

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA/190 6918

Date In: 28/5/19-11:12	Job description	Date & Time Completed	Done by
Ref No: 4A/INC 1900 921/24	SAS e-filing		
Veh No: 5H 25 96	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/5/19-00:30	i-Motor Claim Form	M7/1046505-001	28/5/19 14:54
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: Vch No: 04C5294A 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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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				
TF (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 willful 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	28/05/2019 11:12
Date Of Accident	25/05/2019 00:30
Exact Location Of Accident	NEW BRIDGE RD BESIDE CHINATOWN POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH259L
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	201810588M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90603343
Alternative Phone No	OFFICE-90603343
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5108997801
Cover Note Number	
Driver	
Name of Driver	KHAIRUL-ARIFFIN BIN TAHIR
NRIC No	S7807909F
Date Of Birth	21/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85003827
Fax Number	
Contact Number	OFFICE-85003827
EMail Address	NOEMAIL

Address	BLK 354 YISHUN RING ROAD #03-1762
Postcode	760354
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 - CHANGE/CROSS LANE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5294A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR TOH
NRIC/Passport Number	
Contact Number	98641145
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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3. Information provided must be as truthful and accurate as possible. Any willful 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.

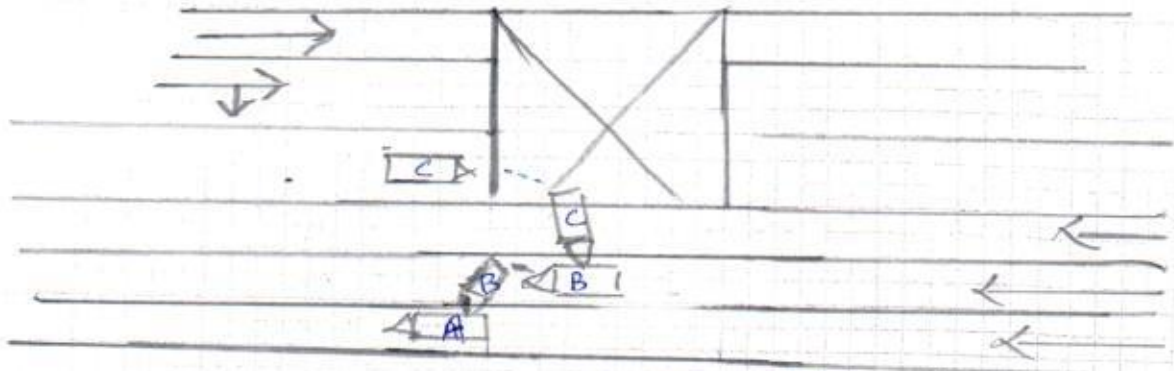


Signature
Date

Driver's Signature
In Driver is not the Policyholder

Reporting Centre Personnel
Signature

SKETCH PLAN



A SHH259L
B SHC 5294A
C Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/5/19 at about 12.30am, I was travelling in my vehicle SHH259L along New Bridge Road. I was at the extreme left lane driving at a speed of about 50km/h. I was approaching a traffic light junction which was green (my way to go) and suddenly after a few metres after the junction, I heard a loud bang on my right. I came out and saw my right rear passenger door was damaged, dented and has scratch marks.

A Transcab taxi SHC 5294A which was driving beside on the second lane beside me had knocked against my car. According to him, another Transcab - Unknown turning right did not stop at the junction to give way and knocked onto his taxi which subsequently causing his taxi to swerve to the left and hit my car.

DECLARATION

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

Date & Time: 



 (If driver is not the policyholder)
 Date & Time:


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

VEHICLE NO: SLH 259L

MAKE & MODEL: HOWA STREAM.

DATE OF ACCIDENT	25 / 05 / 2019.
TIME OF ACCIDENT	12.30 AM / PM
LOCATION OF ACCIDENT	NEW BRIDGE RD Beside China town point.
Exact Purpose use during accident	
NAME OF OWNER	KC CAR RENTAL PTE LTD.
TELP NO	90603343
NRIC	NTUC
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC.
TYPE OF COVERAGE	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>
POLICY NO.	5100042792
NAME OF DRIVER	As above / If No: KHAIRUL - ARAFFIN BIN TAHIR
NRIC	S7807909F Any passengers: NO.
DATE OF BIRTH	21 / 03 / 1978
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	30 / 10 / 2006.
GENDER	<u>Male</u> / Female
CONTACT NO.	85003827 Office: Home:
ADDRESS	BLK 354 YISHUN RD #03-1762 (760554)
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	as above.
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SHC 5294A. Any Passenger: one.
NAME	MR TOH.
CONTACT NO.	98641145
VEHICLE C NO.	SHF 5884.?
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki Bukit Ave 6 #02-15
FAX NO.	Singapore 417883
	Teip: 67476106 (6 lines)

6 Speed Autowerkz Pte Ltd

68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

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68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **S7807909F**

Name: **KHAIRUL-ARIFFIN BIN TAHR**

Birth Date: **21 Mar 1978**

Issue Date: **20 Oct 2005**

Barcode: 001375726J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7807909F**

Portrait photo of a man.

Name: **KHAIRUL-ARIFFIN BIN TAHR**

Other Name: **خايرالاريفين بن طاهر**

Race: **MALAY**

Date of birth: **21-03-1978**

Sex: **Male**

Country of birth: **SINGAPORE**

Identity Card No: **S7807909F**

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

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg

PASS DATE
20 Oct 2005

Licence No: **S7807909F**

NP 42BA

4206437

Barcode: 001375726J

Identity Card No: **S7807909F**

Fingerprint image.

Date of issue: **17-04-2008**

APT BLK 354 YISHUN RING ROAD #03-1762
SINGAPORE 760354

NRIC No: **S8432327F**

Date: **26/03/2014**

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108997801-000003

Cover : Third Party, Fire & Theft

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLH259L |
| Chassis Number | : RN61019332 |
| 2. Name of Policyholder | : KC CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance | : 19 Apr 2019 |
| 4. Expiry Date of Insurance | : 18 Apr 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

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

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

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

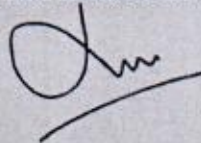
Agency : BENEFIT AUTO INSURANCE AGENCY (00000573333)
Date of Issue : 18 Apr 2019 16:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	S108997801	S108997801-000003	KC CAR RENTAL PTE LTD	201810588M	GFM	Third Party, Fire & Theft	SLH259L	SLH259L	19/04/2019	18/04/2020

Continue

Policy Information

Policy No.	5108997801	Policyholder Name	KC CAR RENTAL PTE LTD	Policyholder NRIC	201810588M
Certificate No.	5108997801-000003				
Address	61 UBI AVENUE 2 #05-04 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/04/2019	Effective Date	19/04/2019 00:00	Expiry Date	18/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	3123.95		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	05-04	Related Policy Number	5109056461		

Insured Object: 5108997801-000003

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

The premium on this policy has not been collected.

- Exit

Accident MT/1046505

Policy No.	5108997801	Vehicle No.	SLH259L	GST Registration No.	
Certificate No.	5108997801-000003				
Policyholder Name	KC CAR RENTAL PTE LTD			Policyholder NRIC	201810588M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90603343	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	28/05/2019 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/05/2019	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW BRIDGE RD BESIDE CHINATOWN POINT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable		Total TP Excess Applicable		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	28/05/2019 14:54:09 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	05-04	Related Policy Number	5109056461		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KHAIRUL-ARIFIN BIN TAHIR	Driver NRIC	S7807909F	Driver DOB	21/03/1978
Register Date of Driver License	20/10/2005	Driver Age	41	Driving Experience	13
Contact No.(Mobile)	85003827	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 354	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760354
Address 4		Address Type	Singapore address	Post Code	760354
Unit No.	03-1762				
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 *	OD-MX	Insured Name	KC CAR RENTAL PTE LTD	Insured NRIC	201810588M
Contact No.(Mobile)	90603343	Contact No.(Home)		Contact No.(Office)	+
Email Address		DI Vehicle Number	SLH259L	TP Vehicle Number	SHCS294A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLH259L / SHCS294A ON 25 May 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	28/05/2019 14:54	Claim Close Date		Date Received	28/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1046505	Claim No.	001
Lost Doc. Received	☒ Yes ☐ No	Upload Date	28/05/2019 14:58
Path *			
Browse...		Category *	Confidential
Clear		Urgency *	Description *
Please Select		Normal	

	Browse...	Clear	Please Select	10	Normal	
	Browse...	Clear	Please Select	10	Normal	
	Browse...	Clear	Please Select	10	Normal	
	Browse...	Clear	Please Select	10	Normal	
	Browse...	Clear	Please Select	10	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:56	SAS	Normal	SAS 2019-5-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:56	Photos	Normal	Photos 2019-5-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:56	Photos	Normal	Photos 2019-5-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:56	Photos	Normal	Photos 2019-5-28		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:55	Photos	Normal	Photos 2019-5-28		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:55	Photos	Normal	Photos 2019-5-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 May 2019 14:55	Photos	Normal	Photos 2019-5-28		Edit
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Video List

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