

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA1904524**

Date In: 18/6/19-17:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010819/24	SAS e-filing		
Veh No: 604705316	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/6/19-17:30	i-Motor Claim Form	M7/1049595-20	18/6/19 17:49
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: 605378x	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

NA1904524	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile \$30		
Dat 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	18/06/2019 17:36
Date Of Accident	17/06/2019 17:30
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7053K
Insured/Policyholder	
Name Of Registered Owner	BOK SING HARDWARE PAINTS PTE LTD
Co Reg No	200209180H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970767
Alternative Phone No	OFFICE-97970767

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103344168
Cover Note Number	

Driver

Name of Driver	PALANISAMY SELVA PRABAHARAN
Passport No/FIN	G5188306W
Date Of Birth	26/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98800260
Fax Number	
Contact Number	OFFICE-98800260
EMail Address	NOEMAIL

Address	1 PIONEER ROAD NORTH #01-08
Postcode	628455
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?	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)	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	XD5728X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	PALANISAMY SELVA PRABAHARAN
------	-----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBH7053K

YES

NO

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

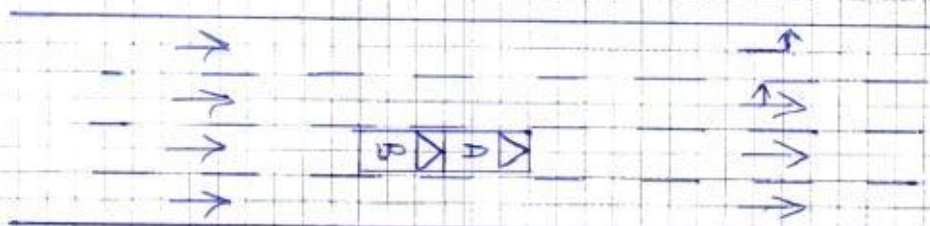
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) GBH 7053 K.

(B) XD 5728 X.



AYE towards Tuas before
Clementi Road. Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/06/19 at @ 1730 hrs, I was travelling in my vehicle (GBH 7053K) along AYE towards Tuas before Clementi Road exit on the 2nd lane from the right. A motorcycle in front of me suddenly stop and fall, so I stop my vehicle on time. Few seconds later, a truck (XD 5728X) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	GBH 7053 K	Model / Make	Toyota Dyna.
Date of Accident	17/06/19		
Time of Accident	1730 HRS		
Location of Accident	Aye towards Tuas before Clementi Road exit		
Exact purpose use during accident	Commercial Used.		
Name of Owner	Bok Sing Hardware Pte Ltd.		
Telephone No.	H/P: 9797 0767	Home :	Office :
NRIC	2002091804		
Address	1, Pioneer Road North #01-08 (S) 628455		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	N7ue		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5103344168		
Name of Driver	As Above If No, Palanisamy Selva Prabakaran.		
NRIC	G5188306W	Any Passengers :	N.A
Date of birth	26/11/1991		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	30/11/2013		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9880 0260	Home :	Office :
Address	1, Pioneer Road North #01-08 (S) 628455		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Palanisamy Selva Prabakaran (H/P: 9880 0260)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	XD 5728 X	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A	Witness Contact :	N.A
Accident Portion	Rear Portion		
Camera Recorder	Yes <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5188306W**
Name: **PALANISAMY SELVA PRABAHARAN**

Birth Date: **26 Nov 1991**
Issue Date: **27 Oct 2018**
Valid Till: **29/11/2023**

002862877F

For LKK/NAC Use Only

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
BOK SING HARDWARE PAINTS PTE. LTD.

Name:
PALANISAMY SELVA PRABAHARAN

S Pass No.: **0 35410244** Sector: **SERVICE**

K0210103

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Nov 2013

NP 428A



VISIT PASS
Immigration Regulations

26-03-2019

Name:
PALANISAMY SELVA PRABAHARAN

FIN:
G5188306W

Date of Birth: **26-11-1991** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

For LKK/NAC Use Only



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 : 5103344168

Cover : Preferred Workshop Plan

- | | | |
|---|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : | GBH7053K |
| Chassis Number | : | JTFAT35Y50K210634 |
| 2. Name of Policyholder | : | BOK SING HARDWARE PAINTS PTE LTD |
| 3. Effective Date of Insurance | : | 03 Sep 2018 |
| 4. Expiry Date of Insurance | : | 02 Sep 2019 |
| 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 business or profession. | | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | | |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 31 Aug 2018 09:59 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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103344168		BOK SING HARDWARE PAINTS PTE LTD	200209180H	GCV	Preferred Workshop Plan	GBH7053K	GBH7053K	03/09/2018	02/09/2019

▼ Policy Information

Policy No.	5103344168	Policyholder Name	BOK SING HARDWARE PAINTS I	Policyholder NRIC	200209180H
Certificate No.					
Address	1 PIONEER ROAD NORTH #01-08 SINGAPORE 628455				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	31/08/2018	Effective Date	03/09/2018 00:00	Expiry Date	02/09/2019 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 PIONEER ROAD NORTH	Address 2	#01-08	Address 3	SINGAPORE 628455
Address 4		Address Type	Singapore address	Post Code	628455
Unit No.		Related Policy Number	5103344168		

► Insured Object: GBH7053K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	03/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Sep 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HL BANK CHASSIS NUMBER: JTFAT35Y50K210634 ENGINE NUMBER: 1KD2802338 VEHICLE REGISTRATION NUMBER: GBH7053K ORIGINAL REGISTRATION DATE: 03 Sep 2018

Continue

Cancel

Claim Handling

Exit

Accident MT/1049595

Policy No.	S103344168	Vehicle No.	GBH7053K	GST Registration No.	NA
Certificate No.					
Policyholder Name	BOX SING HARDWARE PAINTS PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200209180H
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97970762	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	#Code	701
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	#Code Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	18/06/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/06/2019	Time of Accident (H:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (TUAS) BEFORE CLEMENTI RD EXIT				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	18/11/2002		
GST Registration No.	200209180H	GST Status Verified	Yes		
Modification History	18/06/2019 17:48:54 System changed GST Registration No. from NA to 200209180H 18/06/2019 17:48:54 System changed GST Registration Date from 01/JUL/2019 to 18/11/2002 18/06/2019 17:48:54 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	1 PIONEER ROAD NORTH	Address 2	#01-08	Address 3	SINGAPORE 628455
Address 4		Address Type	Singapore address	Post Code	628455
Unit No.		Related Policy Number	S103344168		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/11/1991
Unnamed driver Name	PALANISAMY SELVA PRABAHAR	Driver NRIC	GS188306W	Driving Experience	\$
Register Date of Driver License	30/11/2013	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	98800260	Contact No.(Office)	0	Address 3	SINGAPORE 628455
Address 1	1 PIONEER ROAD NORTH	Address 2		Post Code	628455
Address 4		Address Type	Singapore address		
Unit No.	01-08				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	GD-MX	Insured Name	BOX SING HARDWARE PAINTS	Insured NRIC	200209180H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65609670
Email Address		Of Vehicle Number	GBH7053K	TP Vehicle Number	XD5728X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH7053K / XD5728X ON 17 Jun 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	18/06/2019 17:49	Claim Close Date		Date Received	18/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1049595	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2019 17:50		
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

Browse... Clear

Please Select

NO

Normal












Please Select

NO

Normal

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	SAS	Normal	SAS 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:50	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:49	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:49	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:49	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:49	Photos	Normal	Photos 2019-6-18		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERVICE on 18 Jun 2019 17:49	Photos	Normal	Photos 2019-6-18		Edit

Video List

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