

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA119114951

Date In: 20/1/19-19:00	Job description	Date & Time Completed	Done by
Ref No: HA114C19215415 FY	SAS e-filing		
Veh No: SKP412W	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19-08:20	i-Motor Claim Form	20/1/19-08:20	20/1/19-19:14
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: SLV6416L	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

NA1906614	Invoice Preparation Checklist	Am't (\$) 1st 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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (N:n INC) against INC \$20		
Auditors' Comments: -	9) N12: Idac Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2/3:	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	30/08/2019 19:00
Date Of Accident	30/08/2019 08:20
Exact Location Of Accident	CTE (AYE) BESIDE AUSTRALIAN INTERNATIONAL SCH SG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP4112U
Insured/Policyholder	
Name Of Registered Owner	LIMOUSINES RENTER SERVICE
Co Reg No	53339330B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90601209
Alternative Phone No	OFFICE-90601209

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097832637-01
Cover Note Number	

Driver

Name of Driver	TAN YE KUANG FABIAN
NRIC No	S8008206A
Date Of Birth	22/03/1980
Occupation	INDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93255098
Fax Number	
Contact Number	OFFICE-93255098
Email Address	NOEMAIL

Address	BLK 604B PUNGGOL ROAD #10-756
Postcode	822604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SLV6416L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO SE LAY (YANG SHILI)
NRIC/Passport Number	S7597074I
Contact Number	90907908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

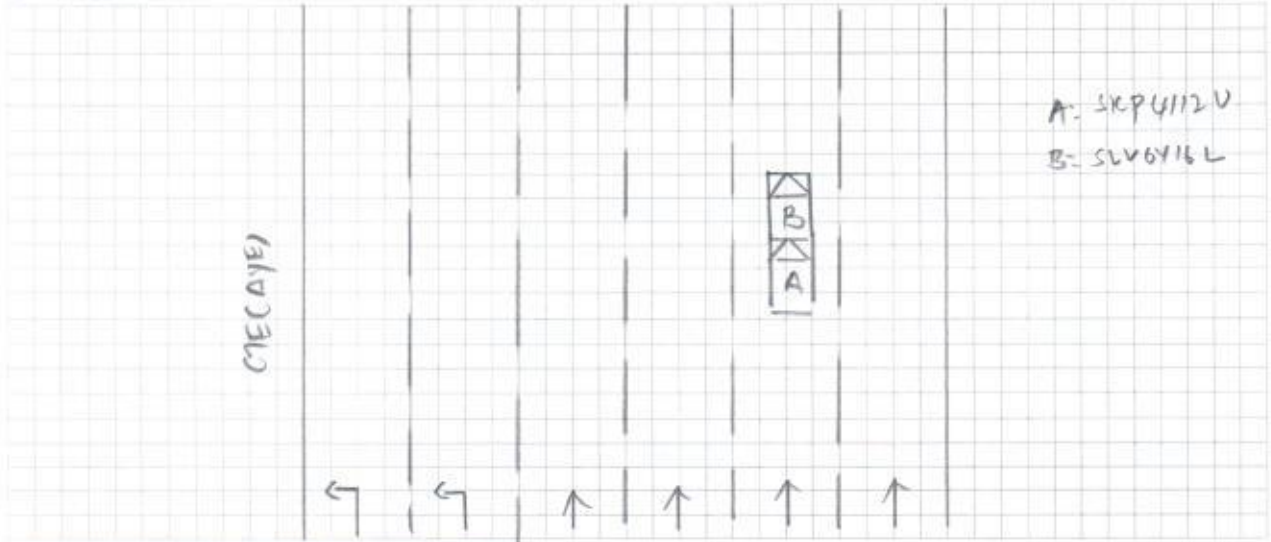
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I
DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED. I COLLIDED
ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (30/8/14) (DD/MM/YYYY), TIME: (08:20) (HH:MM)

LOCATION: CTE (A/E) beside Australian International School Singapore.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 4120
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5047832637-01
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: working
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: Limarsines Rental Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90601209
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Ye Jueing Fabian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8008306A CONTACT: 9355098
c) ADDRESS: Blk 604B Pongal Road A10-336 (822604)

*d) DATE OF BIRTH: (22/3/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/17 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hire

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: SLV6Y16L MODEL: _____

b) DRIVER'S NAME: Yeo Se Lay (Yung Shi)

c) NRIC/FIN/PASSPORT: S75970342 CONTACT: 90907908

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = LIMO RENTAL SERVICE@hotmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8008206A



Name

TAN YE KUANG FABIAN

陳業鏞

Race

CHINESE

Date of birth

22-03-1980

Sex

M

Country/Place of birth

SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8008206A

Name

TAN FEI PHENG FABIAN

Birth Date 22 Mar 1980

Issue Date 16 Jan 2003



1000222441K

6247101



NRIC No. S8008206A



Date of issue

26-07-2019

Address

APT BLK 604B PUNGGOL ROAD
#10-756
SINGAPORE 822604

For LKK/NAC Use Only

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

16 Jan 2003



Licence No. S8008206A

NP 428A

DATED THIS 15th DAY OF JULY 2019

TAN YE KUANG FABIAN
(陳業鑛)

Formerly known as

TAN FEI PHENG FABIAN

DEED POLL

MR SYN SIEW CHWEN
M/S J.S. YEH & CO
ADVOCATES & SOLICITORS
133 NEW BRIDGE ROAD
#18-03/04/05 CHINATOWN POINT
SINGAPORE 059413
TEL : 6 533 1188
FAX : 6 535 0388
REF: YJS.SSC.dt.24135-02.2019



Certified True Copy

Kok Jia An, Alwyn
Advocate & Solicitor
Singapore

DEED POLL

BY THIS DEED, I the undersigned, **TAN YE KUANG FABIAN (陳業鏞)**, holder of Singapore NRIC No. S8008206A of Apt Blk 604B Punggol Road #10-756 Singapore 822604 do hereby absolutely renounce and abandon the use of my former name of **TAN FEI PHENG FABIAN** and in lieu thereof do assume as from the date hereof the name of **TAN YE KUANG FABIAN (陳業鏞)**.


AND in pursuance of such change of name as aforesaid, I hereby declare that I shall at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of **TAN YE KUANG FABIAN (陳業鏞)** as my name in lieu of the said name of **TAN FEI PHENG FABIAN** as renounced as aforesaid.

AND I hereby authorise and request all persons to designate and address me by such assumed name of **TAN YE KUANG FABIAN (陳業鏞)** only.

IN WITNESS WHEREOF I have hereunder signed my assumed name of **TAN YE KUANG FABIAN (陳業鏞)** and have set my seal this 15th day of July 2019.

SIGNED SEALED and DELIVERED)
by the abovenamed)
TAN YE KUANG FABIAN (陳業鏞))
in the presence of:)



 **SYN SIEW CHWEN**
(XIAN SHAOQUAN)
ADVOCATE & SOLICITOR
SINGAPORE

On this 15th day of July 2019 before me, **SYN SIEW CHWEN** an Advocate and Solicitor of the Supreme Court of the Republic of Singapore practising in Singapore personally appeared **TAN YE KUANG FABIAN (陳業鏞)** who of my own personal knowledge I know to be the identical person whose name " " is subscribed to the within written instrument and acknowledged that he had voluntarily executed this instrument at Singapore.

Witness my Hand


SYN SIEW CHWEN
(XIAN SHAOQUAN)
ADVOCATE & SOLICITOR
SINGAPORE


Certified True Copy

Kok Jia An, Alwyn
Advocate & Solicitor
Singapore

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="30/08/2019 08:20"/>
Vehicle No.(For Motor)	<input type="text" value="SKP4112U"/>	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"/>	5097832637-01		LIMOUSINES RENTER SERVICE	533393308	GFT	Third Party	SKP4112U	SKP4112U	13/12/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5097832637-01	Policyholder Name	LIMOUSINES RENTER SERVICE	Policyholder NRIC	533393308
Certificate No.					
Address	BLK 415 #06-955 ANG MO KIO AVENUE 10 TECK GHEE HEARTLANDS SINGAPORE 560415				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/12/2018	Effective Date	13/12/2018 00:00	Expiry Date	12/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		Young/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 415 #06-955	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HEARTLANDS
Address 4	SINGAPORE 560415	Address Type	Singapore address	Post Code	560415
Unit No.	06-955	Related Policy Number	5111135833		

Insured Object: SKP4112U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/06/2019 00:00	Basic Information Endorsement	000001287097499	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGW1375H 26-06-2019 \$492.97 In view of this amendment, an additional premium of \$492.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLR2920U 23-07-2019 \$403.04 In view of this amendment, a refund of \$403.04 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	25/07/2019 00:00	Basic Information Endorsement	000001287115732	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Exit

Accident MT/1060279

Policy No.	5097832637-01	Vehicle No.	SKP4112U	GST Registration No.	
Certificate No.					
Policyholder Name	LIMOUSINES RENTER SERVICE			Policyholder NRIC	533393308
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90601209	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	No
Accident Details					
Report Date	30/08/2019 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/08/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BESIDE AUSTRALIAN INTERNATIONAL SCH SG				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 415 #06-955	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HEARTLANDS
Address 4	SINGAPORE 560415	Address Type	Singapore address	Post Code	560415
Unit No.	06-955	Related Policy Number	5111135833		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/03/1980
Unnamed driver Name	TAN YE KUANG FABIAN	Driver NRIC	S8008206A	Driving Experience	16
Register Date of Driver License	16/01/2003	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	93255098	Contact No.(Office)	0	Address 3	PUNGGOL LOUGE
Address 1	BLK 504B	Address 2	PUNGGOL ROAD	Post Code	922604
Address 4	SINGAPORE 922604	Address Type	Singapore address		
Unit No.	10-755				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIMOUSINES RENTER SERVICE	Insured NRIC	533393308
Contact No.(Mobile)	90601209	Contact No.(Home)		Contact No.(Office)	+
Email Address		01 Vehicle Number	SKP4112U	TP Vehicle Number	SLV6416L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKP4112U / SLV6416L ON 30 Aug 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	30/08/2019 19:14	Claim Close Date		Date Received	30/08/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1060279	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/08/2019 19:15
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Description *

Browse

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Please Select

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☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:15	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:15	SAS	Normal	SAS 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 30 Aug 2019 19:14	Photos	Normal	Photos 2019-8-30		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"/>				