

NATIONAL Assessment Centre Services

Date In: 27/11/19	Job description:	Date & Time Completed:	Done by:
Ref No: NA/INC/19020999/13	SAS e-filing		
Veh No: FBP9085M	E-mail (w/der, 3hrs, AD, 2hrs)		
D.O.A: 20/11/19 1645	i-Motor Claim Form	MT/1073370 - 001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MT0 51)	Tel:	Fax:
TP Particulars:	Veh No: SLW6055P	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

NA1908957	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 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	27/11/2019 14:32
Date Of Accident	20/11/2019 16:45
Exact Location Of Accident	EAST COAST PARK SVC RD JUNC OF MARINE PARADE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9085M
Insured/Policyholder	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	201907523C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98983441

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109081580
Cover Note Number	

Driver

Name of Driver	SYAFIQ BIN ABDUL RAHMAN
NRIC No	S9001536B
Date Of Birth	10/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289621
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 443 SIN MING AVE #03-437
Postcode	570443
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	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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191122/2180

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	SLW6055P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU ENG TICK
NRIC/Passport Number	
Contact Number	97838706
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SYAFIQ BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP9085M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.



[Signature]

Policyholder's Signature
Date & Time:

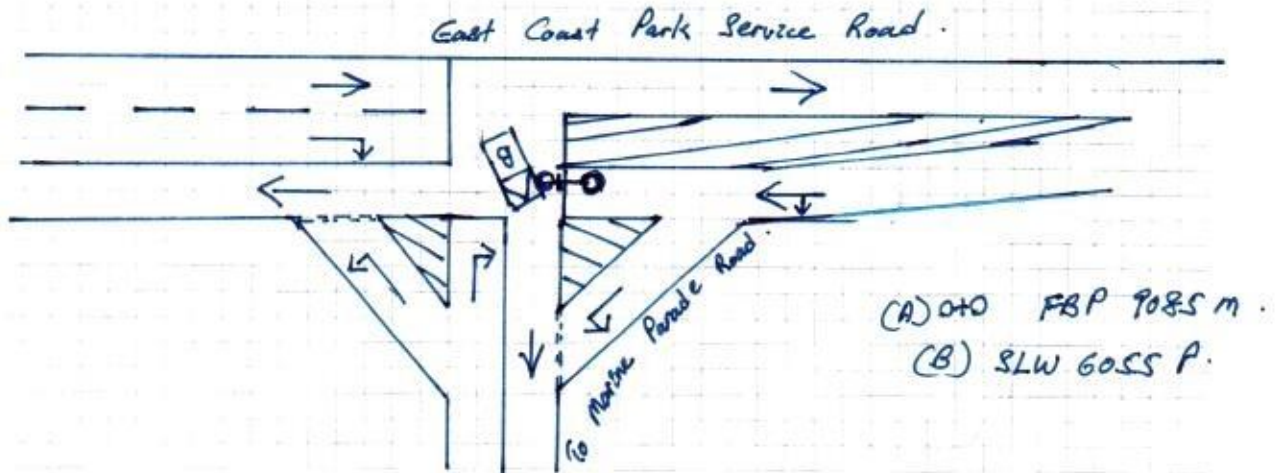
[Signature]

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

[Signature] 27/6/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report No:
T/20191122/2180

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.:



Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 20:03	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: SYAFIQ BIN ABDUL RAHMAN			Address: APT BLK 443 SIN MING AVENUE #03-437 SINGAPORE 570443		
ID Type / ID No.: NRIC NO / S9001536B			Contact No.: Home/Office: Mobile: 84289621		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 10/01/1990	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2019 16:45	Type of Location:
Location: Along Road 1 EAST COAST PARK SERVICE ROAD towards Changi direction near to Marine Parade exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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
FBP9085M	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	Seriously Damaged	0
SLW6055P	Car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191122/2180

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20191122/2180

CONTINUATION OF REPORT

Rider			
Name	SYAFIQ BIN ABDUL RAHMAN	ID No.	S9001536B
Related Vehicle	FBP9085M (Motorcycle)	Contact No.	84289621
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	22/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	Lau Eng Tick	ID No.	S6369650Z
Related Vehicle	SLW6055P (Car)	Contact No.	97838706
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 20/11/2019 at 1645hrs, my vehicle (FBP9085M) was travelling inside East Coast Park Service road towards Changi direction. The weather was clear and traffic volume was light. As I was on the 2 way lane going straight, there was one car (SLW6055P) which was turning right. The car did not stop for me as I have the right of way. My bike did not manage to stop in time and collided into it. Shortly, Ambulance and TP came to scene. The damages to my bike is the front and left portion. The damages to the car is the left portion. There is an in-car camera installed inside the car. I was conveyed to the hospital. I was warded in the hospital and only got discharge on the 22/11/2019. I was given 2 weeks of MC. Lodging report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20191122/2180

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20191122/2180

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 2 CASSIDY TAN GIA LOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 20:03
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: Authentication Stamp NP168	SN 070
SIGNATURE	

Vehicle No.	FBP 9085 M	Model / Make	Yamaha Aerox GDR 155
Date of Accident	20/11/19		
Time of Accident	1645 HRS		
Location of Accident	East Coast Park Service Road junction Marine Parade Road.		
Exact purpose use during accident	Private Used		
Name of Owner	Rent - A - Bike Pte Ltd		
Telephone No.	H/P : 9898 3441	Home :	Office :
NRIC	201907523 C		
Address	25, Kaki Bukit Road 4, #03-37, Synergy, (S) 417800		
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.	510908580 - 000003		
Name of Driver	As Above If No, Syafiq Ben Abdul Rahman		
NRIC	S 9001536B	Any Passengers : N.A.	
Date of birth	10/01/1990		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	07/08/2008		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 8428 9621	Home :	Office :
Address	BLK 443 Sin Ming Ave #03-437 (S) 570443		
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, If Yes, Who?		
Name And Contact No.	Syafiq Ben Abdul Rahman (H/P: 8428 9621)		
Name And Contact No.			
Police Report	No, If Yes, Where? <u>Thomson NPP</u>		
Vehicle B No.	SLW 655P	Any Passengers :	N.A.
Name of Driver			
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	Front portion & left side		
Camera Recorder	Yes <u>No</u>		
Email Address	figgohany10@gmail.com		
PARTICULAR WORKSHOP	Moto 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackee		
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 : 5109081580-000003

Cover : Third Party, Fire & Theft

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBP9085M |
| Chassis Number | : MH3SG4610KJ214529 |
| 2. Name of Policyholder | : RENT-A-BIKE PTE. LTD. |
| 3. Effective Date of Insurance | : 03 Jul 2019 |
| 4. Expiry Date of Insurance | : 02 Jul 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: COMFORT CYCLE PRIVATE LIMITED
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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 23 Apr 2019 16:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1073370

Policy No.	S109081580	Vehicle No.	FBP9085M	GST Registrat
Certificate No.	S109081580-000003			
Policyholder Name	RENT-A-BIKE PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98983441	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	28/11/2019 09:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/11/2019	Time of Accident hh:mm	16:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	EAST COAST PARK SVC RD JUNC OF MARINE PARADE RD			
▼ 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	28/11/2019 09:31:55 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	BLK 737 #07-36	Address 2	TAMPINES STREET 72	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-36	Related Policy Number	S109081580	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYAFIQ BIN ABDUL RAHMAN	Driver NRIC	S90015366	Driver DOB
Register Date of Driver License	07/08/2008	Driver Age	29	Driving Exper
Contact No.(Mobile)	84269621	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 443	Address 2	SIN MING AVENUE	Address 3
Address 4	SINGAPORE 570443	Address Type	Singapore address	Post Code
Unit No.	#03-437			
Does he own a Singapore Registered car?	<div>YesNo</div>	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>YesNo</div>	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	P
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	F
Claim Description	FBP9085M / SLW6055P ON 20 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	28/11/2019 09:34	Claim Close Date	
Report Taken By	ROSOLINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No. MT/1073320

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 28/11/2019 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 28 Nov 2019 09:34	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:34	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:34	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2019 09:33	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>			