

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAA119162888**

Date In: 11/12/19 - 11:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC190780524	SAS e-filing		
Veh No: 5JR7103C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/11/19 - 18:25	i-Motor Claim Form	07/12/19 11:35	11/12/19 11:35
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **5J5538A** 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% P: 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
QC Checked by (Engr-In-Charge):	Q11*			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Date 1:	Invoice dated	Fee Charged		
Date 2 / 3:	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	11/12/2019 11:23
Date Of Accident	10/12/2019 18:25
Exact Location Of Accident	WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7103C
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RENTALS PTE LTD
Co Reg No	201908510M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90601209
Alternative Phone No	OFFICE-90601209

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5108392299
Cover Note Number	

Driver

Name of Driver	KONG KING SENG (JIANG QINGXING)
NRIC No	S7201881H
Date Of Birth	17/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93378632
Fax Number	
Contact Number	OFFICE-93378632
EEmail Address	NOEMAIL

Address	BLK 547 ANG MO KIO AVENUE 10 #05-2234
Postcode	560547
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191211/2034.

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	SJS5338A
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KONG KING SENG (JIANG QINGXING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR7103C

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 Authorized 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 rescind the 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 based 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 Line
Name:
Date & Time:

[Signature]

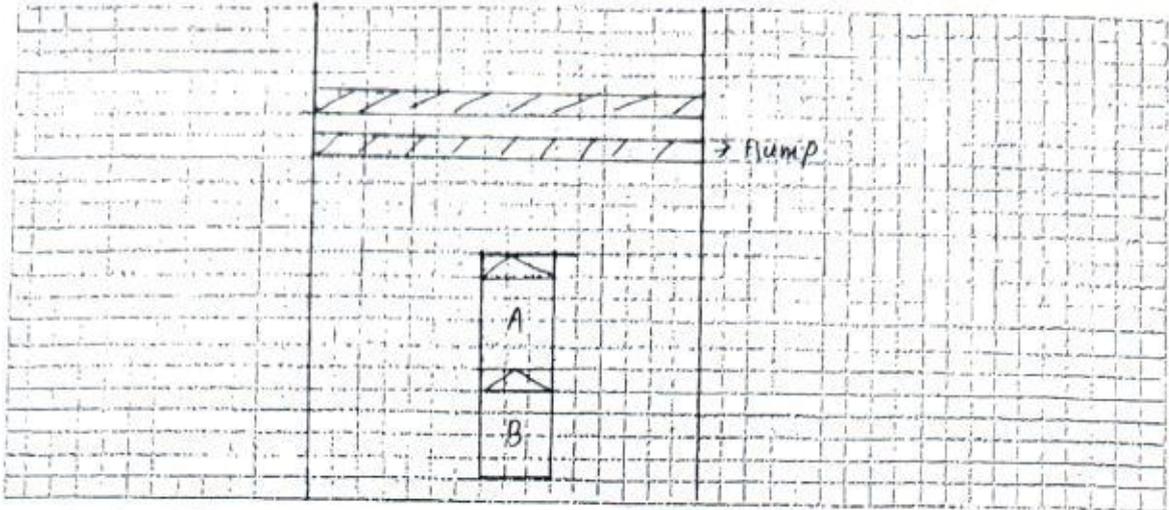
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]

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

Vehicle A : SJR7103C
Vehicle B : SJJ5338A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.



Reporting Centre Person's Signature
Date & Time:

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

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

Date of Accident : 10/12/2019 Accident Time: 1825 PM (24-HR-Format)
 Accident Place : Woodlands Ave 9
 Vehicle Reg. No. (Car Plate No.) : SJR7103C
 Vehicle Make/Model : Nissan Sylphy
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name /IC No. : Reliable Rentals Pte Ltd
 Owner or Company Contact No. : 90601209 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Kong King Jeng (Trang Qingking)
 DRIVER'S Date Of Birth : 17/01/1972 DRIVER'S License Pass Date 26/05/2010
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
 DRIVER'S Address : Blk 547 Ang Mo Kio Ave 10 #05-2234
 DRIVER'S Contact No./ Alt No. : 1) 93378632 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 - Female passenger

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SJSS338A</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA Altis</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Injuries - 4 days.



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No 1800-5529999

Report No T/20191211/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 11/12/2019 10:23	Vide Report No.	Station Diary No.: 26
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Informant's Particulars

Name of Informant: KONG KING SENG		Address: APT BLK 547 ANG MO KIO AVENUE 10 #05-2234 SINGAPORE 560547	
ID Type / ID No.: NRIC NO / S7201881H		Contact No.: Home/Office: Mobile: 93378632	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 17/01/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		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: 10/12/2019 18:25	Type of Location:
Location: Along Road 1 WOODLANDS AVENUE 9 ENTRANCE OF REPUBLIC POLY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SJR7103C	Car	NISSAN		Silver	Seriously Damaged	1
SJS5338A	Car	TOYOTA		Silver		0

Details of Person Involved

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



Police Station Of Origin
Bishan N P C
20 Bishan Street 23 SINGAPORE 579757
Tel No 1800-5529999

Report No T/20191211/2034

CONTINUATION OF REPORT

Passenger			
Name	OI MEI LING	ID No.	0
Related Vehicle	SJR7103C (Car)	Contact No.	96605806
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	KONG KING SENG	ID No.	S7201881H
Related Vehicle	SJR7103C (Car)	Contact No.	93378632
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	11/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ZHENG JIA CHENG	ID No.	0
Related Vehicle	SJS5338A (Car)	Contact No.	91395000
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 10.12.2019 at around 1825hrs, I was going to pick up a passenger inside Republic Poly. There were quite a few cars lining up to enter the school. I was driving slowly and stopped on the hump when suddenly I felt an impact. I stopped and exited from my car (SJR7103C) when I discovered another car (SJS5338A) had collided with my car from the rear.

I also had one female passenger inside my car at that time. Police or Ambulance was not required at scene. There were damages mainly around the rear portion of my car. I have an in car camera but the incident was not captured.

I went to the clinic today and was given 4 days of MC. I am lodging this report for insurance claim purpose.



SINGAPORE
POLICE FORCE



T/20191211/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4

Report No. T/20191211/2034

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20191211/2034

4 of 4

Report No. T/20191211/2034

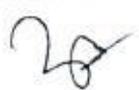
Police Station Of Origin:
Bishan N P C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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 REEMA KAUR SANDHU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2019 10:23
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 061 
Authentication Stamp NP168	SIGNATURE



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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="radio"/>	5108392299	5108392299-000008	RELIABLE RENTALS PTE LTD	201908510M	GFM	Third Party	SJR7103C	SJR7103C	12/07/2019	21/03/2020

Continue

Policy Information

Policy No.	5108392299	Policyholder Name	RELIABLE RENTALS PTE LTD	Policyholder NRIC	201908510M
Certificate No.	5108392299-000008				
Address	3 YISHUN CLOSE #09-05 SYMPHONY SUITES SINGAPORE 768005				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/03/2019	Effective Date	22/03/2019 00:00	Expiry Date	21/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	3 YISHUN CLOSE	Address 2	#09-05 SYMPHONY SUITES	Address 3	SINGAPORE 768005
Address 4		Address Type	Singapore address	Post Code	768005
Unit No.	09-05	Related Policy Number	5111499798		

Insured Object: 5108392299-000008

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1075223

Policy No.	5108392399	Vehicle No.	SJR7103C	GST Registration No.	
Certificate No.	5108392399-000008				
Policyholder Name	RELIABLE RENTALS PTE LTD	Cover Type	Third Party	Policyholder NRIC	201908510M
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90601209	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Enticement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Yes		
↳ Accident Details					
Report Date	11/12/2019 11:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/12/2019	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 9				
↳ Total Excess Applicable					
Excess Type	Per Accident	Windscreen excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

↳ Benefits

↳ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

↳ Policyholder Mailing Address

Address 1	3 YISHUN CLOSE	Address 2	#09-05 SYMPHONY SUITES	Address 3	SINGAPORE 768005
Address 4		Address Type	Singapore address	Post Code	768005
Unit No.	09-05	Related Policy Number	5111499798		

↳ DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/01/1972
Unnamed driver Name	KONG KING SENG (JIANG QING)	Driver NRIC	S7201881H	Driving Experience	9
Register Date of Driver License	26/05/2010	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	93378632	Contact No.(Office)	0	Address 1	CHENG SAN GREEN
Address 1	BLK 547	Address 2	ANG MO KIO AVENUE 10	Address 3	
Address 4	SINGAPORE 560547	Address Type	Singapore address	Post Code	560547
Unit No.	05-2234				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	RELIABLE RENTALS PTE LTD	Insured NRIC	201908510M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	87416868
Email Address		DI Vehicle Number	SJR7103C	TP Vehicle Number	535538A
Claimant Type Claimant Type *	Please Select	Type of benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR7103C / S355338A ON 10 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name Unknown	GIA report	Received
Date Registered	11/12/2019 11:35	Claim Close Date		Date Received	11/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1075223	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2019 11:36

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:36	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	SAS	Normal	SAS 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 11 Dec 2019 11:35	Photos	Normal	Photos 2019-12-11	

Video List

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