

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119136757

Date In	15/10/19 14:19	Job description	Date & Time Completed	Done by
Ref No	MA11MC 19018156164	SAS e-filing		
Veh No	SLC 895 B	E-mail (within 2hrs, AIC 2hrs)		
TPA	17/10/19 16:00	I-Motor Claim Form	MT/1066875 ⁰⁰²	15/10/19 14:32
OD	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 / RUC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No:	SKM 3971D	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 repaler.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:	(INC hotline: 6788 6616)	Date:	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

<p>MA1907751</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Amplifier Comments:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming status INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OR:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (Nil): TP (Non INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	<p>30.00</p>
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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	15/10/2019 14:18
Date Of Accident	13/10/2019 16:00
Exact Location Of Accident	ALONG WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC895B
Insured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96662974

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108216963
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN JUDIN
NRIC No	S0093640E
Date Of Birth	20/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662974
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 675A YISHUN AVE 4 #10-760
Postcode	761675
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191014/2146

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	SKM3971D
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 ABDUL AZIZ BIN JUDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLC895B

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 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:

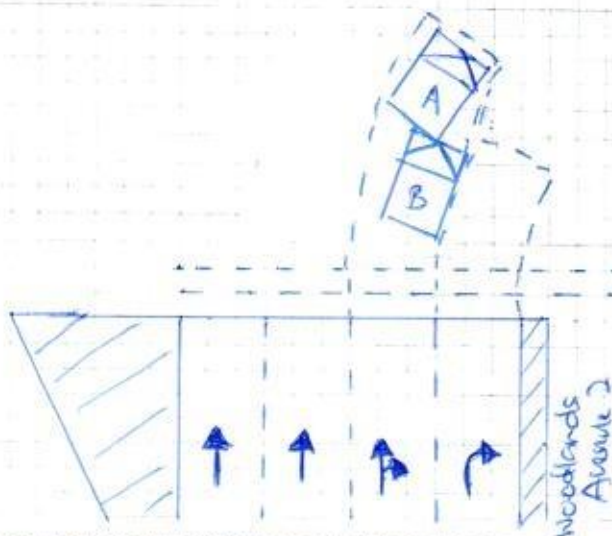


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Woodlands Ave 1

Vehicle A : SLC895B
Vehicle B : SKM3971D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191014/2146

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.:

Vehicle No.	SLC 8A5B	Model / Make	Audi A3
Date of Accident	13/10/2019		
Time of Accident	1600	HRS	
Location of Accident	Along Woodlands Avenue 2		
Exact purpose use during accident	Work		
Name of Owner	HJ Car Rental Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC	201843281R		
Address	6001 Beach Road #08-06 S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108216963-000008		
Name of Driver	As Above If No, Abdul Aziz Bin Judin		
NRIC	80093640E	Any Passengers :	2 unknown
Date of birth	20/10/1952		2 MALE
Occupation	Outdoor / Indoor		
Driving License Pass Date	9/12/1978		
Gender	Male / Female		
Contact No.	H/P : 96662974	Home :	Office :
Address	BLK 675A Yishun Avenue #10-760 Singapore 761675		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Hirer	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Abdul Aziz Bin Judin 96662974		
Name And Contact No.			
Police Report	No, If Yes, Where?	Marine Parade NPC	
Vehicle B No.	SKM 39710	Any Passengers :	2
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address	abdulazizjudin1952@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20191014/2146

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20191014/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 17:12	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN JUDIN			Address: APT BLK 675A YISHUN AVENUE 4 #10-760 SINGAPORE 761675		
ID Type / ID No.: NRIC NO / S0093640E			Contact No.: Home/Office: Mobile: 96662974		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 20/10/1952	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2019 16:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 2 WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM3971D	Car				Slightly Damaged	2
SLC895B	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191014/2146

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Report No. T/20191014/2146

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver			
Name	ABDUL AZIZ BIN JUDIN	ID No.	S0093640E
Related Vehicle	SLC895B (Car)	Contact No.	96662974
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	14/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/10/2019 at about 1600hrs, I was driving my car bearing registration plate no.: SLC895B at along woodland ave 2 turning into woodlands ave 1. I was at the second right lane pocket waiting for the traffic arrow light to turn green to turn right. Suddenly the car behind me hit onto my rear. I then alighted from my vehicle and took down the car plate number of the other party and left. I wish that my vehicle have an incar camera front and back however it was not switch on when the incident happened. I also wish to state that my vehicle suffered dents and cracks on the right rear bumper. I wish to state that the other party vehicle suffered scratch on the front left bumper of his vehicle.

The other party car vehicle registration number: SKM3971D

Subsequently on 14/10/2019, I feel pain on my neck and hip area hence I went to INSYNC Medical at 66 East Coast Road and got 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20191014/2146

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3





Report No. T/20191014/2146

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHO JIA LI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2019 17:12
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

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: 5108216963-000008

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLC895B
Chassis Number : WAUZZZ8V7G1087303
2. Name of Policyholder : HJ CAR RENTAL PTE LTD
3. Effective Date of Insurance : 14 Mar 2019
4. Expiry Date of Insurance : 13 Mar 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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)

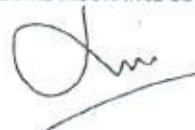
Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 14 Mar 2019 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1066875

Policy No.	5108216963	Vehicle No.	SLC895B	GST Registration No.	
Certificate No.	5108216963-000008				
Policyholder Name	HJ CAR RENTAL PTE LTD			Policyholder NRIC	201843281R
Product Code	FLEET MASTER INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	15/10/2019 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/10/2019	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JCT OF WOODLANDS AVE 2 & WOODLANDS AVE 3				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	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	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	08-06	Related Policy Number	5108216963		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	HJ CAR RENTAL PTE LTD	Insured NRIC	201843281R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLC895B	TP Vehicle Number	SKM39
Claim Description	SLC895B / SKM3971D ON 13 Oct 2019				Name of Preferred Workshop
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	15/10/2019 14:31
Report Taken By	LIEW SHAN HUI				Date Received
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1066875	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/10/2019 14:33
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mt
NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	15 Oct 2019 14:33	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-15	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	SAS	Normal	SAS 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Oct 2019 14:33	Photos	Normal	Photos 2019-10-15

Video List

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