1 . per of 1.75 NATIONAL Assessment Centre Services. (wel I Jan'03) MMA119102743. Done by Date &Time Completed Jeb description 518119 18:02 Kellin MAI INCIGO 13685/44 SAS c-Illing E-mail (while Shis, AIC 2hrs) Veh No: SGM 8786 L MT/1056547 001 518.119 19:47. I-Motor Claim Form 318/19 I-Motor W/O (Within: OD 2hrs, TP 4brs) (11) - 1P / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proformal Wisp / INC Assign Wisp / QW: ( INC ( )/Non-INC ( Veh No: IP Particulars: WRK 8060. ) Tcl: Owner / Driver: ( ) Cover Type: ( Policy No: ( Period: ( Time: ) Confirmed by: ( Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000 ( Concentrolphilities & Figure ) Walle-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: ( Kemarks - Chicalognic 6708661618 avoid to file and 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection . )-1) Upload Resurvey Photo [Repair Cost > \$3000] Injury: ALL (3) M Indibill MA1905833 1) AR : Acadent Reporting (330); Chimant's Paragulary INC (230) 2) DA : Damage Assessment (\$100): \$40/\$45 3) TF : Towing Pee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) 230 Contact No: Por plaining atalog UNC Only (wef 10 Jan 2003) \$75 6) TR : Re-Inspection Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. 55 OC Checked by (Engr-In-Charge): \*NS: Courtery Cor / Tpt Allowande 510 \* NG: Repair Co-ordination \*N7; Post Repair Inspection \$25 Anditors Comments :: 13 \*NS: DV / Collect Excess Coordination TP (NII): TP (Non INC) against INC \$20 Jal. J. 9) N12: Idao Mobile Fac Charged Involve dated 11/35 Fee Charged

Involce dated

#### 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 witholding 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	05/08/2019 18:02
Date Of Accident	03/08/2019 14:00
Exact Location Of Accident	ALONG JLN EUNOS TWDS STILL RD B4 TRAFFIC JUNC
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM8786L
Insured/Policyholder	
Name Of Registered Owner	JAYA D/O GOPAL
NRIC No	S7417153B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064782
Alternative Phone No	OFFICE-90064782
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111126941
Cover Note Number	•
Driver	
Name of Driver	RIITHEK LAL
NRIC No	T0042450H
Date Of Birth	27/10/2000
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90226348
Fax Number	and the median control of the COMMATTICE CONTROL CONTR
Contact Number	
EMail Address	NOEMAIL

Address 61 UPPER SERANGOON VIEW #06-18

Postcode 534015

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number WRK8060 (PRIVATE CAR)

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Y

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

2

NAME:

: SHAFIRAN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

POTONG PASIR NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 .

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-2829999 - FAX NO: 62815964

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

WRK8060

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 5. 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GtA") 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)
  - (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/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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) aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile dalms, history for the purpose of freud 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.

Driver's Signature (If driver is not the policyholder)

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

Date & Time:

Policyholders Signature Date & Time:

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/EN No.:

Date of Accident	: 03/08/2019 Accident Time: 1450M (24-HR-Format)
Accident Place	: Along Jalan runos towards Hill Road before traffic Junchan
Vehicle Reg. No. (Car Plate No.)	: SEM 8786L
Vehicle Make/Model	: Volkwasen Feha
Insurance Company	: NTME INTOME Policy No. 5/11/1261+1
Owner or Company Name /IC No.	: Jaya Dlo Gopal / S7417153B
Owner or Company Contact No.	: 9006 47/2 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: RIITHER LAL / TOD42450H
DRIVER'S Date Of Birth	: 27/10/2000 DRIVER'S License Pass Date 26/12/2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 61 Upper rerangoon view #06-18 5 (53+015)
DRIVER'S Contact No./ Alt No.	:1) 9022 6348 2)
DRIVER'S Occupation	: INDOOR \ OUDOOR (e.g. working inside or outside office)
Email Address	<u> </u>
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 2 - male pallenger
Was there any video Captured by car Exact purpose for which vehicle was	r camera: YES \ O Shafiran Shafiran. s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: WRK FOLO	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	

Riither 49 @ gmail-com





0130003/2030

1 of 3

Report No. T/20190805/2096

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 19 16:25	lade:	Vide Report No.: G/20190803/0183	Station Diary No.: 35	
Informa	nt's Particu	ulars			
Name of RIITHER	Informant:		Address: 53 SING AVENUE SINGAPOR	RE 217895	
	/ ID No.: D / T004245	50H	Contact No.: Home/Office: Mobile: 90226348		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 27/10/2000	Type of Informant: Driver		
Race: Malayal	ee	1)	Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/08/2019 14:00	Type of Location: X-Junction	
Location: Along Road 1 JALAN EUNO towards Still I Weather:		ction Road Surface:		Road Speed Limit:	
Clear		Dry			
Trainer term		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Head To S		11	Anyone conveyed by ambulance: No	

Details of Vo	ehicle Invo	lved			New York	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGM8786L	Car				Slightly Damaged	1
WRK8060	Car				Slightly Damaged	1

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





2 of 3

Report No. T/20190805/2096

Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999

#### CONTINUATION OF REPORT

Driver	CHECK LAND		CONTRACTOR			
Name	RIITHEK LAL		ID No.		T0042450H	
Related Vehicle	SGM8786L (Car)		Conta	ict No.	90226348	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	te Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Name	GAN TECK HUI			ID No		951215016637
Related Vehicle	WRK8060 (Car)		Conta	ict No.	90866083	
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	W	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

## Brief Details.

On the 03/08/2019 at about 1400hrs, I was travelling in my vehicle (SGM8786L) along Jalan Eunos towards Still Road. I was before a traffic Junction and was stationary in the third lane when I wanted to cut into the second lane as I wanted to make a U- turn at an approaching U-turn bend. The traffic junction was still red and I had signaled right. There was another Malaysian vehicle (WRK8060) beside me at that point in time and I had inched my vehicle forward to the right and was preparing to change lanes. When the lights turned green and the vehicle ahead all moved off the Malaysian vehicle had inched forward a little and came to a stop and as such I had thought that he was allowing me to move ahead. I then proceeded to change lanes and that was when he moved forward and collided onto my front right bonnet and driver's door area. No one was injured and we proceeded to stop at a corner. My car sustained damages to the front right bonnet and driver's door. I then called for police assistance and the Traffic Police attended to us (G/20190803/0183). We had then exchanged particulars and was advised to lodge a traffic accident report. My vehicle does not have any in-car camera. I am lodging this report as informed for insurance and recording purposes.





Police Station Of Origin: Potong Pasir NPP 142 Potong Pasir Avenue 3 #01-240 SINGAPORE 350142 Tel No: 1800-2829999 3 of 3 Report No. T/20190805/2096

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 Record E / Sgt 2 JOVI BENEDICK TAN	//	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 05/08/2019 16:25	ř.	
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN		Classification Of Case:		
Contact No.: 65476216	SINGAPORE	5N 057		
Authentication Stamp NP168	FOLICE PORCE	GNATURE	110	

SEM SAML



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A



THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:

19369

For LKK/NAC



# PASSPORT REPUBLIC OF SINGAPORE

Type Country Code SGP

E5140694H



Sex Nationality
M SINGAPORE CITIZEN
Date of birth
27 OCT 2000 SINGAPORE
Date of issue
16 SEP 2015 Modifications
SEE PAGE 2 MINISTRY 0 National ID No T0042450H

Date of expiry
19 JAN 2021
Authority
MINISTRY OF HOME AFFAIRS

PASGPRIITHEK<LAL<<<<<<<<<<

E5140694HDSGP0010274M2101196T0042450H<<<<<36



#### 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: 5111126941

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGM8786L

Chassis Number

: WVWZZZ1KZ9U018966

2. Name of Policyholder

: JAYA D/O GOPAL

3. Effective Date of Insurance

: 19 Jul 2019

4. Expiry Date of Insurance

: 18 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP · NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : LAL S/O SUBIDOR SINGH

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 16 Jul 2019 12:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

Claim Handling

#### Accident MT/1056547 Policy No. 5111126941 Vehicle No. SGM87861 GST Registration No. Certificate No. Policyholder Name JAYA D/O GOPAL Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 90064782 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode KFK . No Yes TCA · No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 05/08/2019 19:44 Accident Report Within 24 hrs Yes Accident Type Date of Accident 03/08/2019 Time of Accident hh:mm 14:00 Country of Accident Reporting Centre Orange Force ICM No. Accident Location ALONG JLN EUNOS TWDS STILL RD 84 TRAFFIC JUNC Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess 600.00 TP Standard Excess 0.00 YIED OD Excess 2500.00 YIED TP Excess 0.00 Driver is Covered? Additional Excess 1500 Total OD Excess Applicable 4600.00 Total TP Excess Applicable 0.00 **▽** Benefits GST Registered Information **GST Registered** GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 61 UPPER SERANGOON VIEW Address 2 #06-18 HERON BAY Address 3 Address 4 Address Type Singapore address Post Code Unit No. 05-18 Related Policy Number 5111126941 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name RIITHEK LAL Driver NRIC T0042450H Driver DOB Register Date of Driver License 26/12/2018 Driver Age Driving Experience Contact No.(Mobile) 90226348 Contact No.(Office) Contact No.(Home) Address 1 61 UPPER SERANGOON VIEW Address 2 #06-18 HERON BAY Address 3 Address 4 Address Type Singapore address Post Code Unit No. 06-18 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Comp. Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No Modification History Claim 001 New Claim Type \* Insured OD-MX JAYA D/O Name Contact Contact No.(Mobile) No. (Home) 91680397 62525159 OI Email Address Vehicle Numbe DAYALAL25@HOTMAIL.COM SGM8786 Claim Description SGM8786L / WRK8060 ON 3 Aug 2019 Insured Liability Partially at Fault Repair Preferred Workshop, Name in Preferred Workshop Sontiet No. Finalisation Yes GIA report Received Preferred Workshop, Name unknown ٠ Date Registered 05/08/2019 19:46

LIEW SHAN HUI

Print AK letter

Save Submit Attachment Accident No. MT/1056547 Claim No. 001 Last Doc. Received ■ Yes ○ No. Upload Date 05/08/2019 19:47 Path . Category \* Confidential Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select 7 NO Choose File No file chosen Clear 7 Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select \* NO Choose File No file chosen Clear Please Select NO Message Read Attachment List Attachment Category Urgency Descr NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 100 NRIC/ Driving License Normal NRIC/ Driving L 05 Aug 2019 19:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o NRIC/ Driving License Normal NRIC/ Driving L 05 Aug 2019 19:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o SAS Normal SAS 20 05 Aug 2019 19:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Aug 2019 19:47 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Aug 2019 19:47 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:47 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 7 05 Aug 2019 19:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:47 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Aug 2019 19:47 Photos Photos 2 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Aug 2019 19:46 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:46 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:46 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a 05 Aug 2019 19:46 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Aug 2019 19:46 Photos Normal Photos 2 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 05 Aug 2019 19:46 Video List



Display in New Window

Scan and uploading