

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA19045272

Date In: 8/4/19 - 12:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19026202/24	SAS e-filing		
Veh No: 5622193A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/4/19 - 09:15	i-Motor Claim Form	M1/1039326-001	8/4/19 10:15
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: 147166	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

NA1902497	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	08/04/2019 12:18
Date Of Accident	04/04/2019 09:15
Exact Location Of Accident	CTE BEFORE CHIN SWEE TUNNEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ3193A
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z A
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	YES
Policy Number	5101671180-01
Cover Note Number	
Driver	
Name of Driver	YONG WEI PHENG
NRIC No	S6839850I
Date Of Birth	26/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727732
Fax Number	
Contact Number	OFFICE-91727732
EMail Address	NOEMAIL

Address	BLK 894B WOODLANDS DRIVE 50 #05-43
Postcode	731894
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?	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)	1

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/20190406/7008.

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	SH7116L
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO YEW GUAN
NRIC/Passport Number	S7240038J
Contact Number	97332691
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YONG WEI PHENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ3193A

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 Authorized 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 revisit 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 sums 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 situated 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:

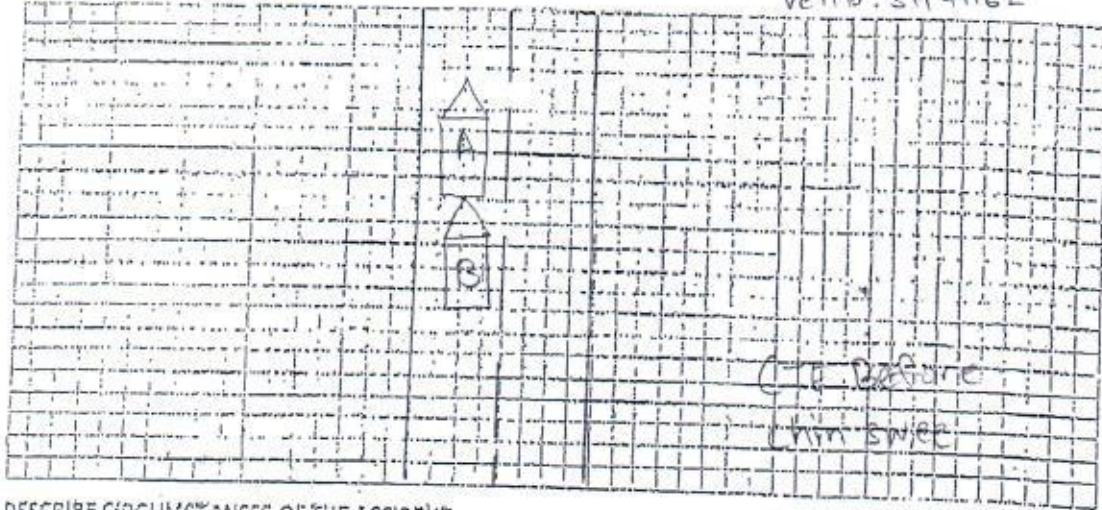
Driver's Signature
(Driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEH A: SLW3113A

VEH B: SH7116L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and time

I was driving my vehicle SLW3193A on ctc, the traffic in front is slow moving and eventually came to a stop. I follow suit and also came to a stop.

Suddenly I felt a great impact from the back so I came out of the vehicle and saw that VEH B: SH7116L have collided to my rear.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

Date of Accident : 04/04/19 Accident Time: 915am (24-HR-Format)
Accident Place : CTE (Before chin swee tunnel)
Vehicle Reg. No. (Car Plate No.) : SLQ3193A
Vehicle Make/Model : Toyota Vellfire
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : TW Automobile
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Yong Wei Pheng
DRIVER'S Date Of Birth : 26-09-68 DRIVER'S License Pass Date 17 Dec 2009
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hire
DRIVER'S Address : 894B Woodlands Drive 50 #05-43 s (731894)
DRIVER'S Contact No. / Alt No. : 1) 91727732 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 1
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: SH 7116 L
Vehicle Make/Model: Toyota Prius
Name Driver: Teo Yew Guan
IC No. Driver: 87240038 J
Driver's Contact & Add: 97332691

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190406/7008

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

1 of 3

Report No. T/20190406/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 17:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG WEI PHENG			Address: APT BLK 894B WOODLANDS DRIVE 50 #05-43 SINGAPORE 731894		
ID Type / ID No.: NRIC NO / S68398501			Contact No.: Home/Office: Mobile: 91727732		
Nationality: SINGAPORE CITIZEN			Email: admin@mycar.sg		
Sex: Male	Age: 50	Date of Birth: 26/09/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2019 09:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
SH7116L	Car	TOYOTA	Prius			0
SLQ3193A	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190406/7008

2 of 3

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

Report No. T/20190406/7008

CONTINUATION OF REPORT

Driver			
Name	YONG WEI PHENG	ID No.	S6839850I
Related Vehicle	SLQ3193A (Car)	Contact No.	91727732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, I was driving my vehicle SLQ3193A on CTE, the traffic in front is slow moving and eventually came to a stop. I follow suit and also came to a stop. Suddenly I felt a great impact from the back so I came out of the vehicle and saw that veh B : SH7116L have collided to my rear. I went to see doctor due to pain of neck, was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190406/7008

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

3 of 3

Report No. T/20190406/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/04/2019 17:10

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S68398501

Name: YONG WEI PHENG

Birth Date: 26 Sep 1968

Issue Date: 17 Dec 2009

001813697H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S68398501

Name: YONG WEI PHENG

楊偉平

Race: CHINESE

Date of birth: 26-09-1968

Country of birth: SINGAPORE

Sex: M

S68398501




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE: 17 Dec 2009

Licence No: S68398501

NP 428A

4545087

NRIC No: S68398501

Date of issue: 18-03-2010

Address: APT BLK 894B WOODLANDS DRIVE 50 #05-43 SINGAPORE 731894




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	04/04/2019 09:15
Vehicle No. (For Motor)	SLQ3193A	Certificate Number	
Search			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5101671180-01		TW AUTOMOBILE	53333500X	GFT	drive CLASSIC	SLQ3193A	SLQ3193A	16/01/2019	
Continue										

Policy Information

Policy No.	5101671180-01	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Certificate No.					
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/01/2019	Effective Date	16/01/2019 00:00	Expiry Date	15/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5104194055-01		

Insured Object: SLQ3193A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/03/2019 00:00	Basic Information Endorsement	000001287023807	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK31344771 11-03-2019 \$1,792.86 In view of this amendment, an additional premium of \$1,792.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	11/03/2019 00:00	Basic Information Endorsement	000001287025621	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 11 Mar 2019, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: SMJ5436L

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1039326

Policy No.	5101671180-01	Vehicle No.	SLQ3193A	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	53333500X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	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	08/04/2019 20:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/04/2019	Time of Accident Occur	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE BEFORE CHIN SWEE TUNNEL				

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	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5104194055-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YONG WEI PHENG	Driver NRIC	S68398501	Driver DOB	26/09/1968
Register Date of Driver License	17/12/2009	Driver Age	50	Driving Experience	9
Contact No.(Mobile)	91727732	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 894B	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 731694
Address 4		Address Type	Singapore address	Post Code	731694
Unit No.	05-43				
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
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Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	53333500X
Contact No.(Mobile)	88885535	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ3193A	TP Vehicle Number	SH7116L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLQ3193A / SH7116L On 4 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 20:58	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter[Save](#) [Submit](#)

Attachment

Accident No.	MT/1039326	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	upload Date	08/04/2019 20:59

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear			
Browse...	Clear			
Browse...	Clear			

	Browse...	Clear	Please Select	PG	Normal	
	Browse...	Clear	Please Select	PG	Normal	
	Browse...	Clear	Please Select	PG	Normal	

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msp Sent? (CO)	Action
	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	SAS	Normal	SAS 2019-4-8		Edit
	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:59	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Apr 2019 20:58	Photos	Normal	Photos 2019-4-8		Edit

Video List

Uploaded By/Data	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading