

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

MNA119084996

Date In: 117/19 11:07	Job description	Date & Time Completed	Done by
Ref No: NAI/MC19011564/64	SAS e-filing		
Veh No: PC 7262J	E-mail (within 3hrs, AIC 2hrs)		
DOA: 615/19 17:20	I-Motor Claim Form	MT/1050347- ⁰⁰²	117/19 17:05
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: FBK 7575E	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: 10011564/64)	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

NA1904850

Claimant's Particulars:	Invoice/Ref: ()	Am (S)	RA (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TK: Re-Inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc in INC) against INC \$20		
	9) N12: Idea Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Ref 1:			
Ref 2/3:			

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	01/07/2019 11:07
Date Of Accident	06/05/2019 17:20
Exact Location Of Accident	SLE TWDS LENTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7262J
Insured/Policyholder	
Name Of Registered Owner	AL HAQI SERVICES
Co Reg No	53256322X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90171276

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100575090
Cover Note Number	-

Driver

Name of Driver	HARON BIN CHE MOHAMED
NRIC No	S1754365B
Date Of Birth	26/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171276
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #06-1325
Postcode	470131
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	NO COLLISION
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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7575E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	RIDER
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	FBK7575E
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

A = PC 7262J
B = FBK 7575E

Self skidded

SLE two's Lantor

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20190507/2055

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20190507/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 11:46	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: HARON BIN CHE MOHAMED		Address: APT BLK 131 BEDOK RESERVOIR ROAD #06-1325 SINGAPORE 470131	
ID Type / ID No.: NRIC NO / S1754365B		Contact No.: Home/Office: Mobile: 90171276	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 26/06/1966	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/05/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY Mandai towards lantor				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Self skid				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7575E		YAMAHA	YZF-R15	Blue		0
PC7262J		TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	White		0



SINGAPORE POLICE FORCE



T/20190507/2055

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190507/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HARON BIN CHE MOHAMED	ID No.	S1754365B
Related Vehicle	PC7262J	Contact No.	90171276
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 6 May 2019 at about 5:20pm, I was travelling in vehicle PC7262J along SLE Mandai towards Lentor on lane 1. I then wanted to lane change into lane 2 and turned on my left signal. I saw a motorbike on my left mirror coming from the back. all of a sudden, the motorbike FBK7575E then self skidded and there was no collision. I also made a check on my vehicle and there was no scratches or dents.

After the motorcyclist skidded, I stopped my vehicle and went to make a check on him. Some other passerby then called for Ambulance and the rider of FBK7575E was then conveyed to hospital. Traffic Police was also at scene and took down both our particulars.



**SINGAPORE
POLICE FORCE**



T/20190507/2055

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190507/2055

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:
G /
Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/05/2019 11:46

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20190617/2033

1 of 3

POLICE REPORT (NP322)

Report No. G/20190617/2033

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 17/06/2019 10:14	Vide Report No.	Station Diary No. 29		
Name Of Informant HARON BIN CHE MOHAMED	Address APT BLK 131 BEDOK RESERVOIR ROAD #06-1325 SINGAPORE 470131			
ID Type / ID No. NRIC NO / S1754365B	Contact No. Home/Office	Mobile 90171276		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DRIVER	Sex Male	Age 52	Date of Birth 26/06/1966	Race Malay
Institution/School Name	Language			
Date/Time Of Incident 14/06/2019 03:00	Location Of Incident 145 TECK WHYE AVENUE UNNAMED SINGAPORE 680145			

Brief details.

On the above mentioned date, time and location, I lost the below mentioned items.

Property Information

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SI QUEK HAN XIONG, DARREN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190617/2033

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC Bearing, HARON BIN CHE MOHAMED S1754365B
2	Licence	Lost	Qualified Driving Licence			1		One Driving License Bearing, HARO N BIN CHE MOHAMED S1754365B
3	Licence	Lost	Bus Driver's Licence			1		One Bus Driving Licence Bearing, HARON BIN CHE MOHAMED S1754365B

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SI QUEK HAN XIONG, DARREN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT.

Report No. G/20190617/2033

4	General property	Lost				1		One Caltex Discount Card
5	General property	Lost				1		One NTUC Link Card
6	General property	Lost				1		One Aviva Insurance Card
7	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		One DBS VISA Card
8	Cash	Lost				1	Singapore Dollars 200.00	Cash Amounting to \$200/- SGD
9	General property	Lost				1		One Ezlink Passion Card

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
SI QUEK HAN XIONG, DARREN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645

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="06/05/2019 11:02"/>
Vehicle No.(For Motor)	<input type="text" value="PC7262J"/>	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"/>	5100575090		AL HAQQI SERVICES	53256322X	GBS	Comprehensive	PC7262J	PC7262J	15/05/2018	14/05/2019

Our Ref: MT/CA/TP/001/1050347-001/AL/VU

25 Jun 2019

AL HAQQI SERVICES
BLK 131 #06-1325
BEDOK RESERVOIR ROAD
SINGAPORE 470131

Dear Policyholder

CLAIM NUMBER: MT/1050347-001

ACCIDENT INVOLVING PC7262J / FBK7575E on 6 May 2019

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1050347

Policy No.	S100575090	Vehicle No.	PC7262J	GST Registration No.	
Certificate No.					
Policyholder Name	AL HAQQI SERVICES			Policyholder NRIC	53256
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not av

▼ Accident Details

Report Date	25/06/2019 09:05	Accident Report Within 24 hrs	Yes	Accident Type	Unknow
Date of Accident	06/05/2019	Time of Accident hh:mm	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE				

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	25/06/2019 09:06:05 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 131 #06-1325	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	47013
Unit No.	01-33	Related Policy Number	S100575090		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
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 002 **New**

Claim Type *	OD-MX	Insured Name	AL HAQQI SERVICES
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	PC7262J
Claim Description	PC7262J / FBK7575E ON 6 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/07/2019 17:03
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1050347	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/07/2019 17:05
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

[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](#)[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 01 Jul 2019 17:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	SAS	Normal	SAS 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:04	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jul 2019 17:03	Photos	Normal	Photos 2019-7-1

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source
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