



## 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             | 18/05/2019 13:20               |
| Date Of Accident           | 17/05/2019 17:25               |
| Exact Location Of Accident | TANJONG KATONG COMPLEX CARPARK |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLV4871T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ESSENTIALLY SERVICES |
| Co Reg No                   | 53373982M            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             |                      |
| Alternative Phone No        | OFFICE-97267891      |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | TOYOTA                 |
| Model  | SIENTA HYBRID 1.5G CVT |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL             |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                     |
| If No, Please state action to be taken                                       | THIRD PARTY            |
| Vehicle Category   | PRIVATE HIRE           |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5096739968-01                          |
| Cover Note Number         | -                                      |

### Driver

|                      |   |
|----------------------|---|
| Name of Driver       | LING LIANG CHYE PETER(LIN LIANGCAI PETER) |
| NRIC No              | S8224117E                                 |
| Date Of Birth        | 01/08/1982                                |
| Occupation           | OUTDOOR                                   |
| Date Of Driving Pass | 18/10/2007                                |
| Driving Experience   | 11 YEARS AND 6 MONTHS                     |
| Gender               | MALE                                      |
| Mobile Number        | (LOCAL) +65-97267891                      |
| Fax Number           |   |
| Contact Number       |   |
| Email Address        | PETERLING82@GMAIL.COM                     |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 139 POTONG PASIR AVE 3 #03-122 |
| Postcode  | 350139                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OWNER                              |
| Vehicle Registration Number of Driver's Own Vehicle | -                                  |
|   | -                                  |
|   | -                                  |
| Insurance Company of Driver's Own Vehicle           | -                                  |
|   | -                                  |
|   | -                                  |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| 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)   | 3                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TAMPINES N.P.C   |
| Police Station Address                    | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

|   |                               |
|---|-------------------------------|
| Are accident photos available for attachment? | YES                           |
| Was there any video captured by Car Camera?   | YES                           |
| Remarks/ Reasons:                             | FILE TOO LARGE FAIL TO UPLOAD |
| Was there any audio recorded?                 | NO                            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLE4073U    |
| 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)

**DETAILS OF INJURED PERSON 1**

|   |   |
|---|---|
| Name  | LING LIANG CHYE PETER(LIN LIANGCAI PETER) |
| Approximate Age                                     |   |
| Injuries Sustain                                    | BODY                                      |
| Injured person in which vehicle?                    | SLV4871T                                  |
| 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.
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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.

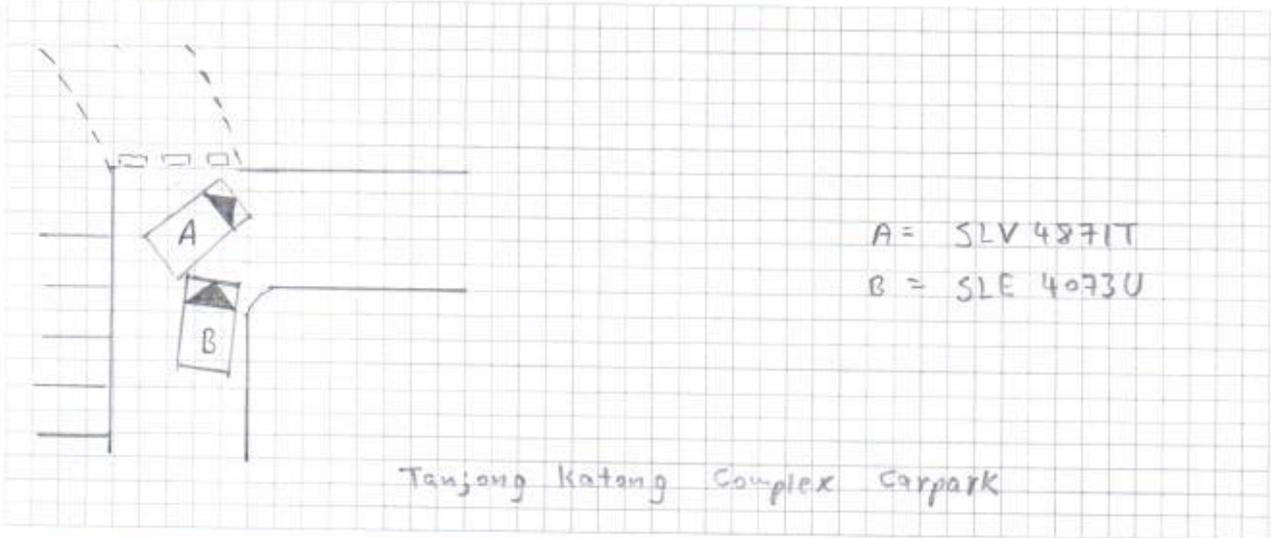


Policyholder's Signature  
Date & Time:

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

Please Refer to Police Report

DECLARATION

**ESSENTIALLY SERVICES**



The following 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 5 / 19) (DD/MM/YYYY), TIME: (17 : 25) (HH:MM)

LOCATION: Tanjong Katong Complex Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 4871T
- b) INSURANCE COMPANY: INC
- c) POLICY NUMBER: \_\_\_\_\_
- 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: commercial
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Essentially services. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97267891
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ling liang ch'ye Peter. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97267891
- c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) driver.

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: Tampines NPC.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 4073U. 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 passengers  
(including driver)

(3)

/ 1

F F

No of passenger  
(including driver)

( )

No of passenger  
(including driver)

( )

writing chap.

Email = peter.ling82@gmail.com

fax =

VIDEO =

Yes

Video too big fail to upload





Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

| Driver                            |                        |                  |   |
|-----------------------------------|------------------------|------------------|---|
| Name                              | LING LIANG CHYE, PETER |                  | ID No. S8224117E  |
| Related Vehicle                   | SLV4871T (Car)         |                  | Contact No. 97267891  |
| Hospital/Clinic                   | NIL                    |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury | NIL   |

**Brief Details.**

On 17/05/2019 at about 1726hrs, I was driving my car (SLV4871T) at Tanjong Katong Complex Carpark, picking up two passengers as I am also Grab driver.

After picking up my passengers, I drove forward to the right to exit the carpark. On my right side, there was already a dark grey car queuing to exit the carpark. Behind it, was a white car (SLE4073U). As I was out of the queue, I was trying to adjust my car. The white car drove forward between my car and the dark grey car. From the side mirror. The white car was near to my car and I shifted to the left. However, the white car continued to drove forward and swipe against the right side of my car.

I horned at the other party to signal him to stop but he ignored me and joined the queue to exit the carpark. The driver is one male Malay believed to be in the 50s.

My car is installed with both front and rear camera, and the accident was also recorded. Scratch marks can be seen near to rear right passenger door. I checked with my passengers, both of them were fine at that point of time.

*Duty*  
Tampines N.P.C  
Tel: 1800-5871999



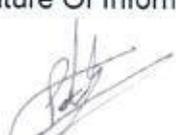
Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

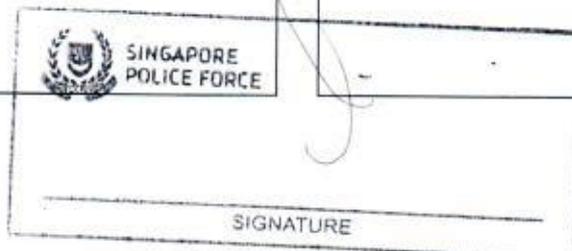
**Sketch Plan**

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:<br>G /<br>Sgt 3 ZHANG LINHAN                  | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>17/05/2019 20:48  |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI KALESWARI PALANI<br>Contact No.: 65476902 | Classification Of Case:   |

Authentication Stamp  
NP168



SIGNATURE

Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No : S8224117E  
 Name : LING LIANG CHYE PETER  
 Card Issue Date : 05/03/2018  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S8224117E



Name  
 LING LIANG CHYE, PETER  
 (LIN LIANGCAI, PETER)  
 林良才  
 Race  
 CHINESE  
 Date of birth 01-08-1982 Sex M  
 Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8224117E  
 Name  
 LING LIANG CHYE, PETER  
 (LIN LIANGCAI, PETER)  
 Birth Date 01 Aug 1982  
 Issue Date 27 Feb 2003  
 ASP  
 000245903G

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description         | Issue Date |
|------|---------------------|------------|
| 13   | PRIVATE HIRE CAR VL | 05/03/2018 |



4804390



NRIC No. S8224117E




Date of Issue 01-08-2012

Address  
 APT BLK 139 POTONG PASIR AVENUE 3  
 #03-122  
 SINGAPORE 350139

渣打銀行有限公司 FOLLOWING CLASS/EST

**A. S. PHOON PTE LTD**

Head Office: 390 Orchard Road Singapore 238872 Tel: (65) 674 0770 Fax: (65) 6811 1269  
 Serangoon: 1005 Serangoon Road Singapore 530142 Tel: (65) 6299 0770 Fax: (65) 6298 0624  
 UP: 1005 Serangoon Road Singapore 530142 Tel: (65) 6744 0770 Fax: (65) 6742 0250  
 Toh Guan: Blk 36 Toh Guan Road East #01-36 Singapore 608590 Tel: (65) 6515 0770 Fax: (65) 6515 0770  
 Website: [www.asphoon.com](http://www.asphoon.com) Email: [Enquiry@asphoon.com](mailto:Enquiry@asphoon.com)

S/N: 9000080457

18/10/2007

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="17/05/2019 10:58"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLV4871T"/> | Certificate Number | <input type="text"/>                          |

| Select                   | Policy No.    | Certificate Number | Policyholder Name    | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------------------------|---------------|--------------------|----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="checkbox"/> | 5096739968-01 |                    | ESSENTIALLY SERVICES | 53373982M         | GPC     | drivo CLASSIC | SLV4871T    | SLV4871T       | 29/12/2018    | 28/12/2019  |

**Claim Handling**

**Accident MT/1045157**

|                     |  |                     |   |                      |        |
|---------------------|--|---------------------|---|----------------------|--------|
| Policy No.          | 5096739968-01                                      | Vehicle No.         | SLV4871T  | GST Registration No. |        |
| Certificate No.     |  |                     |   |                      |        |
| Policyholder Name   | ESSENTIALLY SERVICES                               |                     |   | Policyholder NRIC    | 533731 |
| Product Code        | PRIVATE CAR INSURANCE                              | Cover Type          | drivo CLASSIC   | Loading              | 0      |
| Contact No.(Mobile) | 97267891   | Contact No.(Office) |   | Contact No.(Home)    |        |
| Email Address       |  | Special Remark      |   | eCode                | No     |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |        |
| NCD Protection      | No   | NCD Entitlement(%)  | 10  | Private Hire         | Yes    |

**Accident Details**

|                   |                                |                               |       |                     |         |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|---------|
| Report Date       | 18/05/2019 17:14               | Accident Report Within 24 hrs | Yes   | Accident Type       | Side Sw |
| Date of Accident  | 17/05/2019                     | Time of Accident hh:mm        | 17:25 | Country of Accident | Singap  |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.             |         |
| Accident Location | TANJONG KATONG COMPLEX CARPARK |                               |       |                     |         |

**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 | 18/05/2019 17:15:15 System changed GST Status Verified from No to Yes |                       |     |

**Policyholder Mailing Address**

|           |                 |                       |                       |           |        |
|-----------|-----------------|-----------------------|-----------------------|-----------|--------|
| Address 1 | BLK 139 #03-122 | Address 2             | POTONG PASIR AVENUE 3 | Address 3 | SINGA  |
| Address 4 |                 | Address Type          | Singapore address     | Post Code | 350131 |
| Unit No.  | 03-122          | Related Policy Number | 5096739968-01         |           |        |

**OI Driver Info**

|   |  |                     |                       |                        |        |
|---|--|---------------------|-----------------------|------------------------|--------|
| Driver Name                             | LING LIANG CHYE, PETER                             | Driver Type         | Named Driver          |                        |        |
| Unnamed driver Name                     |  | Driver NRIC         | S8224117E             | Driver DOB             | 01/08/ |
| Register Date of Driver License         | 18/10/2007   | Driver Age          | 36                    | Driving Experience     | 11     |
| Contact No.(Mobile)                     | 97267891   | Contact No.(Office) |                       | Contact No.(Home)      |        |
| Address 1                               | BLK 139 #03-122                                    | Address 2           | POTONG PASIR AVENUE 3 | Address 3              | SINGA  |
| Address 4                               |  | Address Type        | Singapore address     | Post Code              | 350131 |
| Unit No.                                | 03-122   |                     |                       |                        |        |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  |                       | Driver Insurer Company |        |

**Declaration**

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

Modification History

Claim 001 **New**

|                                 |                                    |                         |                                  |
|---------------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *                    | OD-MX                              | Insured Name            | ESSENTIALLY SERVICES             |
| Contact No.(Mobile)             | 97267891                           | Contact No.(Home)       |                                  |
| Email Address                   |                                    | Vehicle Number          | SLV4871T                         |
| Claim Description               | SLV4871T / SLE4073U ON 17 May 2019 |                         |                                  |
| Preferred Workshop Finalisation | 0                                  | Insured Liability       | Not at Fault                     |
| Preferred Repair Option         | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered                 |                                    | GIA report              | Received                         |
| Report Taken By                 |                                    | Claim Close Date        | 18/05/2019 17:16                 |
|                                 |                                    |                         | LJEW SHAN HUI                    |

Print AK letter

Save Submit

**Attachment**

Accident No. MT/1045157 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

18/05/2019 17:17

Path \*

- Choose File No file chosen
- Message Read

| Clear | Category *    | Confidential | Urgency * |
|-------|---------------|--------------|-----------|
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |
| Clear | Please Select | NO           | Normal    |

Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     |
|------------|--|-----------------------|---------|---------------------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:17 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-5-18 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:17 | SAS                   | Normal  | SAS 2019-5-18                   |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:17 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:17 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>18 May 2019 17:16 | Photos                | Normal  | Photos 2019-5-18                |

Video List

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