

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA190204**

Date In: 25/1/05 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC1901694/24	SAS e-filing		
Veh No: JCA6754	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 22/1/05 - 02:20	i-Motor Claim Form	27/1/05 08:00	25/1/05 15:37
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SL610865** 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	Am't (\$) In Bill	Am't (\$) Add Bill
NA190204			
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)		
Date 1:	6) TR : Re-inspection \$75		
Date 2 / 3:	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 willful 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	25/09/2019 15:15
Date Of Accident	22/09/2019 02:25
Exact Location Of Accident	TYRWHITT RD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6754H
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389179
Alternative Phone No	OFFICE-92389179

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094576865-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD MUNIRRUDIN BIN MUSTAPHA
NRIC No	S9229784E
Date Of Birth	16/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87795168
Fax Number	
Contact Number	OFFICE-87795168
EEmail Address	NOEMAIL

Address	BLK 739 JURONG WEST STREET 73 #05-60
Postcode	640739
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	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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LOGANANTHAN S/O SUBRAMANIAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190922/2027.

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	SLG1086S
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)

DETAILS OF INJURED PERSON 1

Name MUHAMAD MUNIRRUDIN BIN MUSTAPHA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKA6754H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOGANANTHAN S/O SUBRAMANIAM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKA6754H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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 reudiate 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:

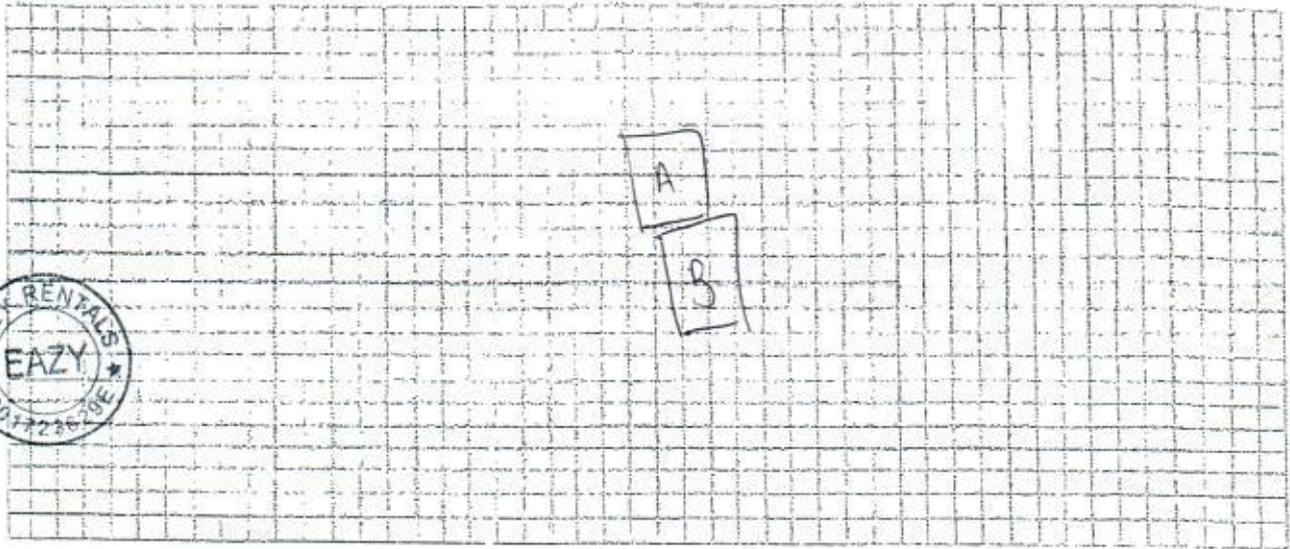
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEH A : SKA 6754H

VEH B : SL6 1086S

SKETCH PLAN

ALONG FOCH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~REFER TO ATTACHMENT (POLICE REPORT)~~

REFER TO ATTACHMENT (POLICE REPORT)

I was turning to Foch Road, my vehicle speed is moving normally & all of a sudden, I was hit by a vehicle (B) from the rear.



Policyholder's Signature
Date & Time:

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

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

Date of Accident : 22/9/19 Accident Time: 02 26 (24-HR-Format)
 Accident Place : ALONG ^{FUCH} ~~TYRWHIT~~ ROAD ^{715 with Red truck} ~~Lawrence St.~~
 Vehicle Reg. No. (Car Plate No.) : S KA 6754H
 Vehicle Make/Model : (HEROLEI CRUISE
 Insurance Company : NTUL Policy No. ~~5049~~ 5094576865-01
 Owner or Company Name /IC No. : EAEI RENTAL
 Owner or Company Contact No. : 92389179 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : MUHAMED MUNIRRUDIN BIN MUSTAPHA
 DRIVER'S Date Of Birth : 16/8/92 DRIVER'S License Pass Date 28/01/13
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Part 4
 DRIVER'S Address : BLK 793 JURONG WEST ST 73 #05-60 S 640739
 DRIVER'S Contact No. / Alt No. : 1) 877954168 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : PLATINUM WERKZ @ GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 (Both Injured) ^{Loganathan s/o} ^{Subramaniam female)}

Was there any video Captured by car camera: YES \ NO.
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SL6 10865</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190922/2027

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190922/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD MUNIRRUDIN BIN MUSTAPHA	ID No.	S9229784E
Related Vehicle	SKA6754H (Car)	Contact No.	87795468
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUHANATHI D/O THANGARAJOO	ID No.	S8809254F
Related Vehicle	SLG1086S	Contact No.	90280341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my car (SKA6754H) along Tyrwhitt Road towards Lavender Street. I made a stop at the junction of Lavender Street as I want to make a check for oncoming cars from the right. While making a check, a car (SLG1086S) from the rear collided my rear bumper and my bumper inch to the front.

Both myself and the driver came out of our vehicle. We exchange particulars for private settlement. My vehicle suffers rear bumper dents, scratches and dislodge of the bumper.

I wish to state that my passenger and myself does not sustained any injuries including the driver of SLG1086S. I do not have rear camera. And also due to this accident the car will temporary unable to use for my work and loss of income. And this car is a rental vehicle.

That is all.



**SINGAPORE
POLICE FORCE**



T/20190922/2027

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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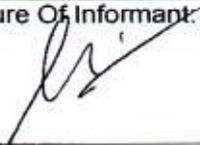
Report No. T/20190922/2027

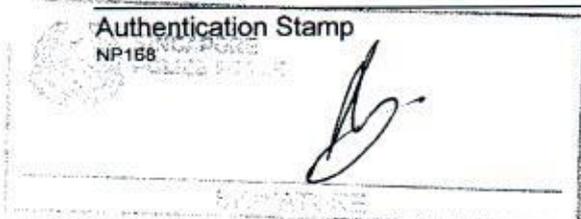
CONTINUATION OF REPORT

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: A / Sgt 1 MUHAMMAD ALIF BIN ALIAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2019 06:53
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094576865-01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SKA6754H	SKA6754H	16/08/2019	

Policy Information

Policy No.	5094576865-01	Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E
Certificate No.					
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	148.32		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDING	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		

Insured Object: SKA6754H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/09/2018 00:00	Basic Information Endorsement	000001286908786	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. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (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>
2	09/10/2018 00:00	Basic Information Endorsement	000001286919011	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. SJT6523U 09-10-2018 \$1,281.61 2. SMES126H 09-10-2018 \$1,281.61 In view of this amendment, an additional premium of \$2,563.22 (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>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1063980

Policy No.	5094576865-01	Vehicle No.	SKA6754H	GST Registration No.	
Certificate No.					
Policyholder Name	EAZY RENTALS PTE LTD	Policyholder NRIC	201723629E		
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92389179	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	To: v
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	25/09/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/09/2019	Time of Accident hh:mm	02:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TYRWHITT RD TWDS LAVENDER ST				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	10 BURGH STREET	Address 2	#02-20 WEST CONNECT BUILDI	Address 3	SINGAPORE 627564
Address 4		Address Type	Singapore address	Post Code	627564
UNIT No.	14	Related Policy Number	5094576865-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	MUHAMAD MUNIRRUDDIN BIN M	Driver NRIC	S9229784E
Register Date of Driver License	28/01/2013	Driver Age	27
Contact No.(Mobile)	87795168	Contact No.(Office)	0
Address 1	BLK 739	Address 2	JURONG WEST STREET 73
Address 4		Address Type	Singapore address
UNIT No.	05-60	Post Code	SINGAPORE 640739
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E	
Contact No.(Mobile)	88694660	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address	SHAWN.APEX@AUTOMOTIVE@G	01 Vehicle Number	SKA6754H	TP Vehicle Number	SLG10865	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKA6754H / SLG10865 ON 22 Sept 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	25/09/2019 00:00	
Date Registered	25/09/2019 15:37	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1063980	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2019 15:38

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:38	SAS		Normal	SAS 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICE] on 25 Sep 2019 15:37	Photos		Normal	Photos 2019-9-25	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		