

NATIONAL Assessment Centre Services. [wef 1 Jan'05] NA 1200635

| | | | |
|---------------------------------|--|-----------------------|----------------------|
| Date In: <u>26/1/20 11:24</u> | Job description | Date & Time Completed | Done by |
| Ref No: <u>NA/14C2003204/24</u> | SAS e-filing | | |
| Veh No: <u>6BF6444H</u> | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: <u>27/1/20 14:13</u> | i-Motor Claim Form | <u>17/1085497-002</u> | <u>26/1/20 11:23</u> |
| 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: <u>39932X</u> | 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 |
|-----------|---------|
| | |
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| | | | | |
|---------------------------------|---|-------------|----------|----------|
| <u>NA 1200635</u> | Invoice Preparation Checklist | | Ant (\$) | Ant (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | Est Bill | Add Bill |
| 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 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QJ* | | | |
| QC Checked by (Engr-In-Charge): | *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 (N-in INC) against INC \$20 | | | |
| | 9) N12: Idao Mobile 30 | | | |
| Lat 1: | Invoice dated | Fee Charged | | |
| Lat 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 | 26/02/2020 11:24 |
| Date Of Accident | 20/02/2020 14:10 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBF6444H |
| Insured/Policyholder | |
| Name Of Registered Owner | LOH AH LEK |
| NRIC No | SXXXX011B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97809573 |
| Alternative Phone No | OFFICE-97809573 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 150 5MT |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5087510133-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LOH AH LEK |
| NRIC No | SXXXX011B |
| Date Of Birth | 05/10/1948 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/2003 |
| Driving Experience | 17 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97809573 |
| Fax Number | |
| Contact Number | OFFICE-97809573 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 122 BEDOK NORTH STREET 2 #10-134 |
| Postcode | 460122 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | SJP9032X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE TAI TOON |
| NRIC/Passport Number | SXXXX190A |
| Contact Number | 93383883 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

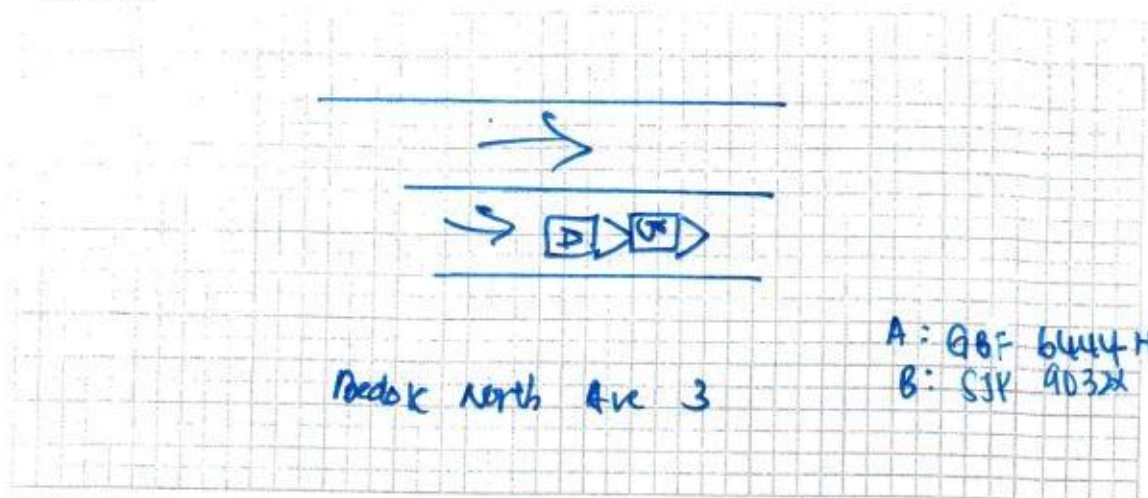
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Bedok North Ave 3 around 2:10pm, ~~the~~ vehicle SJR 9032X suddenly brake I can't stop in the mean time ~~the~~ and hit on vehicle ^{SJR 9032X} rear portion. NO one ~~just~~ injury in the meantime.

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)



Reporting Centre Personnel's Signature
Name:

VEHICLE NO: GBF 6444H

MAKE & MODEL: Toyota Dyna.

| | |
|--|---|
| DATE OF ACCIDENT | 20 / 02 / 2020 |
| TIME OF ACCIDENT | 2 10 AM <input checked="" type="radio"/> PM |
| LOCATION OF ACCIDENT | Bedok North Ave 3 road |
| Exact Purpose use during accident | |
| NAME OF OWNER | Loh Ah Lek |
| TELP NO | 9780 9573 |
| NRIC | S0573011B |
| CLAIM TYPE | OD / THIRD PARTY / <input checked="" type="radio"/> Reporting Only |
| PRIVATE HIRE | YES / <input checked="" type="radio"/> NO? |
| INSURANCE CO. | NTUC Income |
| TYPE OF COVERAGE | <input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft |
| POLICY NO. | JTFAT 35700K 207317 |
| NAME OF DRIVER | <input checked="" type="radio"/> As above / If No: |
| NRIC | |
| DATE OF BIRTH | 05 / 10 / 1948 |
| OCCUPATION | <input checked="" type="radio"/> Outdoor / <input type="radio"/> Indoor |
| DATE OF DRIVING PASS | 05 / 01 / 2003 |
| GENDER | <input checked="" type="radio"/> Male / <input type="radio"/> Female |
| CONTAC NO. | Office: Home: |
| ADDRESS | Blk 122 Bedok North St 2 # 10-134 (C) 460122 |
| DRIVER HAVE ANY OWN Vehicle | <input checked="" type="radio"/> NO / If yes: Reg No: |
| RELATIONSHIP | Employee / <input checked="" type="radio"/> If No: owner |
| WEATHER CONDITION | <input checked="" type="radio"/> Clear / <input type="radio"/> Raining / Other: |
| ROAD SURFACE | <input checked="" type="radio"/> Dry / <input type="radio"/> Wet / Other: |
| ANY INJURIES | <input checked="" type="radio"/> No / If yes: Who? |
| CONTAC NO. | |
| POLICE REPORT | <input checked="" type="radio"/> No / If yes: Where? |
| VEHICLE B NO. | SJP 9032x |
| NAME | Lee Tai Toon S74381904 Tel: 9338 3893 |
| CONTAC NO. | |
| VEHICLE C NO. | Any Passenger: |
| VEHICLE D NO. | Any Passenger: |
| VEHICLE E NO. | Any Passenger: |
| VEHICLE F NO. | Any Passenger: |
| ANY WITNESS | |
| WITNESS CONTACT NO. | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO |
| PARTICULAR WORKSHOP | Sme Motor Pte Ltd |
| TELP NO | 1 Kaki Bukit ave 6 #02-15 |
| CONTACT PERSON | Autobay @ kaki bukit |
| FAX NO | Singapore 417883 |

6 Speed Autoworks Pte Ltd

Sun Sun

Tel: 8533 2934

Email: Sun-Sun 975@gmail.com

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5087510133-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF6444H**
 Chassis Number : JTFAT35Y00K207317
 2. Name of Policyholder : LOH AH LEK
 3. Effective Date of Insurance : 16 Jan 2020
 4. Expiry Date of Insurance : 15 Jan 2021
 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| 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 : REV AUTO PTE LTD (00000571335)
 Date of Issue : 14 Jan 2020 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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="20/02/2020 14:10"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBF6444H"/> | 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"/> | S087510133-03 | | LOH AH LEK | S0573011B | GCV | Comprehensive | GBF6444H | GBF6444H | 16/01/2020 | 15/01/2021 |

Claim Handling

Accident HT/1085497

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | 5087510133-03 | Vehicle No. | GBF6444H | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LOH AH LEK | | | Policyholder NRIC | S0573011B |
| Product Code | COMMERCIAL VEHICLE (INSUR) | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | NIL | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--------------------|-------------------------------|---------------|---------------------|--------------------------|
| Report Date | 24/02/2020 11:28 | Accident Report Within 24 hrs | Non-Reporting | Accident Type | Collision - Head to Rear |
| Date of Accident | 20/02/2020 | Time of Accident hh:mm | 14:10 | Country of Accident | Singapore |
| Reporting Centre | administrator | Orange Force | No | ICM No. | |
| Accident Location | BEDOK NORTH AVENUE | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | Not Applicable |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | 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 | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BUK 122 #10-134 | Address 2 | BEDOK NORTH STREET 2 | Address 3 | SINGAPORE 460122 |
| Address 4 | | Address Type | Singapore address | Post Code | 460122 |
| Unit No. | | Related Policy Number | 5087510133-03 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | Unnamed driver Name | Driver Type | | Driver DOB | |
| Register Date of Driver License | | Driver NRIC | | Driving Experience | |
| Contact No.(Mobile) | | Driver Age | | Contact No.(Home) | |
| Address 1 | | Contact No.(Office) | | Address 2 | |
| Address 4 | | Address 2 | | Post Code | |
| Unit No. | | Address Type | Foreign address | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 **New**

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | LOH AH LEK | Insured NRIC | S0573011B |
| Contact No.(Mobile) | | Contact No.(Home) | 84494356 | Contact No.(Office) | |
| Email Address | | 01 Vehicle Number | GBF6444H | TP Vehicle Number | SIP9032X |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBF6444H / SIP9032X ON 20 Feb 2020 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 26/02/2020 12:23 | Claim Close Date | | Date Received | 26/02/2020 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | HT/1085497 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/02/2020 12:24 |

| Path * | Category * | Confidential | Urgency * | Description * |
|--------------------------------------|---------------|-------------------------|-----------------------------|---------------|
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |
| <input type="text"/> Browse... Clear | Please Select | <input type="text"/> NO | <input type="text"/> Normal | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? |
|------------|------------------|----------|---------|-------------|-----------|
| | | | | | |

| | | | | | |
|--|---|-----------------------|---|--------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:24 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-26 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:24 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-26 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:24 | SAS | | Normal | SAS 2020-2-26 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:23 | Photos | | Normal | Photos 2020-2-26 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:23 | Photos | | Normal | Photos 2020-2-26 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2020 12:23 | Photos | | Normal | Photos 2020-2-26 |