

NATIONAL Assessment Centre Services

(Part 1 Jan 2003)

MMA 119144068

Job ID	31110/19 11:15	Job description	Date & Time Completed	Done by
Ref No	MMA/IMC19019227164	SAS e-filing		
Ref No	SFY 410 Y	E-mail (within 2hrs, A/C 2hrs)		
Ref No	30110/19 17:35	I-Motor Claim Form	MT/1069311201	31/10/19 13:33
Ref No		I-Motor W/O (within 24 hrs, TT 4hrs)		
Ref No		I-Photo Uploaded		
Ref No		Assessment/Survey Report		
Ref No		Ass't Report by Fax / Hand to Owner/Whip		

Protector Wksp / DUC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SDN 9127 M.	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:	(1) (Chiller: 6739/6616)	Date:	Time:	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

Comments Particulars:	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30); 30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
	For claimant's use only (use 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) N1: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* N3: 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: Ideal Mobile \$8
	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	31/10/2019 11:15
Date Of Accident	30/10/2019 17:35
Exact Location Of Accident	BEDOK NORTH RD SLIP RD INTO BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY410Y
Insured/Policyholder	
Name Of Registered Owner	COSTA HENRY
NRIC No	S0076474D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91997022
Alternative Phone No	OFFICE-91997022

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109441460
Cover Note Number	

Driver

Name of Driver	COSTA HENRY
NRIC No	S0076474D
Date Of Birth	16/06/1950
Occupation	INDOOR
Date Of Driving Pass	27/06/1974
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91997022
Fax Number	
Contact Number	OFFICE-91997022
EMail Address	NOEMAIL

Address	BLK 130 BEDOK RESERVOIR RD #14-1345
Postcode	470130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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: : TAN CHWEE CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191030/2191

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	SDN9127M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHOON KWEE
NRIC/Passport Number	S0862975G
Contact Number	96652073
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHWEE CHOO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFY410Y

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

Bedok Reservoir Rd

A = SFY 410 Y
B = SDN 9127 M.

Bedok North Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T1 20191030 / 2191

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/20191030/2191

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 4

Report No. T/20191030/2191

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 21:34	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: COSTA HENRY			Address: APT BLK 130 BEDOK RESERVOIR ROAD #14-1345 SINGAPORE 470130		
ID Type / ID No.: NRIC NO / S0076474D			Contact No.: Home/Office: Mobile: 91997022		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 16/06/1950	Type of Informant: Driver		
Race: Vietnamese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2019 17:35	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH ROAD BEDOK RESERVOIR ROAD Along the slip road from Bedok North Road turning left onto Bedok Reservoir Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SDN9127M	Car	MAZDA	MAZDA 3	White	Slightly Damaged	0
SFY410Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20191030/2191

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191030/2191

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY410Y	NTUC Income Insurance Co-Operative Limited	5109441460	29/06/2019	28/06/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	SIM CHOON KWEE	ID No.	S0862975G
Related Vehicle	SDN9127M (Car)	Contact No.	96652073
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

Driver

Name	COSTA HENRY	ID No.	S0076474D
Related Vehicle	SFY410Y (Car)	Contact No.	91997022
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

Passenger

Name	TAN CHWEE CHOO	ID No.	S0082319H
Related Vehicle	SFY410Y (Car)	Contact No.	92380921
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20191030/2191

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20191030/2191

CONTINUATION OF REPORT

Brief Details.

On 30/10/2019 at about 1736hrs, I was driving my car (silver Nissan Sylphy, bearing vehicle registration number SFY410Y) with my wife along Bedok North Road. I turned left into the slip road towards Bedok Reservoir Road (next to Advanex Building, 2306 Bedok Reservoir Road). I then stopped my car at the stop line to wait for the oncoming cars from the right to be clear.

When my car was stationary, suddenly there was a collision from the rear of my car. I alighted from my car and realised that another car (white Mazda 3, bearing vehicle registration number SDN9127M) had collided into the rear of my car.

I exchanged particulars with the other driver and took photographs of the accident. No Traffic Police or ambulance came to the accident scene. The other party admitted that he was at fault and we drove to his workshop. He agreed to claim for the repair of my car via his insurance.

Due to the accident, my car's rear bumper dented inwards. The rear boot was also dented and is not aligned. Due to the accident, my wife felt pain in her chest area and went for a medical check-up at Mount Alvernia Hospital. She was granted Medical Certificate for 3 days from 03/10/2019 to 01/10/2019. I only felt pain in my left arm area while lodging this Police report, hence I have not gone for any medical check-up. I have a camera installed in the front of my car but it was not recording.



**SINGAPORE
POLICE FORCE**



T/20191030/2191

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Report No. T/20191030/2191

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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:
E /
Sgt 3 WEE SHUN QIANG, JOSEPH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/10/2019 21:34

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

SN 64

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: 5109441460

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFY410Y**
Chassis Number : **MNTBBAB17Z0023877**
2. Name of Policyholder : **COSTA HENRY**
3. Effective Date of Insurance : **29 Jun 2019**
4. Expiry Date of Insurance : **28 Jun 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: COSTA HENRY
NAMED DRIVER (1)	: SAMUEL COSTA CI AN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 09 May 2019 16:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1069311

Policy No.	S109441460	Vehicle No.	SFY410Y	GST Registration No.	
Certificate No.					
Policyholder Name	COSTA HENRY			Policyholder NRIC	S0076474D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91997022	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	31/10/2019 13:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/10/2019	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD SLIP RD INTO BEDOK RESERVOIR RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	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 130 #14-1345	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code	470130
Unit No.	14-1345	Related Policy Number	S109441460		

O1 Driver Info

Driver Name	Costa Henry	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0076474D	Driver DOB	16/06/1950
Register Date of Driver License	01/01/1977	Driver Age	69	Driving Experience	42
Contact No.(Mobile)	91997022	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 130 #14-1345	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code	470130
Unit No.	14-1345				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	COSTA HENRY	Insured NRIC	S0076474D
Contact No.(Mobile)	91997022	Contact No.(Home)	67487475	Contact No.(Office)	
Email Address		O1 Vehicle Number	SFY410Y	TP Vehicle Number	S0N91
Claim Description	SFY410Y / S0N9127M ON 30 OCT 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	31/10/2019 13:32
Report Taken By					LEW SHAN HUI

Print AX letter

Save Submit

Attachment

Accident No.	MT/1069311	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	31/10/2019 13:33		
Path *		Category *	Confidential	Urgency *	Desci
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:33	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:33	SAS	Normal	SAS 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:33	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 31 Oct 2019 13:32	Photos	Normal	Photos 2019-10-31	
Video List					
Uploaded By/Date	Folder Date	File Name	Source		
		Display in New Window	Scan and uploading		