

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11905427

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 26/1/19 - 12:20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/14C19 007429/24 | SAS e-filing | | |
| Veh No: 600420 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 27/1/19 - 15:30 | i-Motor Claim Form | M7/1041900-001 | 26/1/19 17:30 |
| 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: 5729 19m

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

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:-

Q1*

*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 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 | 26/04/2019 17:20 |
| Date Of Accident | 25/04/2019 15:30 |
| Exact Location Of Accident | UBI AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBB42U |
| Insured/Policyholder | |
| Name Of Registered Owner | WATERLINE LLP |
| Co Reg No | T14LL2089E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | NISSAN |
| Model | URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5102773012 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------------|
| Name of Driver | TAN KIAT ENG, KESSLER (CHEN JIYING) |
| NRIC No | S9326540H |
| Date Of Birth | 24/07/1993 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/12/2016 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93399923 |
| Fax Number | |
| Contact Number | OFFICE-93399923 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | BLK 163B PUNGGOL CENTRAL |
| | #06-189 |
| Postcode | 822163 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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? | |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

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 | SJT2919M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.

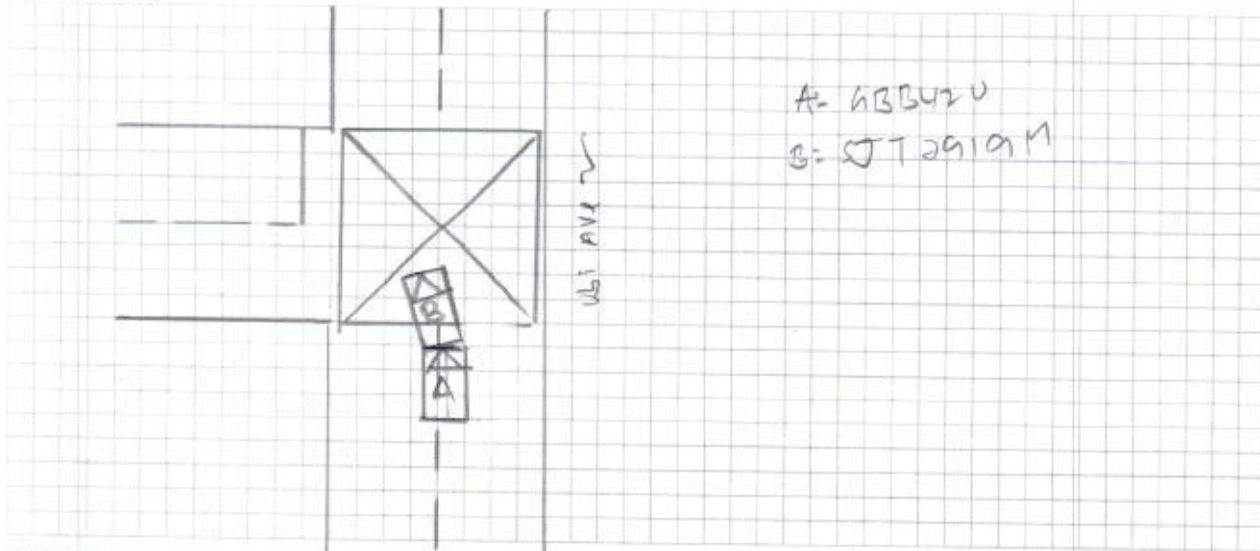
WATERLINE LLP
REG NO T14LL2089E
8282 6116

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 the foregoing particulars are true in every respect.

WATERLINE LLP
REG NO 114LL2089E
8282 6116

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE
SUDDENLY VEHICLE B JAMMED BRAKE IN BETWEEN OF LANE 1 AND LANE 2. I
COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE
B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 25/4/19 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: Ubi Ave 2.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6B8420
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102773012
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES / ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Waterline LP. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T1466281 E. CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Kiat Eng, Kessler Chen Jiyang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9326540H. CONTACT: 93399923
 c) ADDRESS: 11c 163B Punggol Central 406-189 C&M163

*d) DATE OF BIRTH: 24/7/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/12/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ☒ YES / ☐ NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: ☒ CLEAR / ☐ RAINING / OTHERS _____
 b) ROAD SURFACE: ☒ DRY / ☐ WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO) ☒ YES / ☐ NO

7. a) REPORTED TO POLICE ☒ YES / ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5J72919M MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9326540H



Name

TAN KIAT ENG, KESSLER
(CHEN JIYING)

陳吉英

Race

CHINESE

Date of birth

24-07-1993

Sex

M

Country of birth

SINGAPORE

S9326540H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9326540H

Name:

TAN KIAT ENG, KESSLER
(CHEN JIYING)

Birth Date: 24 Jul 1993

Issue Date: 29 Dec 2016



4568221

NRIC No: S9326540H



Date of issue

14-04-2010

Address

APT BLK 163B PUNGGOL CENTRAL
#06-189
SINGAPORE 622163

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

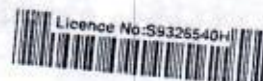
Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

29 Dec 2016

NP 428A



eBaoTech

General Claim

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="25/04/2019 15:30"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBB42U"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|---|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5102773012 | | WATERLINE LLP | T14LL2089E | GCV | Comprehensive | GBB42U | GBB42U | 30/07/2018 | 29/07/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5102773012 | Policyholder Name | WATERLINE LLP | Policyholder NRIC | T14LL2089E |
| Certificate No. | | | | | |
| Address | BLK 684A #09-603 EDGEDALE PLAINS WATERWAY VIEW SINGAPORE 821684 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | | | Group Policy Flag | N |
| Policy issue Date | 30/07/2018 | Effective Date | 30/07/2018 00:00 | Expiry Date | 29/07/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | HON BROTHERS MOTOR | Agent Tel. | 68446450 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 684A #09-603 | Address 2 | EDGEDALE PLAINS | Address 3 | WATERWAY VIEW |
| Address 4 | SINGAPORE 821684 | Address Type | Singapore address | Post Code | 821684 |
| Unit No. | 09-603 | Related Policy Number | 5104020069 | | |

Insured Object: GBB42U

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> | | | | |

Claim Handling

Accident MT/1041900

Exit

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 5102773012 | Vehicle No. | GBB42U | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WATERLINE LLP | | | Policyholder NRIC | T14LL2089E |
| Product Code | COMMERCIAL VEHICLE (INSURAI) | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | aCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | sCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 26/04/2019 17:28 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 25/04/2019 | Time of Accident hh:mm | 15:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UBI AVE 2 | | | | |

Excess

| | | | | | |
|-------------------------|--------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Uninjured Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|---|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 26/04/2019 17:29:58 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 684A #09-603 | Address 2 | EDGDALE PLAINS | Address 3 | WATERWAY VIEW |
| Address 4 | SINGAPORE 821684 | Address Type | Singapore address | Post Code | 821684 |
| Unit No. | 09-603 | Related Policy Number | 5104020069 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 24/07/1993 |
| Unnamed driver Name | TAN KIAT ENG, KESSLER (CHEN | Driver NRIC | S9326540H | Driving Experience | 2 |
| Register Date of Driver License | 19/12/2016 | Driver Age | 25 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 93399923 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 822163 |
| Address 1 | BLK 157B | Address 2 | PUNGGOL CENTRAL | Post Code | 822163 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 06-189 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | | |

Declaration

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

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | WATERLINE LLP | Insured NRIC | T14LL2089E |
| Contact No.(Mobile) | NIL | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | 01 Vehicle Number | GBB42U | TP Vehicle Number | S2T2919M |
| Claimant Type Claimant Type * | Please Select | Type of Benef * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBB42U / S2T2919M ON 25 Apr 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 26/04/2019 17:30 | Claim Close Date | | Date Received | 26/04/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1041900 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/04/2019 17:31 |

| 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

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|--|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:31 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:31 | SAS | Normal | SAS 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Apr 2019 17:30 | Photos | Normal | Photos 2019-4-26 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in new Window"/> <input type="button" value="Scan and uploading"/> | | | | |