAH MING DA

Birth Date: 18 Nov 1989

Issue Date: 06 Jun 2008



3 6 3 7 7 2 7

NRIC No: S8941323J



Date of issue

18-11-2004

APT BLK 851 YISHUN STREET 81 #08-58
SINGAPORE 760851

NRIC No: S8941323J

Date: 02/01/2013

No: 7035876

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

PASS DATE

Class 3. Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 06 Jun 2008



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: 5104376548

Cover : Third Party

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJL8411M |
| Chassis Number | : MR053HY9305085472 |
| 2. Name of Policyholder | : MUNCHI LEASING PTE. LTD. |
| 3. Effective Date of Insurance | : 17 Oct 2018 |
| 4. Expiry Date of Insurance | : 16 Oct 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 03 Oct 2018 09:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1038492

Policy No.	S104376548	Vehicle No.	SJL8411M	GST Registration No.
Certificate No.				
Policyholder Name	MUNCHI LEASING PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81833239	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	02/04/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/03/2019	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP THOMSON RD NEAR BUS STOP ID:53029			
▼ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-20	Related Policy Number	5108251382	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHUAH MING DA	Driver NRIC	S8941323J	Driver DOB
Register Date of Driver License	06/06/2008	Driver Age	29	Driving Experience
Contact No.(Mobile)	92395781	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 851	Address 2	YISHUN STREET 81	Address 3
Address 4	SINGAPORE 760851	Address Type	Singapore address	Post Code
Unit No.	#08-58			
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	MUNCH
Contact No.(Mobile)	81833239	Contact No. (Home)	
Email Address		OI Vehicle Number	SJL841
Claim Description	SJL8411M / SDK280C ON 30 Mar 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	02/04/2019 15:18	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1038492
☒ Yes ☐ No

Claim No.
Upload Date

001
02/04/2019 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Apr 2019 15:17	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		