

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA/20000944

Date In: 3/1/20-12:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000165/24	SAS e-filing		
Veh No: 5682933	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/1/20-19:50	i-Motor Claim Form	M7/152843-001	3/1/20 15:26
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: JKK70VH

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:-

(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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

- 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:-
- 9) N12: Idac Mobile 30

QD*

*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

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	03/01/2020 12:28
Date Of Accident	03/01/2020 09:50
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8297J
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5107104393
Cover Note Number	

Driver

Name of Driver	TAN CHIN WEIVERN
NRIC No	SXXXX928A
Date Of Birth	29/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475429
Fax Number	
Contact Number	OFFICE-91475429
Email Address	NOEMAIL

Address	BLK 625 JURONG WEST STREET 61 #05-155
Postcode	640625
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK702U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW HONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name TAN CHIN WEIVERN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF8297J

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 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. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

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



Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)

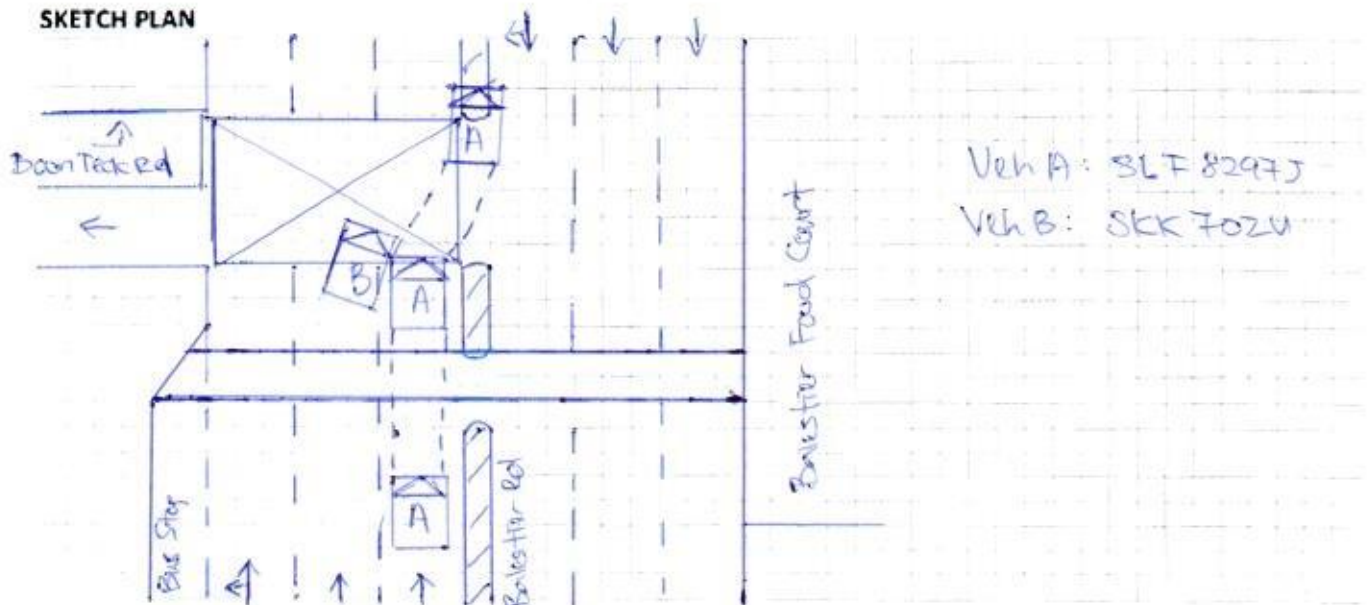
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLF 8297J) traveling along Balestier Road towards Lavender on first lane of a 3-lanes road. Somewhere at the junction of Bach Tek Road, vehicle B (SKK 702U) from lane 2 filter out to my lane. Due to the sudden, the front right portion of vehicle B collided onto the front left portion of my vehicle causing my vehicle swerved to the right and mounted to the kerb.

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.	SLF 8297J	Model / Make	Honda Vezel
Date of Accident	3/1/2020		
Time of Accident	0950	HRS	
Location of Accident	Along Balestiar Road towards Lavender		
Exact purpose use during accident	Work		
Name of Owner	WJ Car Rental Pte Ltd		
Telephone No.	H/P : 86084649	Home :	Office :
NRIC	2018432844		
Address	6001 Beach Road #13-06 S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5107104393		
Name of Driver	As Above If No, Tan Chin Weivern		
NRIC	S 8485908A	Any Passengers :	1 (F)
Date of birth	29/3/1984		
Occupation	Outdoor / Indoor		
Driving License Pass Date	27/8/2013		
Gender	Male / Female		
Contact No.	H/P : 91475429	Home :	Office :
Address	BLK 625 Jurong West Street G1 #05-155 S(640625)		
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.	Driver.		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SKK 702 U	Any Passengers :	
Name of Driver	Tan Siew Hong	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	left	Witness Contact :	
Accident Portion	Front, Portion & whole under carriage		
Camera Recorder	Yes / No		
Email Address	weivern_tan@hotmail.com		
PARTICULAR WORKSHOP	NSI Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi ling		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ nsi.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: 5107104393

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF8297J**
Chassis Number : RU11117579
2. Name of Policyholder : **WJ CAR RENTAL PTE. LTD.**
3. Effective Date of Insurance : **01 Feb 2019**
4. Expiry Date of Insurance : **31 Jan 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	: DBS BANK 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 17 Jan 2019 16:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107104393		W3 CAR RENTAL PTE. LTD.	201843284H	GFT	drive CLASSIC	SLF8297J	SLF8297J	01/02/2019	

▼ Policy Information

Policy No.	5107104393	Policyholder Name	WJ CAR RENTAL PTE. LTD.	Policyholder NRIC	201843284H
Certificate No.					
Address	6001 BEACH ROAD #13-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	17/01/2019	Effective Date	22/01/2019 00:00	Expiry Date	21/01/2020 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	Young/Inexperience Driver Excess	
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4			Address Type	Singapore address	Post Code
Unit No.	13-06	Related Policy Number	5107104393		

▶ Insured Object: SLF8297J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/01/2019 00:00	Basic Information Endorsement	000001286991836	Endorsement Take Effective	<p>We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLE8175H 24-01-2019 \$1,840.96 2. SLE8556S 24-01-2019 \$1,840.96 3. SLE9412S 24-01-2019 \$1,840.96 4. SLF8790B 24-01-2019 \$1,840.96 5. SLG1289Z 24-01-2019 \$1,840.96 6. SLH7931H 24-01-2019 \$1,840.96 In view of this amendment, an additional premium of \$11,045.76 (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 the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLE8556S 24-01-2019 \$1,840.96 In view of this amendment, a refund of \$1,840.96 (inclusive of GST) will be adjusted against the outstanding premium.</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. SLE8861K 22-01-2019 \$1,851.10 In view of this amendment, an additional premium of \$1,851.10 (inclusive of GST) is</p>
2	22/01/2019 00:00	Basic Information Endorsement	000001286993390	Endorsement Take Effective	

Claim Handling

Accident MT/1078403

Policy No.	5107104393	Vehicle No.	SLF8297J	GST Registration No.	
Certificate No.					
Policyholder Name	WJ CAR RENTAL PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201843284H
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	86089649	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	03/01/2020 15:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	03/01/2020	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD TWDS LAVENDER				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	600J BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	13-06	Related Policy Number	5107104393		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/03/1984
Unnamed driver Name	TAN CHIN WEIVERN	Driver NRIC	SXXX928A	Driving Experience	8
Register Date of Driver License	27/08/2013	Driver Age	35	Contact No. (Home)	0
Contact No. (Mobile)	91475429	Contact No. (Office)	0	Address 3	SINGAPORE 640625
Address 1	BUK 025	Address 2	JURONG WEST STREET 61	Post Code	640625
Address 4		Address Type	Singapore address		
Unit No.	05-158				
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		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WJ CAR RENTAL PTE. LTD.	Insured NRIC	201843284H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	+
Email Address		01 Vehicle Number	SLF8297J	TP Vehicle Number	SKK702U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLF8297J / SKK702U ON 3 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	CIA report	Received
Date Registered	03/01/2020 15:25	Claim Close Date		Date Received	03/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					














Save Submit

Attachment

Accident No.	MT/1078403	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	03/01/2020 15:27		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal
<input type="button" value="Send Message"/>					

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	SAS	Normal	SAS 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:27	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 03 Jan 2020 15:26	Photos	Normal	Photos 2020-1-3	
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		Display in New Window	Scan and uploading		