

NATIONAL Assessment Centre Services

Ref: JAN05/119084528

Date In: 28/1/14-11:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1901471/24	SAS e-filing		
Veh No: F262570	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/1/14 21:30	i-Motor Claim Form	27/1/14 17:37-03	28/1/14 12:22
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: 262570

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

NA 190837

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref: 1:

Ref: 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Est Bill

Ant (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	28/06/2019 11:11
Date Of Accident	08/06/2019 21:30
Exact Location Of Accident	CTE (SLE) BEFORE SELETAR WEST LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW6257U
Insured/Policyholder	
Name Of Registered Owner	JOHN CHANG CHI SHI
NRIC No	S7188850I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90601311
Alternative Phone No	OFFICE-90601311

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059330858-06
Cover Note Number	

Driver

Name of Driver	JOHN CHANG CHI SHI
NRIC No	S7188850I
Date Of Birth	19/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90601311
Fax Number	
Contact Number	OFFICE-90601311
EMail Address	NOEMAIL

Address	BLK 507B WELLINGTON CIRCLE #08-130
Postcode	752507
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	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?	YES
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: : CHEN CHOY LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPROT - T/20190609/2066.

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	SJG2291H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAN TUCK HONG
NRIC/Passport Number	S7709192J
Contact Number	98632707

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name JOHN CHANG CHI SHI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FW6257U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEN CHOY LING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FW6257U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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 **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.



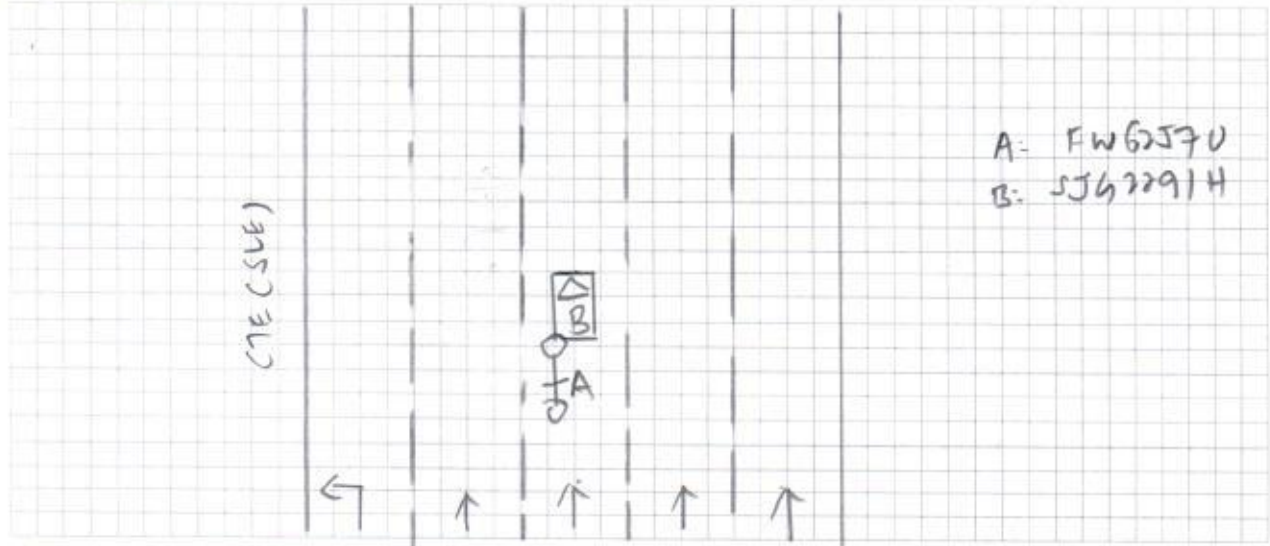
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019 0609/1266.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 6 / 19) (DD/MM/YYYY), TIME: (7 : 30) (HH:MM)

LOCATION: (7E (56E) before Selat West Link Bt.)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW62370
 b) INSURANCE COMPANY: NTX
 c) POLICY NUMBER: 5059330858-06
 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: Private use
 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: John Chang Ch Shi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57888302 CONTACT: 9660121
 c) ADDRESS: 111 JooB Wellington Circle 108-30 (752509)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____
 d) DATE OF BIRTH: (19 / 4 / 1971) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 23/24 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 56229114 MODEL: _____
 b) DRIVER'S NAME: Yan Jade Hong
 c) NRIC/FIN/PASSPORT: 57709192J CONTACT: 98632727

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (2)
 (female) Chen Choy Ling
 both conveyed

* No of passenger
 (including driver)
 (2)

* No of passenger
 (including driver)
 ()

Email = johnnichiro@yahoo.com

fax =

VIDEO =



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 13:30	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars

Name of Informant: JOHN CHANG CHI SHI			Address: APT BLK 507B WELLINGTON CIRCLE #08-130 SINGAPORE 752507		
ID Type / ID No.: NRIC NO / S7188850I			Contact No.: Home/Office: Mobile: 90601311		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 19/04/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Site supervisor			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards SLE near Exit 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW6257U	Motorcycle				Slightly Damaged	1
SJG2291H	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Rider			
Name	JOHN CHANG CHI SHI	ID No.	S7188850I
Related Vehicle	FW6257U (Motorcycle)	Contact No.	90601311
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	09/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	YAN TUCK HONG	ID No.	S7709192J
Related Vehicle	SJG2291H (Car)	Contact No.	98632707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was riding my motorcycle between lane 4 and 5 carrying one passenger from Toa Payoh back to my place at Wellington circle. While I was travelling, the vehicle in front of me was trying to lane change from lane 4 to 5 however was unable to do so as there was vehicle coming up on lane 5. At that instance, the vehicle in front of me slowed down greatly and i was not able to noticed it and rear ended the vehicle.

I am lodging this report for record and insurance claims purposes.



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20190609/2066

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:

E /

Sgt 1 CHEN DEHUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

09/06/2019 13:30

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S71888501**

JOHN CHANG CHI SHI

Birth Date: 19 Apr 1971
Issue Date: 17 Feb 2016

002538264

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S71888501**

JOHN CHANG CHI SHI

Race: **CHINESE**
Date of birth: **19-04-1971**
Country/Place of birth: **MALAYSIA**

Sex: **M**

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	23 Feb 2011
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	23 Feb 2011

Licence No: **S71888501**

NP 428A

For LKK/NAC Use Only

9346578

S71888501

NRIC No: **S71888501**

Nationality: **MALAYSIAN**
Date of issue: **26-08-2015**

APT BLK 507 B WELLINGTON CIRCLE #08-130
SINGAPORE 752507

NRIC No: **S71888501** Date: **03/03/2016**

eBaoTech

GeneralClaim

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="08/06/2019 21:30"/>
Vehicle No. (For Motor)	<input type="text" value="FW6257U"/>	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="radio"/>	5059330850-06		JOHN CHANG CHI SHI	S71888501	GMC	Third Party, Fire & Theft	FW6257U	FW6257U	12/04/2019	11/04/2020

Claim Handling

Exit

Accident MT/1048757

Policy No.	5059330858-06	Vehicle No.	FW6257U	GST Registration No.	
Certificate No.					
Policyholder Name	JOHN CHANG CHI SHI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	57188850I
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/06/2019 16:31	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Head
Date of Accident	08/06/2019	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CTE TWDS SLE B4 YIO CHU KANG RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess		Driver is Covered?	Not Applicable
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 307B #08-120	Address 2	WELLINGTON CIRCLE	Address 3	MONTREAL SPRING
Address 4	SINGAPORE 752507	Address Type	Singapore address	Post Code	752507
Unit No.		Related Policy Number	5059330858-06		

OT Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 **New**

Claim Type *	OD-MX	Insured Name	JOHN CHANG CHI SHI	Insured NRIC	57188850I
Contact No.(Mobile)	90601311	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	johnnichro@yahoo.com	OT Vehicle Number	FW6257U	TP Vehicle Number	SIG2291H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FW6257U / SIG2291H ON 8 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/06/2019 12:27	Claim Close Date		Date Received	28/06/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1048757	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/06/2019 12:27

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select

TVG

Normal

Please Select

NO

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	NRIC/ Driving Licence	Normal	NRIC/ Driving Licence 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	SAS	Normal	SAS 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 28 Jun 2019 12:27	Photos	Normal	Photos 2019-6-28		Edit

Video List

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