

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	30/11/2019 13:43
Date Of Accident	29/11/2019 18:00
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7667G
Insured/Policyholder	
Name Of Registered Owner	NEILA KUMARAN S/O HUTHAYA KUMAR
NRIC No	S9001278I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266667
Alternative Phone No	OFFICE-97266667

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107370468
Cover Note Number	

Driver

Name of Driver	NEILA KUMARAN S/O HUTHAYA KUMAR
NRIC No	S9001278I
Date Of Birth	08/01/1990
Occupation	INDOOR
Date Of Driving Pass	22/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97266667
Fax Number	
Contact Number	OFFICE-97266667
EEmail Address	NOEMAIL

Address	BLK 319 JURONG EAST ST 31 #02-52
Postcode	600319
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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	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

REFER TO POLICE REPORT T/20191130/7004

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	SLM1378T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94592197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP6245R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number 81246911
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XD3336G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number 83282931
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEILA KUMARAN S/O HUTHAYA KUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT7667G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



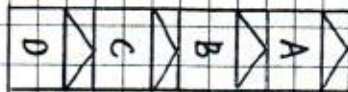
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN




A: SJT 7667G B: SLM 1378T C: YP 6245R D: XD 3336G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:



reporting centre personnel's Signature
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191130/7004

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

1 of 3

Report No. T/20191130/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 11:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NEILA KUMARAN S/O HUTHAYA KUMAR			Address: APT BLK 319 JURONG EAST STREET 31 #02-52 SINGAPORE 600319		
ID Type / ID No.: NRIC NO / S9001278I			Contact No.: Home/Office: Mobile: 97266667		
Nationality: SINGAPORE CITIZEN			Email: jram.kumaran@gmail.com		
Sex: Male	Age: 29	Date of Birth: 08/01/1990	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2019 18:00	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7667G	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB	White		0
SLM1378T	Car					0
XD3336G	Lorry					0
YP6245R	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20191130/7004

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

2 of 3

Report No. T/20191130/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT7667G	NTUC Income Insurance Co-Operative Limited	5107370468	01/02/2019	28/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEILA KUMARAN S/O HUTHAYA KUMAR		ID No. S9001278I
Related Vehicle	SJT7667G (Car)		Contact No. 97266667
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	04	Degree of Injury	Slight

Brief Details.

On the stated date and time, I was travelling along PIE towards Tuas on the second lane. As the vehicle in front of me suddenly stopped, I followed to stop my vehicle (SJT7667G) without any contact with the vehicle in front of me. Out of sudden, I felt an impact from my rear. When I alighted to check, I realised that I was involved in a 4 cars chain collision. Vehicle (SLM1378T) collided onto my vehicle followed by third vehicle (YP6245R) and the last vehicle (XD3336G).



**SINGAPORE
POLICE FORCE**



T/20191130/7004

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

3 of 3

Report No. T/20191130/7004

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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

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

Date/Time:
30/11/2019 11:01

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	29/11/2019 (DD/MM/YY)
Time of accident	1800 (HH:MM)
Exact location of accident	Along PIE towards Tuas

DETAILS OF VEHICLE	
Vehicle registration number	SJT 7667 G
Vehicle make and model	Mitsubishi Lancer
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Neila Kumaran s/o Huthaya Kumar Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S90012781
Contact	9726 6667
Address	B1k 319 Jurong East St 31 #02-52 S(600319)

DRIVER	SAME AS INSURED ABOVE <input checked="" type="checkbox"/> (SKIP TO D.O.B)	
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	08/01/1990	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	22/11/2008	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	01 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLM 13787
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	9459 2197

B

THIRD PARTY VEHICLE 2	
Vehicle registration number	YP 6245R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	8124 6911

C

THIRD PARTY VEHICLE 3	
Vehicle registration number	XD 3336G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	8328 2931

D

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Neila Kumaran s/o Huthaya Kumar
Injuries sustained	Back and neck , hand and knee
Which vehicle person in?	SJT 7667
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/11/2019 13:42"/>
Vehicle No.(For Motor)	<input type="text" value="SJT7667G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107370468		NEILA KUMARAN S/O HUTHAYA KUMAR	S90012781	GPC	drivo CLASSIC	SJT7667G	SJT7667G	01/02/2019	28/04/2020

Claim Handling

Accident MT/1073733

Policy No.	5107370468	Vehicle No.	SJT7667G	GST Registration No.	
Certificate No.				Policyholder NRIC	S9001278I
Policyholder Name	NEILA KUMARAN S/O HUTHAYA KUMAR	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97266667	Special Remark		eCode	No ▼
Email Address		TCA	= No Yes	eCode Reason	
KFK	= No Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				
▼ Accident Details					
Report Date	30/11/2019 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/11/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1500	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	3500.00				
▼ 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 319 #02-52	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 600319
Address 4		Address Type	Singapore address	Post Code	600319
Unit No.	02-52	Related Policy Number	5107370468		
▼ DI Driver Info					
Driver Name	NEILA KUMARAN S/O HUTHAYA KUMAR	Driver Type	Main Driver	Driver DOB	08/01/1990
Unnamed driver Name		Driver NRIC	S9001278I	Driving Experience	11
Register Date of Driver License	22/11/2008	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	97266667	Contact No.(Office)		Address 3	SINGAPORE 600319
Address 1	BLK 319 #02-52	Address 2	JURONG EAST STREET 31	Post Code	600319
Address 4		Address Type	Singapore address		
Unit No.	02-52	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NEILA KUMARAN S/O HUTHAYA	Insured NRIC	S9001278I
Contact No.(Mobile)	97211117	Contact No. (Home)	62975997	Contact No. (Office)	633401
Email Address	YOGIVAANI.0824@GMAIL.COM	DI Vehicle Number	SJT7667G	TP Vehicle Number	SLM13
Claim Description	SJT7667G / SLM136T ON 29 Nov 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/11/2019 15:11
Report Taken By				Date Received	30/11/2019
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1073733	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	30/11/2019 15:11		
Path *		Category *	Confidential	Urgency *	Desc
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		Clear	Please Select	NO	Normal
▼ Attachment List					

Attachment

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Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	SAS	Normal	SAS 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:11	Photos	Normal	Photos 2019-11-30

Video List

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