

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MVA/19/1524**

Date In: 21/8/19 - 15:30	Job description	Date & Time Completed	Done by
Ref No: MVA/19/1524	SAS e-filing		
Veh No: 6527800K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/8/19 - 18:30	i-Motor Claim Form	MVA/1060577-001	21/8/19 16:10
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **PB626226** 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

	Invoice Preparation Checklist	Amt (\$) Est. Bill	Amt (\$) Add. Bill
NA/19/1524			
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	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 (N:in 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	31/08/2019 15:30
Date Of Accident	30/08/2019 18:30
Exact Location Of Accident	BRICKLAND RD TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7800K
Insured/Policyholder	
Name Of Registered Owner	HS INTERNATIONAL PTE LTD
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90273666
Alternative Phone No	OFFICE-90273666

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108546000
Cover Note Number	

Driver

Name of Driver	JATINDER SINGH
Passport No/FIN	G2044055X
Date Of Birth	07/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84055509
Fax Number	
Contact Number	OFFICE-84055509
EMail Address	NOEMAIL

Address	48 TOH GUAN ROAD EAST #09-116 ENTERPRISE HUB
Postcode	608586
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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	FBG2622G
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)	1

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.

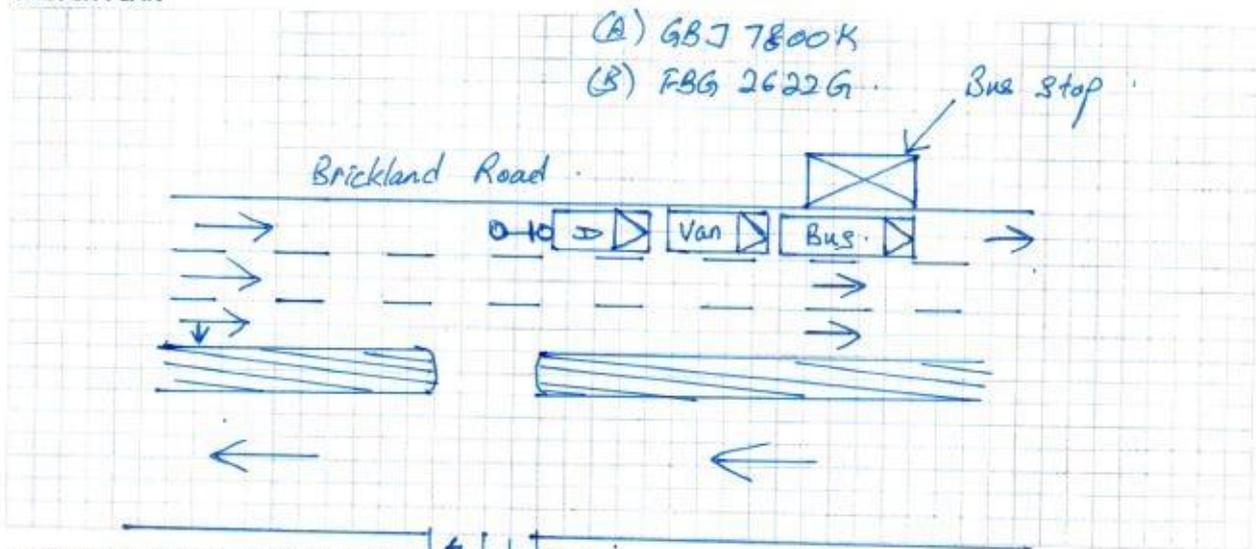


Policyholder's Signature
Date & Time:

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

TL
Lam
Sam

On 30/08/19 at @ 1830 hrs, I was travelling in my vehicle (GBJ 7800K) along Brickland Road towards Bakat Batak Road before Choo Chu Kang Ave 3 on the extreme left lane. I slow down and stopped due to a bus stopped to pick up passenger. Suddenly, a motorcycle (FBG 2622G) from behind collided onto the rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

gnc

Reporting Centre Personnel's Signature
Name:

[Signature]

Vehicle No.	GBJ 7800K	Model / Make	Toyota Dyna.
Date of Accident	30/08/19		
Time of Accident	1830 HRS		
Location of Accident	Brickland Road towards Bukit Batok Road before Choa Chu Kang Ave 3.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	H S International Pte Ltd.		
Telephone No.	H/P: 9027 3666	Home:	Office:
NRIC	200909445C		
Address	48 Toh Guan Road East #09-116 Enterprise Hub (S) 608586		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5108546000		
Name of Driver	As Above If No, Jatinder Singh.		
NRIC	G 2044055X	Any Passengers: 0	
Date of birth	07/09/1992		
Occupation	(Outdoor)	/ Indoor	
Driving License Pass Date	02/05/18		
Gender	(Male)	/ Female	
Contact No.	H/P: 8405 5509	Home:	Office:
Address	48, Toh Guan Road East #09-116, Enterprise Hub (S) 608586		
Driver have any own vehicle	(No)	If yes, Reg No.	
Relationship	(Employee)	If no, state	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No)	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	(No)	If Yes, Where?	
Vehicle B No.	FBG 2622G	Any Passengers:	N.A.
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes/No		
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Z: Tim		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G2044055X**
 Name: **JATINDER SINGH**
 Birth Date: **07 Sep 1992**
 Issue Date: **02 May 2018**
 Valid Till: **01/05/2023**

002798558H

For LKK/NAC Use Only

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
HS INTERNATIONAL PTE. LTD.

Name: **JATINDER SINGH**
 Work Permit No: **0 35468234** Sector: **CONSTRUCTION**





K1584534

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	02 May 2018

For LKK/NAC Use Only

Licence No: G2044055X



NP 428A

VISIT PASS
 Immigration Regulations

10-07-2019

Name: **JATINDER SINGH**



PK: **G2044055X**
 Date of Birth: **07-09-1992** Sex: **M**
 Nationality: **INDIAN**

Download SGWorkPass App to check status



MULTIPLE JOURNEY VISA ISSUED

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



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5108546000
The Policyholder	: HS INTERNATIONAL PTE. LTD. 48 TOH GUAN ROAD EAST #09-138 ENTERPRISE HUB SINGAPORE 608586

Period of Insurance	: 01 Apr 2019 To 31 Mar 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,964.96

Interest Insured

Cover Type	: Preferred Workshop Plan		
Make/Model	: TOYOTA/DINA		
Capacity	: 1.78 ton(s)	Number of Seater	: 2
Registration Number	: To Be Advised	Registration Date	: 01 Apr 2019
Chassis Number	: JTFAT35Y80K212653	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: DBS BANK LTD		

Memo A : N/A

Endorsement Operative : M7

Agency	: PRO-LINK INSURANCE AGENCY (00000615233)
Date of Issue	: 29 Mar 2019 09:52 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108546000		HS INTERNATIONAL PTE. LTD.	200909445C	GCV	Preferred Workshop Plan	GBJ7800K	GBJ7800K	01/04/2019	31/03/2020

Continue

Policy Information

Policy No.	5108546000	Policyholder Name	HS INTERNATIONAL PTE. LTD.	Policyholder NRIC	200909445C
Certificate No.					
Address	48 TOH GUAN ROAD EAST #09-138 ENTERPRISE HUB SINGAPORE 608586				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	29/03/2019	Effective Date	01/04/2019 00:00	Expiry Date	31/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess	Young/Inexperience Driver Excess		
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-138	Related Policy Number	5111365911		

Insured Object: GBJ7800K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DBS BANK LTD CHASSIS NUMBER: JTFAT35Y80K212653 ENGINE NUMBER: 1KD2843860 VEHICLE REGISTRATION NUMBER: GBJ7800K ORIGINAL REGISTRATION DATE: 01 Apr 2019
2	18/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SINGAPURA FINANCE LTD CHASSIS NUMBER: JTFAT35Y80K212653 ENGINE NUMBER: 1KD2843860 VEHICLE REGISTRATION NUMBER: GBJ7800K ORIGINAL REGISTRATION DATE: 01 Apr 2019
3	24/04/2019 00:00	Basic Information Endorsement	Entry Rejected	

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1060377

Policy No.	S108546000	Vehicle No.	GB7800K	GST Registration No.	200909445C
Certificate No.					
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	200909445C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	90273666	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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	No

Accident Details

Report Date	31/08/2019 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/09/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRICKLAND RD TWOS BUKIT BATOK RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-138	Related Policy Number	S111365911		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/09/1992
Unnamed driver Name	JATINDER SINGH	Driver NRIC	G2044055X	Driving Experience	1
Register Date of Driver License	02/05/2018	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	84055509	Contact No.(Office)	0	Address 3	SINGAPORE 608586
Address 1	48 TOH GUAN ROAD EAST	Address 2	ENTERPRISE HUB	Post Code	608586
Address 4		Address Type	Singapore address		
Unit No.	09-116	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser 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	HS INTERNATIONAL PTE. LTD.	Insured NRIC	200909445C	
Contact No.(Mobile)	98731300	Contact No.(Home)		Contact No.(Office)		
Email Address		01 Vehicle Number	GB7800K	TP Vehicle Number	F8G2622G	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GB7800K / F8G2622G ON 30 Aug 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/08/2019 00:00	
Date Registered	31/08/2019 16:10	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1060377	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/08/2019 16:11

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

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="RD"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="RD"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="RD"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="RD"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="RD"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:11	SAS	Normal	SAS 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:11	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:11	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:11	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 16:10	Photos	Normal	Photos 2019-8-31		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action