

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA119163844**

Date In: 12/11/19-12:23	Job description	Date & Time Completed	Done by
Ref No: NA119163844	SAS e-filing		
Veh No: JMA13813	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/19-12:26	i-Motor Claim Form	12/11/19 12:35	
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:	Veh No: SB565126	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

NA190924	Invoice Preparation Checklist		Am't (\$) Est 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) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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	12/12/2019 17:23
Date Of Accident	11/12/2019 20:25
Exact Location Of Accident	JUNC ORCHARD RD & BUYONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1381J
Insured/Policyholder	
Name Of Registered Owner	ASIA CARZ AUTO
Co Reg No	53310402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85712226
Alternative Phone No	OFFICE-85712226

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5102880307-01
Cover Note Number	

Driver

Name of Driver	LOY CHEN SOON
NRIC No	S8572105D
Date Of Birth	29/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2004
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93577333
Fax Number	
Contact Number	OFFICE-93577333
Email Address	NOEMAIL

Address	BLK 333A ANCHORVALE LINK #06-338
Postcode	541333
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SBS6510G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHD AZRI BIN HISHAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOY CHEN SOON
------	---------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA1381J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 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.

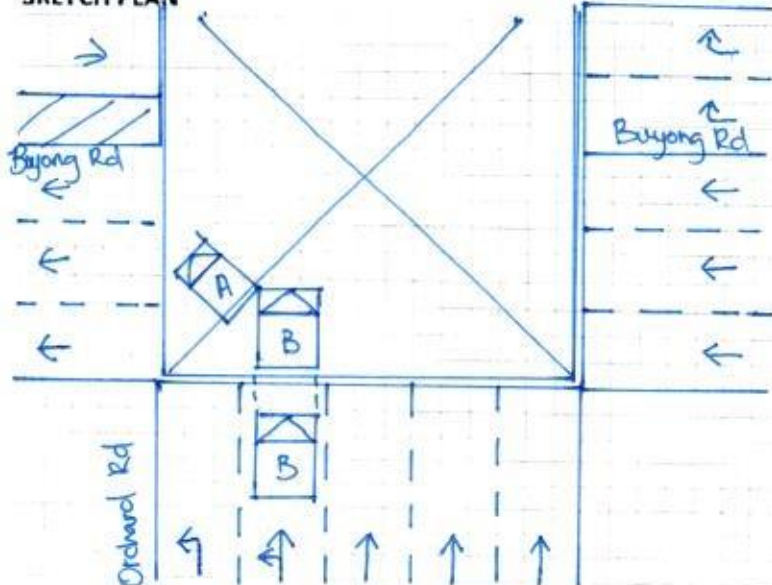

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



Vehicle A : SMA1381J
Vehicle B : SBS6510G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SMA1381J) traveling along Orchard Rd on the forth lane of a 5-lanes, road. Somewhere at the junction of Buyong Rd, my vehicle was turning left, vehicle ahead made a jammed brake. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SBS6510G) came from rear and the front portion of vehicle B collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SMA 1381J		Model / Make	BMW 523i
Date of Accident	11/12/2019			
Time of Accident	2025	HRS		
Location of Accident	Along Orchard Rd / Buyong Rd			
Exact purpose use during accident	Work			
Name of Owner	Asm Carz Auto			
Telephone No.	H/P : 8571 2226	Home :	Office :	
NRIC	53310402E			
Address	Blk 24 Sin ming Lane, Midview city #02-95 S(573970)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5102880307-01			
Name of Driver	As Above If No, Loy Chen Soon			
NRIC	S8572105D	Any Passengers : -		
Date of birth	29/5/1985			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	12/1/2004			
Gender	Male / Female			
Contact No.	H/P : 93577333	Home :	Office :	
Address	BLK 333A Anchorvale Link #06-338 S(541333)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state Hirer			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.	Loy Chen Soon			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SBS 6510G	Any Passengers :		
Name of Driver	Mohd Azri Bin Hisham	Contact No. :		
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		Witness Contact :		
Accident Portion	Rear portion			
Camera Recorder	Yes / No			
Email Address	loycolin@hotmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
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: 5102880307-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMA1381J**
Chassis Number : WBAFP32060C864342
2. Name of Policyholder : ASIA CARZ AUTO
3. Effective Date of Insurance : 18 Apr 2019
4. Expiry Date of Insurance : 17 Apr 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ASIA CARZ HOLDING 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 : CH INSURANCE AGENCY PTE. LTD. (00000615369)
Date of Issue : 14 Jan 2019 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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="11/12/2019 20:25"/>
Vehicle No. (For Motor)	<input type="text" value="SMA1381J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102880307-01		ASIA CARZ AUTO	53310402E	GFT	drive CLASSIC	SMA1381J	SMA1381J	18/04/2019	

Policy Information

Policy No.	5102880307-01	Policyholder Name	ASIA CARZ AUTO	Policyholder NRIC	53310402E
Certificate No.					
Address	18 SIN MING LANE #02-06 MIDVIEW CITY SINGAPORE 573960				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/01/2019	Effective Date	15/01/2019 00:00	Expiry Date	14/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	CH INSURANCE AGENCY PTE. L1 Agent Tel.		98781682	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	18 SIN MING LANE	Address 2	#02-06 MIDVIEW CITY	Address 3	SINGAPORE 573960
Address 4		Address Type	Singapore address	Post Code	573960
Unit No.	04-98	Related Policy Number	5111168323		

Insured Object: SMA1381J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/01/2019 00:00	Basic Information Endorsement	000001286994505	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJV8255U 18-04-2019 \$1,240.68 In view of this amendment, an additional premium of \$1,240.68 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJD2982M 18-04-2019 \$1,066.64 2. SJE1221C 18-04-2019 \$1,066.64 3. SJF9452U 18-04-2019 \$1,066.64 4. SJX3079J 18-04-2019 \$947.22 5. SKB9624A 18-04-2019 \$1,237.29 6. SKF8844S 18-04-2019 \$1,200.99 7. SKX5835T 18-04-2019 \$947.22 8. SLL9700Z 18-04-2019 \$1,035.34 9. SLT5769K 18-04-2019 \$1,035.34 10. SMA1381J 18-04-2019 \$1,237.29 In view of this amendment, an additional premium of \$10,840.62 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 from the date of this letter. For cheque</p>
2	02/04/2019 00:00	Basic Information Endorsement	000001287041879	Endorsement Take Effective	

Claim Handling

Accident MT/1075508

Policy No.	5102880107-01	Vehicle No.	SMA13811	GST Registration No.	
Certificate No.					
Policyholder Name	ASIA CARZ AUTO	Cover Type	drive CLASSIC	Policyholder NRIC	53310402E
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	85712226	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	12/12/2019 17:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/12/2019	Time of Accident (hr:min)	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC ORCHARD RD & BUYONG RD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	1R SIN MING LANE	Address 2	#02-06 MIDVIEW CITY	Address 3	SINGAPORE 573960
Address 4		Address Type	Singapore address	Post Code	573960
Unit No.	04-98	Related Policy Number	5111368323		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/05/1985
Unnamed driver Name	LOY CHEN SOON	Driver NRIC	S457210SD	Driving Experience	15
Register Date of Driver License	12/01/2004	Driver Age	34	Contact No. (Home)	0
Contact No. (Mobile)	92577333	Contact No. (Office)	0	Address 3	ANCHORVALE ISLES
Address 1	BLK 333A	Address 2	ANCHORVALE LINK	Post Code	541333
Address 4	SINGAPORE 541333	Address Type	Singapore address		
Unit No.	06-335	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-HX	Insured Name	ASIA CARZ AUTO	Insured NRIC	53310402E
Contact No. (Mobile)	93211939	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SMA13811	TP Vehicle Number	SBS6510G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SMA13811 / SBS6510G ON 11 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2019 17:35	Claim Close Date		Date Received	12/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1075508	Claim No.	001
Left Doc: Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2019 17:36
Path *			
Category *			
Confidential			
Urgency *			
Description *			
Browse...	Clear	Please Select	
Browse...	Clear	Please Select	
Browse...	Clear	Please Select	
Browse...	Clear	Please Select	
Browse...	Clear	Please Select	
Browse...	Clear	Please Select	
<input type="checkbox"/> Send Message			
Attachment List			

Map Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	SAS		Normal	SAS 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 17:35	Photos		Normal	Photos 2019-12-12	

Video List

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