

NATIONAL Assessment Centre Services

Date In: 07/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20002135/13	SAS e-filing		
Veh No: GX2692E	E-mail (within 8hrs, A/D 2hrs)		
D.O.A: 06/02/20 1140	i-Motor Claim Form	MT/1083445-002	
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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: GBH4857C	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

NA 2001269	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tp 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: Idao Mobile \$0		
	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 07/02/2020 09:14
Date Of Accident 06/02/2020 11:40
Exact Location Of Accident PAYA LEBAR RD SLIP RD INTO PIE TWDS CHANGI
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX2692E
Insured/Policyholder
Name Of Registered Owner DOUBLE ACE ASSOCIATES PTE LTD
Co Reg No 5XXXX087E
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-98512611

Vehicle Particulars
Manufacturer TOYOTA
Model LITEACE
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 COMMERCIAL VEHICLE

Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5090650897-02
Cover Note Number

Driver
Name of Driver LIM KAH HUAT
NRIC No SXXXX197C
Date Of Birth 17/01/1971
Occupation OUTDOOR
Date Of Driving Pass 10/11/2019
Driving Experience 0 YEAR AND 2 MONTH
Gender MALE
Mobile Number (LOCAL) +65-90251171
Fax Number
Contact Number
EMail Address NOEMAIL

Address	BLK 349 TAMPINES ST 33 #04-422
Postcode	520349
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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	3
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

PLS REFER TO THE ATTACHED 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	GBH4857C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG9X
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle CategoryPRIVATE 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

NameLIM KAH HUAT
Approximate Age
Injuries SustainSLIGHT
Injured person in which vehicle?GX2692E
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 (POPA)**

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.

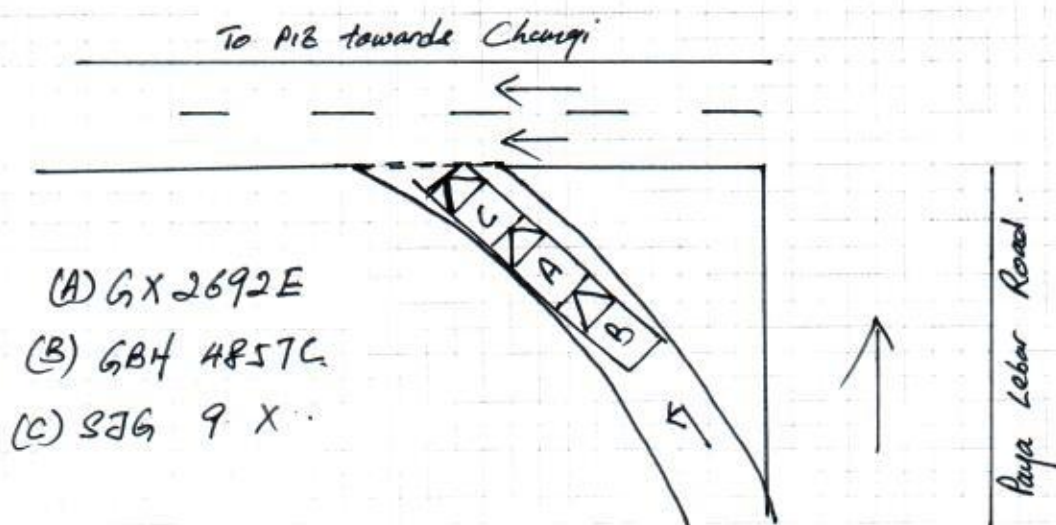


Policyholder's Signature
Date & Time: 6/2/2020

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 06/02/2020 at @ 1140 hrs, I stopped my vehicle (GX 2692E) along Paya Lebar Road, slip road into PIE towards Changi, waiting for the traffic on the main road to clear. In front of me, there was a vehicle (SJG 9 X). Suddenly, a lorry (GBH 4857C) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto that said vehicle in front of me.

DECLARATION

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

2

Policyholder's Signature

Date & Time: 6/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Figure 1 shows a 10x10 grid of dots. Various geometric shapes are formed by connecting the dots. The shapes include a square, a triangle, a circle, a rectangle, a diamond, a cross, a plus sign, a minus sign, a star, a heart, a crescent moon, a spiral, a zigzag, a wavy line, a straight line, a curve, a loop, a knot, a fractal, a random pattern, and a regular pattern.



Type	Country Code	Passport No
PA	SGP	E5987105D
Name		



Sex : Nationality
M SINGAPORE CITIZEN
Date of birth : Place of birth
17 JAN 1971 SINGAPORE
Date of issue : Date of expiry
18 APR 2016 18 APR 2021
Modifications : Authority
SEE PAGE 2 MINISTRY OF HOME AFFAIRS
National ID No
S7106197C

PASGPLIM<<KAH<HUAT<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
E5987105D8SGP7101179M2104186S7106197C<<<<<32



**SINGAPORE
POLICE FORCE**



F/20200203/2001

1 of 2

POLICE REPORT (NP322)

Report No. F/20200203/2001

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Date/Time Report Made 03/02/2020 00:01	Vide Report No.	Station Diary No. 1
Name Of Informant LIM KAH HUAT	Address APT BLK 349 TAMPINES STREET 33 #04-422 SINGAPORE 520349	
ID Type / ID No. NRIC NO / S7106197C	Contact No. Home/Office Mobile 90251171	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation F&B	Sex Male	Age 49
Institution/School Name	Date of Birth 17/01/1971	Race Chinese
	Language English	
Date/Time Of Incident 02/02/2020 23:00	Location Of Incident 3 SIMEI STREET 6 EASTPOINT MALL SINGAPORE 520833 at East Village	

Brief details.

On the above mentioned date, time and location I discovered the below mentioned items missing

Property Information

Signature Of Officer Recording The Report: F / Sgt 2 RAMESH S/O KOLILINGAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2020 00:01
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 2 RAMESH S/O KOLILINGAM Contact No.: 64519999	Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645



SINGAPORE
POLICE FORCE



F/20200203/2001

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20200203/2001

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One light brown wallet
2	Cash	Lost				1		Cash of \$500
3	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC
4	Licence	Lost	Qualified Driving Licence			1		One Driving Licence
5	General property	Lost				1		One POSB ATM Card

Signature Of Officer Recording The Report:

F / Sgt 2 RAMESH S/O KOLILINGAM

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio South N.P.C /
Sgt 2 RAMESH S/O KOLILINGAM
Contact No.: 64519999

Authentication Stamp

Signature Of Informant:

Date/Time:
03/02/2020 00:01

Classification Of Case:

FUPO hotline number: 68429645

Vehicle No.	GX 2692 E.		Model / Make	Toyota Letace.
Date of Accident	06/02/2020.			
Time of Accident	1140 HRS			
Location of Accident	Paya Lebar Road Slip road into PIE towards Changi			
Exact purpose use during accident	Commercial used.			
Name of Owner	Doubleace Associates.			
Telephone No.	H/P: 9851 2611	Home:	Office:	
NRIC	53129087E.			
Address	21 Bukit Batok Crescent #16-77 (S) 658065.			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NPLC.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5090650897-02.			
Name of Driver	As Above If No, Lim Kah Huat.			
NRIC	S T106197C.		Any Passengers:	N.A.
Date of birth	17/01/1971.			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	10/11/2019.			
Gender	Male	/	Female	
Contact No.	H/P: 9025 1171.	Home:	Office:	
Address	Blk 349 Tampines St 33 #04-422 (S) 520349.			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Lim Kah Huat (H/P: 9025 1171)			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	GBH 4857C		Any Passengers:	
Name of Driver			Contact No.:	
Vehicle C No.	SJG 9 X.		Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	N.A.		Witness Contact:	N.A.
Accident Portion	Front and Rear Portion.			
Camera Recorder	Yes No			
Email Address				
PARTICULAR WORKSHOP	N-51.			
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 : 5090650897-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

GX2692E

Chassis Number

CR425008500

2. Name of Policyholder

DOUBLE ACE ASSOCIATES PTE LTD

3. Effective Date of Insurance

01 Jun 2019

4. Expiry Date of Insurance

31 May 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A

EXCESS (SECTION 2) : N/A

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

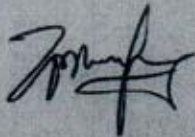
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 29 May 2019 16:47 hrs

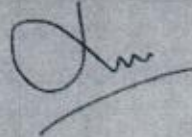
Reprint : 29 May 2019 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1083445

Policy No.	5090650897-02	Vehicle No.	GX2692E	GST Registrat
Certificate No.				
Policyholder Name	DOUBLE ACE ASSOCIATES PTE LTD			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)	98512611	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	07/02/2020 16:30	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	06/02/2020	Time of Accident hh:mm	11:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PAYA LEBAR RD SLIP RD INTO PIE TWDS CHANGI			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver Is Covi
Additional Excess				
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	07/02/2020 16:32:52 System changed GST Registered from Yes to No 07/02/2020 16:32:52 System changed GST Registration No. from NA to null 07/02/2020 16:32:52 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	21 BUKIT BATOK CRESCENT	Address 2	#16-77 WCEGA TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	16-77	Related Policy Number	5090650897-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM KAH HUAT	Driver NRIC	S7106197C	Driver DOB
Register Date of Driver License	10/11/2019	Driver Age	49	Driving Exper
Contact No.(Mobile)	90251171	Contact No.(Office)		Contact No.(I
Address 1	BLK 349 #04-422	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-422			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	98635485	Contact No. (Home)	
Email Address	CHRISTINE-WLK@HOTMAIL.COM	Vehicle Number	
Claim Description	GX2692E / GBH4857C ON 6 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	07/02/2020 18:09
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

https://gicclaim.income.com.sg/gcs/lcm/eclaim/claimantSave.do

1/2

Save

Submit

Attachment

Accident No.

MT/1063445

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

07/02/2020 00:00

Path *

Category *

Confid

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

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NO

Clear

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NO

Clear

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NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:09	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2020 18:08	Photos		Normal	I

Video List

Uploaded By/Date	Folder Date	File Name	
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			