

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119077127

Date In: 13/6/19 14:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11MC19010471164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SMC1021M	I-Motor Claim Form	M711048915-001	13/6/19 15:51
DOA: 12/6/19 18:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Off: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / HIC Assign Wksp / GW: () Tel: () Fax: ()

IP Particulars: Veh No: SHA 400D 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: (INCIDENTAL DAMAGE ONLY)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Actions: ()

NA1904305

Comments Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2/3

Invoice dated Fee Charged

Invoice dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	13/06/2019 14:00
Date Of Accident	12/06/2019 18:20
Exact Location Of Accident	EAST COAST RD I12 SHOPPING CENTRE DROP OFF POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC1021M
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86865535
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	5101671180-01
Cover Note Number	-
Driver	
Name of Driver	LEE GIM HUAT (LI JINFA)
NRIC No	S7429982B
Date Of Birth	07/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96852233
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 991B BUANGKOK LINK #02-245
Postcode	532991
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 - OPENING DOOR OF VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA400D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KOH HEONG
NRIC/Passport Number	S0101072G
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE GIM HUAT (LI JINFA)
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SMC1021M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 revoke 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 based 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.:

veh A - SMC 1021M.

veh B - SHA 400D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was at Iiz shopping
at central drop off point picked up a passenger,
moving off, veh B passenger open the door from the left back
inside and ~~collided~~ collided into my car.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

Date of Accident : 12/06/19 Accident Time: 1815 (24-HR-Format)
Accident Place : I12 Shopping Centre. Drop off point.
Vehicle Reg. No. (Car Plate No.) : SMC 1021M
Vehicle Make/Model : Toyota Sienta
Insurance Company : NTUC INCOME Policy No. S101671180
Owner or Company Name /IC No. : TW Automobile
Owner or Company Contact No. : 8686 5535 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LEE GHIM HUAT
DRIVER'S Date Of Birth : 02/09/1974 DRIVER'S License Pass Date 29/5/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 9918 BOANGKOK LINK #02-245 532991
DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@MyCar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHA 400D
Vehicle Make/Model: Hyundai
Name Driver: NG KOH Heong
IC No. Driver: S01010729
Driver's Contact & Add: _____

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



**SINGAPORE
POLICE FORCE**



T/20190612/7027

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

1 of 3

Report No. T/20190612/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2019 22:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE GIM HUAT			Address: APT BLK 991B BUANGKOK LINK #02-245 SINGAPORE 532991		
ID Type / ID No.: NRIC NO / S7429982B			Contact No.: Home/Office:		Mobile: 96852233
Nationality: SINGAPORE CITIZEN			Email: josephleegh@gmail.com		
Sex: Male	Age: 44	Date of Birth: 07/09/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: grab driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2019 18:20	Type of Location: DROP OFF POINT
Location: EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC1021M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190612/7027

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

2 of 3

Report No. T/20190612/7027

CONTINUATION OF REPORT

Driver			
Name	LEE GIM HUAT	ID No.	S7429982B
Related Vehicle	SMC1021M (Car)	Contact No.	96852233
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/06/2019	Date Discharge	12/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

AT THE STATED TIME AND DATE
I WAS DRIVING VEHICLE NUMBER (SMC1021M) AT I12 SHOPPING CENTRE DROP-OFF POINT,
SUDDENLY VEHICLE NUMBER (SHA400D) YELLOW TAXI OPEN THE DOOR AND MY DRIVER SIDE
WAS COLLIDED
THE DRIVER SIDE WINDOW IS SMASH AND REAR DOOR IS DAMAGED.
DUE TO THE ACCIDENT I SUFFER BACKPAIN AND NECK PAIN AND DOCTOR GIVE ME THREE
DAY MC.



**SINGAPORE
POLICE FORCE**



T/20190612/7027

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

3 of 3

Report No. T/20190612/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP188

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

Date/Time:
12/06/2019 22:38

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7429982B



Name

LEE GIM HUAT
(LI JINFA)

李 金 发

Race

CHINESE

Date of birth

07-09-1974

Sex

M

Country of birth

SINGAPORE

S7429982B

For LKK/NAC Use Only



NRIC No. S7429982B



Date of Validity

07-09-2004

APT BLK 001B BUANGKOK LINK #02-246
SINGAPORE 632991

NRIC No. S7429982B

Date: 28/06/2019

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: S7429982B

LEE GIM HUAT
(LI JINFA)

Birth Date: 07 Sep 1974
Issue Date: 05 May 2003

Barcode: 1008449168K

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 May 1995
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Oct 2002
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	03 Dec 2002

Barcode: S7429982B

For LKK/NAC Use Only

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="12/06/2019 13:58"/>							
Vehicle No.(For Motor)	<input type="text" value="SMC1021M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101671180-01		TW AUTOMOBILE	53333500X	GFT	drivo CLASSIC	SMC1021M	SMC1021M	16/01/2019	
<input type="button" value="Continue"/>										

▼ Policy Information

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

▼ Policyholder Mailing Address

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

► Insured Object: SMC1021M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/03/2019 00:00	Basic Information Endorsement	000001287023807	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK31344771 11-03-2019 \$1,792.86 In view of this amendment, an additional premium of \$1,792.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	11/03/2019 00:00	Basic Information Endorsement	000001287025621	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 11 Mar 2019, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: SMJ5436L
3	08/04/2019 00:00	Basic Information Endorsement	000001287044365	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Claim Handling

Accident MT/1048915

Policy No.	5101671180-01	Vehicle No.	SMC1021M	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	533331
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86865535	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/06/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	12/06/2019	Time of Accident hh:mm	18:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST COAST RD 112 SHOPPING CENTRE DROP OFF POINT				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	78747
Unit No.	02-01	Related Policy Number	5104194055-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE GIM HUAT (LT JINFA)	Driver NRIC	57429982B	Driver DOB	07/09/
Register Date of Driver License	29/05/1995	Driver Age	44	Driving Experience	24
Contact No.(Mobile)	96852233	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 991B #02-245	Address 2	BUANGKOK LINK	Address 3	BUANG
Address 4	SINGAPORE 532991	Address Type	Singapore address	Post Code	53299
Unit No.	02-245				
Does he own a Singapore Registered car?	<input checked="" 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	TW AUTOMOBILE
Contact No.(Mobile)	86865535	Contact No.(Home)	
Email Address		01 Vehicle Number	SMC1021M
Claim Description	SMC1021M / SHA400D ON 12 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Benefit No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/06/2019 15:49
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

Attachment

Accident No. MT/1048915 Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

13/06/2019 15:51

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Path *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:51	SAS	Normal	SAS 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:50	Photos	Normal	Photos 2019-6-13

Video List

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