

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 15/10/19	Job description	Date & Time Completed	Done by
Ref No NA/INC 19018195/13	SAS e-filing		
Veh No: FF4887D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/10/19 1850	i-Motor Claim Form	MT/1067033-001	
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: (mofo 51	Tel:	Fax:
TP Particulars:	Veh No: SLS7801S	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% F: 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

NA1907885

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	OT*		
	*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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-			
Cat. 1:			
Cat. 2 / 3:			

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	15/10/2019 16:26
Date Of Accident	14/10/2019 18:50
Exact Location Of Accident	BLK 137 PASIR RIS ST 11 DRIVEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FF4887D
Insured/Policyholder	
Name Of Registered Owner	ROMADAN BIN MOHD DAHLAN
NRIC No	S9703269F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87769071
Alternative Phone No	OTHERS-87769071
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101258883-01
Cover Note Number	
Driver	
Name of Driver	NAZRULARMAN DANIAL MOHAMMED TAN
NRIC No	S9704796J
Date Of Birth	12/02/1997
Occupation	INDOOR
Date Of Driving Pass	19/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87769071
Fax Number	
Contact Number	OTHERS-87769071
Email Address	NAZRULARMANN@HOTMAIL.COM

Address	BLK 146 PASIR RIS ST 11 #04-69
Postcode	510146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191015/2080

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	SLS7801S
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	NAZRULARMAN DANIAL MOHAMMED TAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FF4887D
Were seat belts worn?	
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:

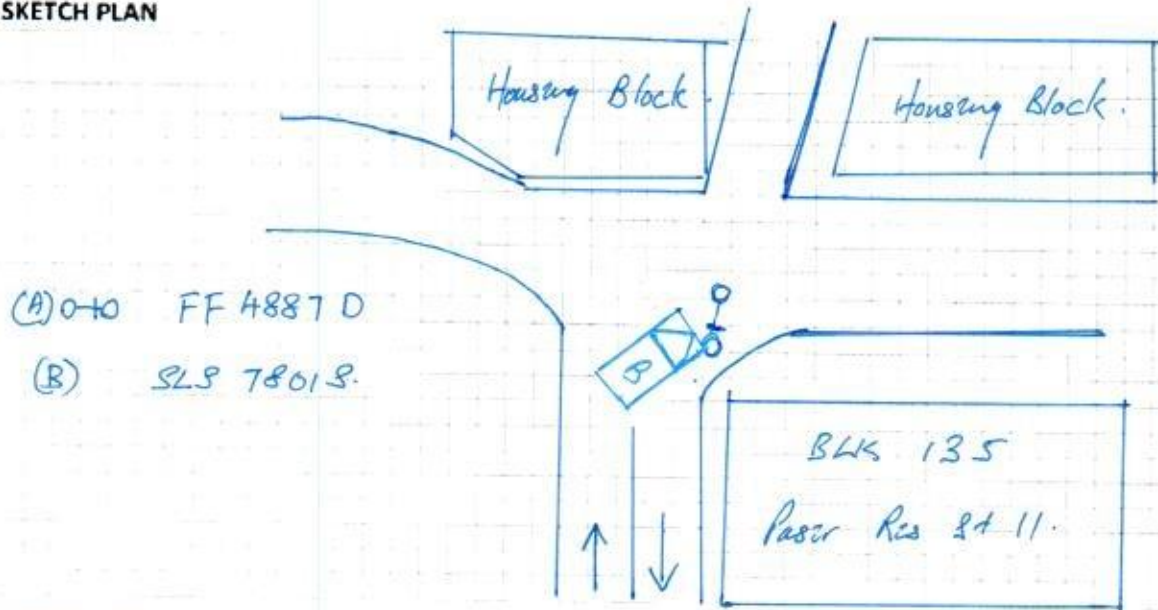
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 15/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
No : T/20191015/2080.

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.:



**SINGAPORE
POLICE FORCE**



T/20191015/2080

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20191015/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2019 13:51		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: NAZRULARMAN DANIAL MOHAMMED TAN			Address: APT BLK 146 PASIR RIS STREET 11 #04-69 SINGAPORE 510146		
ID Type / ID No.: NRIC NO / S9704796J			Contact No.: Home/Office: Mobile: 91189768		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 12/02/1997	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 18:50	Type of Location: Service Road
Location: Along Road 1 PASIR RIS STREET 11				
Along Service Road of Cluster Blk 130 - Blk 137 Pasir Ris Street 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF4887D	Motorcycle				Seriously Damaged	0
SLS7801S	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Rider			
Name	NAZRULARMAN DANIAL MOHAMMED TAN	ID No.	S9704796J
Related Vehicle	FF4887D (Motorcycle)	Contact No.	91189768
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ZAMRI BIN MOHAMAD	ID No.	S7818899E
Related Vehicle	SLS7801S (Car)	Contact No.	87769071
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 14/10/2019 at around 1850hrs, I was riding my motorcycle (FF4887D) along the service road of the cluster of Blk 130 - Blk 137 Pasir Ris Street 11. While I was riding along the two way service road in the cluster, there was a car (SLS7801S) that was on the opposite direction driving straight. The car did not signal and suddenly turned right onto my direction and knocking onto my motorcycle.

I fell down from the collision. No traffic police or ambulance attended to the scene. There were damages to both vehicles after the collision. I suffered abrasions on my right thigh and felt pain on my left ankle and knee. I went to Changi General Hospital to have my injuries checked and I was given 3 days medical leave. I had no pillion during that point of time. The car had one passenger during the accident.



SINGAPORE
POLICE FORCE



T/20191015/2080

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20191015/2080

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 /

Staff Sgt MOHAMAD ADHA BIN MOHAMAD
ADAM

Adha

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

15/10/2019 13:51

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



Vehicle No.	FF 4887 D.	Model / Make	Yamaha RXZ.
Date of Accident	14 / 10 / 19.		
Time of Accident	1850 HRS		
Location of Accident	BLK 137, Pasir Ris St 11 Driveway		
Exact purpose use during accident	Private Used.		
Name of Owner	Romadhan Bin Mohd Dahlan.		
Telephone No.	H/P: 8776 9071	Home :	Office :
NRIC	S 9703269 F.		
Address	BLK 425 Pasir Ris Drive 6 #07-85 (S) 510425		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive <u>Third Party</u>	Third Party / Fire / Theft	
Policy No.	5101258883		
Name of Driver	As Above If No, Nazrulnaran Danial Mohammed Tan.		
NRIC	S 9704796 J.	Any Passengers :	N.A.
Date of birth	12 / 02 / 1997		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	19 / 10 / 2018.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9118 9768	Home :	Office :
Address	BLK 146 Pasir Ris St 11 #04-69 (S) 510146.		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>Friend</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Nazrulnaran Danial Mohammed Tan (H/P: 9118 9768)		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u> Pasir Ris N.P.C.		
Vehicle B No.	SL8 7801 S.	Any Passengers :	01 (M)
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	N.A	Witness Contact :	N.A.
Accident Portion	Right and left side.		
Camera Recorder	Yes / <u>No</u>		
Email Address	nazrulnaran@hotmail.com		
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackie		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

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 : 5101258883

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: FF4887D

: 2UX00791

2. Name of Policyholder

: ROMADAN BIN MOHD DAHLAN

3. Effective Date of Insurance

: 08 Jun 2018

4. Expiry Date of Insurance

: 07 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for hire or reward.

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

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

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

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

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: ROMADAN BIN MOHD DAHLAN

NAMED DRIVER (2)

: NAZRULARMAN DANIAL MOHD TAN

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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

: ANG MANG YEAN (00000602050)

Date of Issue


: 06 Jun 2018 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1067033

Policy No.	5101258883-01	Vehicle No.	FF4887D	GST Registrat
Certificate No.				
Policyholder Name	ROMADAN BIN MOHD DAHLAN			Policyholder f
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	87769071	Contact No.(Office)	0	Contact No.(f
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(%)	10	Private Hire
▼ Accident Details				
Report Date	15/10/2019 17:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/10/2019	Time of Accident hh:mm	18:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 137 PASIR RIS ST 11 DRIVEWAY			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ 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 425 #07-85	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-85	Related Policy Number	5101258883-01	
▼ OI Driver Info				
Driver Name	NAZRULARMAN DANIAL MOHD TAN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	59704796J	Driver DOB
Register Date of Driver License	18/10/2018	Driver Age	22	Driving Exper
Contact No.(Mobile)	87769071	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 146	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-69			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	R
Contact No.(Mobile)	87507746	Contact No. (Home)	
Email Address	ahbol0717@gmail.com	OI Vehicle Number	F
Claim Description	FF4887D / SLS7801S ON 14 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	15/10/2019 17:45
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save

Submit

Attachment

Accident No.

MT/1067033

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/10/2019 00:00

Path *

Category *

Confidi

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

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NO

Clear

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:45	NRIC/ Driving License	Y	Normal	NRIC/ Dr	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:45	SAS		Normal	:	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:44	Photos		Normal	Pi	

Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			