

# NATIONAL Assessment Centre Services

Date In: 11/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019901/13	SAS e-filing		
Veh No: FBP4223P	E-mail (w/then 8hrs; A/C 2hrs)		
DOA: 03/11/19 1300	i-Motor Claim Form	MT/1070927-001	
OD: (IP) 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: ( MT 051 Tel: Fax: )

TP Particulars: Veh No: SMP3542U 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

NA1908516 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TP: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) RT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments :- For claiming against INC Only (wef 10 Jan 2005)

Cat. 1: 6) TR: Re-inspection \$75

Cat. 2 / 3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services -

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	11/11/2019 09:45
Date Of Accident	03/11/2019 13:00
Exact Location Of Accident	BEDOK NORTH DRIVE INFRT BLK 204 BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBP4223P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRFAN BIN RASHIDI
NRIC No	T0015289C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92384866
Alternative Phone No	OTHERS-92384866
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FS150
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108560822
Cover Note Number	
<b>Driver</b>	
Name of Driver	IRFAN BIN RASHIDI
NRIC No	T0015289C
Date Of Birth	14/05/2000
Occupation	INDOOR
Date Of Driving Pass	28/03/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92384866
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 117 BEDOK NORTH ROAD #02-217
Postcode	460117
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	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?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20191108/7009

**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	SMP3542U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOR LOCK HONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	IRFAN BIN RASHIDI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP4223P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

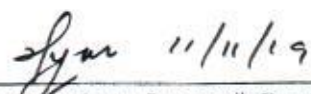
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

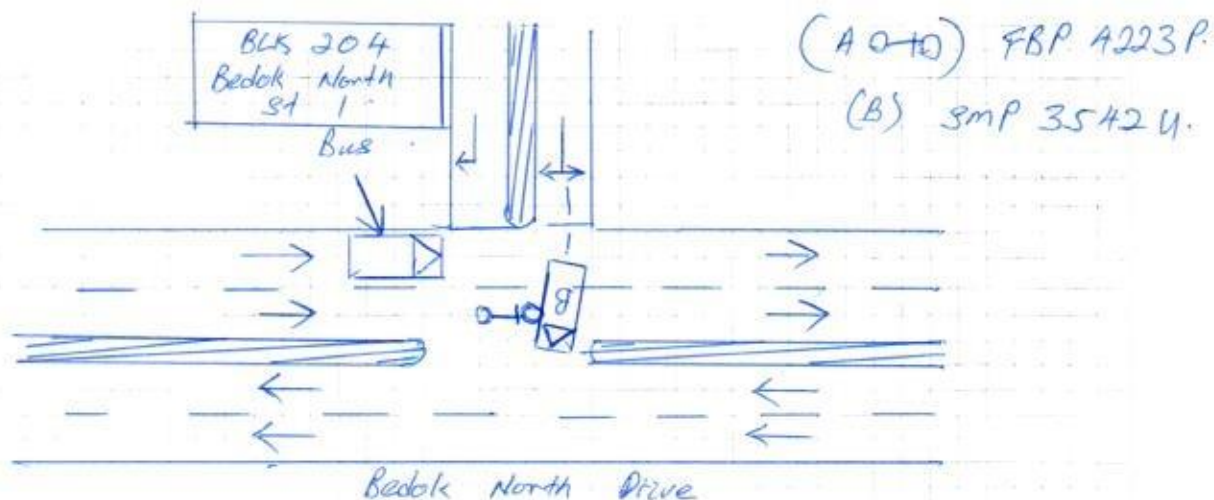


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report  
No : T/2019 1108/7009

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 11/11/19

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



# SINGAPORE POLICE FORCE



T/20191108/7009

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191108/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/11/2019 12:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: IRFAN BIN RASHIDI			Address: APT BLK 117 BEDOK NORTH ROAD #02-217 SINGAPORE 460117		
ID Type / ID No.: NRIC NO / T0015289C			Contact No.: Home/Office: Mobile: 92384866		
Nationality: SINGAPORE CITIZEN			Email: irfanbrashidi@gmail.com		
Sex: Male	Age: 19	Date of Birth: 14/05/2000	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2019 12:30	Type of Location: Straight Road
Location:  BEDOK NORTH DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4223P	Motorcycle	HONDA	FS150F	Red		0
SMP3542U	Car	MERCEDES BENZ		Black		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4223P	NTUC Income Insurance Co-Operative Limited	5108560822	29/03/2019	28/03/2020



**SINGAPORE  
POLICE FORCE**



T/20191108/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20191108/7009

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	IRFAN BIN RASHIDI	ID No.	T0015289C
Related Vehicle	FBP4223P (Motorcycle)	Contact No.	92384866
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/11/2019	Date Discharge	03/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 3rd Nov 2019, i was involved in a traffic accident at Bedok North Dr , opposite Djitsun Mall around 1230pm. I was along 204 Bedok North St 1 turning left into Bedok North Dr heading straight and the lane beside me there was a bus. Once the bus passed by the gantry of 204 Bedok North St 1, a car wanted to make a right turn and it hit the front of my motorcycle causing me to be injured.



**SINGAPORE  
POLICE FORCE**



T/20191108/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191108/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFYAN BIN KHAIRI  
Contact No.: 65476390

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/11/2019 12:55

Classification Of Case:

Authentication Stamp

NP168

<b>Vehicle No.</b>	FBP 4223 P	Model / Make	Honda FS 150.
Date of Accident	03/11/19.		
Time of Accident	1300 HRS		
Location of Accident	Bedok North Drive in front Bk 204. Bedok North St 1.		
Exact purpose use during accident	Private Used.		
<b>Name of Owner</b>	Irfan Bin Rashidi		
Telephone No.	H/P : 9238 4866	Home :	Office :
NRIC	T0015289C.		
Address	Bk 117 Bedok North Road #02-217 (S) 460117.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC.		
Type of Coverage	Comprehensive	Third Party	<u>Third Party / Fire / Theft</u>
Policy No.	5108560822.		
<b>Name of Driver</b>	<u>As Above If No,</u>		
NRIC	Any Passengers : N.A.		
Date of birth	14/05/2000.		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	28/03/2019.		
Gender	<u>Male</u>	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <u>Owner</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.	Irfan Bin Rashidi (H/P: 9238 4866)		
Name And Contact No.			
Police Report	No,	<u>If Yes, Where?</u>	<u>Traffic Police (Online)</u> .
<b>Vehicle B No.</b>	SMP 3542 U.	Any Passengers :	01 (F)
Name of Driver	Khor Lock Hong.	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Front portion and left side.		
Camera Recorder	Yes / <u>No</u>		
Email Address	irfanbrashidi@gmail.com		
<b>PARTICULAR WORKSHOP</b>	meTo 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** : 5108560822

**Cover** : Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBP4223P          |
| Chassis Number                                      | : PMKKC2760KB218263 |
| 2. Name of Policyholder                             | : IRFAN BIN RASHIDI |
| 3. Effective Date of Insurance                      | : 29 Mar 2019       |
| 4. Expiry Date of Insurance                         | : 28 Mar 2020       |
| 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: IRFAN BIN RASHIDI
NAMED DRIVER (2)	: MUHAMMAD GHILMAAN BIN SULAINI
HIRE PURCHASE COMPANY	: A.S. PHOON PTE 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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 29 Mar 2019 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

03/11/2019 13:00

Vehicle No.(For Motor)

FBP4223P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5108560822		IRFAN BIN RASHIDI	T0015289C	GMC	Third Party, Fire & Theft	FBP4223P	FBP4223P	29/03/2019	28/03/2020

Continue

Claim Handling

Accident MT/1070927

Policy No.	5108560822	Vehicle No.	FBP4223P	GST Registr
Certificate No.				
Policyholder Name	IRFAN BIN RASHIDI			Policyholder.f
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	92384866	Contact No.(Office)	0	Contact No.(i
Email Address		Special Remark		eCode
KFK	<div><div>No</div><div>Yes</div></div>	TCA	<div><div>No</div><div>Yes</div></div>	eCode Reasoi
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	12/11/2019 09:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2019	Time of Accident hh:mm	13:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK NORTH DRIVE INFRT BLK 204 BEDOK NORTH ST 1			

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 117 #02-217	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-217	Related Policy Number	5108560822	

OI Driver Info

Driver Name	IRFAN BIN RASHIDI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	T0015289C	Driver DOB
Register Date of Driver License	29/03/2019	Driver Age	19	Driving Exper
Contact No.(Mobile)	92384866	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 117	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-217			
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div><div>Yes</div><div>No</div></div>
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Modification History

Claim 001 OD-MX

New

Claim Type \*

OD-MX

Insured Name

I

Contact No.(Mobile)

92384866

Contact No. (Home)

Email Address

IRFANBRASHIDI@GMAIL.COM

OI Vehicle Number

F

Claim Description

FBP4223P / SMP3542U ON 3 Nov 2019

Preferred Workshop

Insured Liability

Not at Fault

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Contact No. Finalisation

Yes

Date Registered

12/11/2019 09:24

Claim Close Date

Report Taken By

ROSILINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1070927

Claim No.

001

Last Doc. Received

\* Yes

No

Upload Date

12/11/2019 00:00

Path \*

Category \*

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen










Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:24		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:24		SAS		Normal	!
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:24		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:24		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:24		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:23		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		Photos		Normal	PI
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2019 09:22		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>			