

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA119047350

Date In: 11/4/19-1479	Job description	Date & Time Completed	Done by
Ref No: NMA/INC1906472/24	SAS e-filing		
Veh No: J64817E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/4/19-11:40	i-Motor Claim Form	M71039809-001	11/4/19 15:23
OD <input checked="" type="checkbox"/> 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: JNK2K0	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

MNA190261v	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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:-		
	ON*		
	*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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Anditors' Comments :-			
Dat 1:			
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	11/04/2019 14:59
Date Of Accident	11/04/2019 11:40
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY8117E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO POH CHOO
NRIC No	S6904520J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94793164
Alternative Phone No	OFFICE-94793164
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	RACTIS 1.3 A
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095298119-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	FOO SEK HAI
NRIC No	S1737164I
Date Of Birth	06/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/01/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97503731
Fax Number	
Contact Number	OFFICE-97503731
Email Address	NOEMAIL

Address	BLK 107 SIMEI STREET 1 #04-838
Postcode	520107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	JNK2150 (PRIVATE CAR)
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?	
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2083

#### 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	JNK2150
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD SUHEIL BIN ABDUL SAMAT
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:

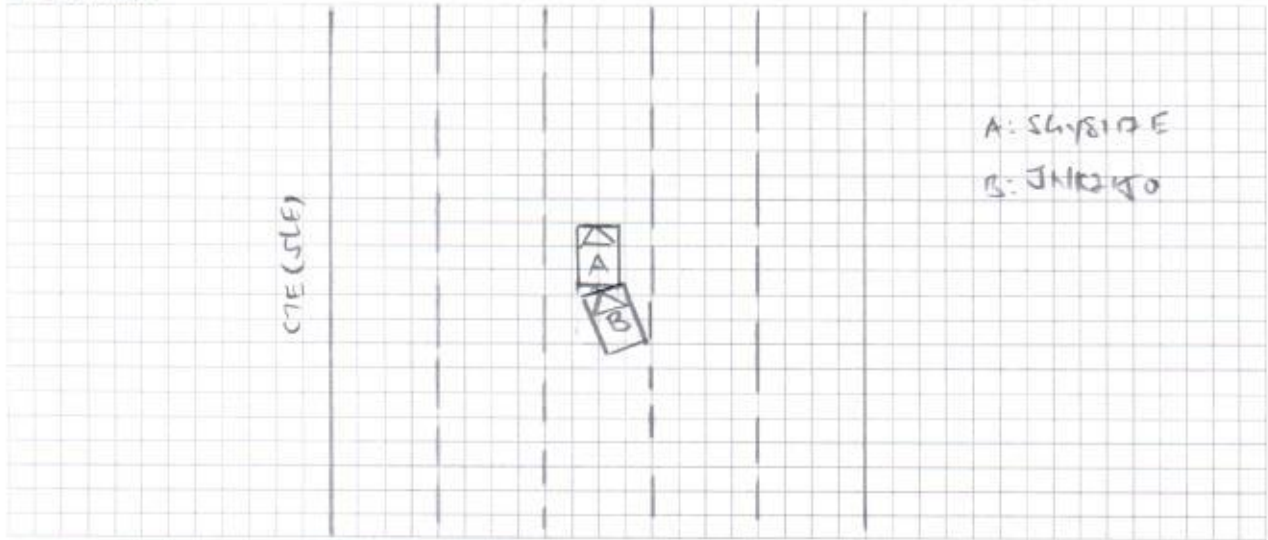
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190411/2083.

*[A large diagonal line is drawn across the remaining lines of this section.]*

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



# SINGAPORE POLICE FORCE



T/20190411/2083

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

1 of 3

Report No. T/20190411/2083

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 14:11		Vide Report No.: F/20190411/0118		Station Diary No.: 12
<b>Informant's Particulars</b>				
Name of Informant: FOO SEK HAI		Address: APT BLK 107 SIMEI STREET 1 #04-838 SINGAPORE 520107		
ID Type / ID No.: NRIC NO / S1737164I		Contact No.: Home/Office: Mobile: 97503731		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 06/11/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TECHNICAN		Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/04/2019 11:00	Type of Location:
Location: CENTRAL EXPRESSWAY CTE Towards SLE, at 10.5km mark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNK2150		PROTON		White		0
SGY8117E	Car	TOYOTA	RACTIS 1.3 A	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY8117E	OVERSEAS ASSURANCE CORPORATION LIMITED	5095298119-01	28/10/2018	27/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190411/2083

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190411/2083

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHD SUHEIL BIN ABDUL SAMAT	ID No.	860421-23-5757
Related Vehicle	JNK2150	Contact No.	+600196282150
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
<b>Driver</b>			
Name	FOO SEK HAI	ID No.	S17371641
Related Vehicle	SGY8117E (Car)	Contact No.	97503731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

Vide F/20190411/0118, I was instructed by TP IO Ng Bei Feng (HP:65476415) to lodge a traffic police report.

On 11/04/2019 at about 1140hrs, I was driving a vehicle bearing registration plate number SGY8117E along CTE towards SLE. My final destination is going to Ang Mo Kio Avenue 5. While driving along lane 3 of the expressway, suddenly I felt a impact hit against my rear. I cam to a stop shortly and came out to see what has happened. I noticed a Malaysian vehicle bearing JNK2150 has collide into me. We exchange particulars and traffic police was called in. Traffic Police took my details and advice me to lodge a police report at any police station with reference number and a TP IO in charge.

I wished to state that no one was conveyed to hospital. I am lodging this report for insurance claim.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999



T/20190411/2083

3 of 3

Report No. T/20190411/2083

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 GOH JIAN WEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/04/2019 14:11

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1737164I



Name

FOO SEK HAI

Race

CHINESE

Date of birth

06-11-1966

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1737164I

Name:

FOO SEK HAI

Birth Date: 06 Nov 1966

Issue Date: 05 Oct 2015



SG  
50

5380111



NRIC No. S1737164I



Date of issue

11-11-2014

Address

APT BLK 107 SIMEI STREET 1  
#04-838  
SINGAPORE 520107

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

EFFECTIVE DATE

Class 2B Motorcycles  $\leq$  200 cc 26 Mar 1985  
Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 26 Jan 1989

NP 428A



eBaoTech

GeneralClaim

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="11/04/2019 11:00"/>
Vehicle No.(For Motor)	<input type="text" value="SGY8117E"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095298119-01		YEO POH CHOO	S69045203	GPC	drive CLASSIC	SGY8117E	SGY8117E	28/10/2018	27/10/2019

Continue

 Policy Information

Policy No.	5095298119-01	Policyholder Name	YEO POH CHOO	Policyholder NRIC	S6904520J
Certificate No.					
Address	BLK 107 #04-538 SIMEI STREET 1 SINGAPORE 520107				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/10/2018	Effective Date	28/10/2018 00:00	Expiry Date	27/10/2019 23:59
Excess Type		All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 107 #04-838	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520107
Address 4		Address Type	Singapore address	Post Code	520107
Unit No.	04-838	Related Policy Number	5095298119-01		

 Insured Object: SGY8117E

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/1039809

Policy No.	S095298119-01	Vehicle No.	SGY8117E	GST Registration No.	
Certificate No.					
Policyholder Name	YEO POH CHOO			Policyholder NRIC	S69045201
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94793164	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	50	Private Hire	No

**Accident Details**

Report Date	11/04/2019 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2019	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE AMK AVE 1 EXIT				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 107 #04-838	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520107
Address 4		Address Type	Singapore address	Post Code	520107
Unit No.	04-838	Related Policy Number	S095298119-01		

**OI Driver Info**

Driver Name	POO SEK HAJ	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S17371641	Driver DOB	06/11/1966
Register Date of Driver License	28/01/1989	Driver Age	52	Driving Experience	30
Contact No.(Mobile)	97503731	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 107	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520107
Address 4		Address Type	Singapore address	Post Code	520107
Unit No.	04-838				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	CO-HK	Insured Name	YEO POH CHOO	Insured NRIC	S69045201
Contact No.(Mobile)	94793164	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGY8117E	TP Vehicle Number	JNK2150
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGY8117E / JNK2150 ON 11 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	11/04/2019 15:23	Claim Close Date		Date Received	11/04/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1039809	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/04/2019 15:24

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> No	Normal	

Browse...

Browse...

Clear

Clear

Please Select

Please Select

Please Select



Please Select

Please Select

Please Select

☐ Send Message Upload

### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:24	SAS	Normal	SAS 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:24	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:24	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:24	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:23	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:23	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:23	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:23	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Apr 2019 15:23	Photos	Normal	Photos 2019-4-11		<a href="#">Edit</a>

### Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

11/4/2019