1) Apply for Transport Allowance (Ref No. 10 No. 100 No.	y: X
D.O.A. If Veh Veh Veh	E-mail (within Sins, Ale 2hr)	y: X
D.O.A : If the 1/100 I-Motor Claim Form Mail 105 (551-00) 29 h to Max Motor W/O (winks to Date, Tr 4th) I-Photo Uploaded AssistantiSurvey Report AssistantiS	i-Motor Claim Form	4:X
I-Motor W/O (Winkin: 0D 28th, TP 48th) I-Putot Uploaded Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Tol: Fax: Proferred Wksp / INC Assign Wksp / QW;	I-Motor W/O (Wishin: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: Tel: Fax: TP Particulars: Veh No: [pq64 GB	7 0
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Preferred Wksp / INC Assign Wksp / QW;	Ass't Report by Fax/Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	Preferred Wksp / INC Assign Wksp / QW: { Tel: Fax: Tel: } Veli No:	
Owner / Driver: (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: () Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customers 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-hofline: 6788 6616) Date & Time Compile of ** 1) Apply for Transitor Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date (Time Actions ** Invoice Preparation Checklist () / Insurance () / Actions () / Insurance () / Ins	No. of the
Owner / Driver: (Downer / Driver: (
Confirmed by : (Confirmed by: (Date: Time:)	
Insured/Driver Liability	Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 90-100%] 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 hoftine: 6788 6616) Date& Time Completed Done 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/ Time Actions Invoice Preparation Checklist (
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2 DA : Damage Assessment (\$100); INC (\$80) iver/Owner:	2) DA : Darrage Assessment (\$100); INC (\$80)	A
A	river/Owner: 4) FT : Follow-Through Survey \$120	A
South Sout		A
# For claiming against INC Only twell Uses 2007 6) TR: Re-inspection \$75 7) N1: Idao 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 only twell Uses 2007 *N 5: Courtesy Car / Tpt Allowance \$5 *N 6: Repair Co-ordination \$10 *N 7: Post Repair Inspection \$25 *N 8: DV / Collect Excess Coordination \$5 1: TP (N 11): TP (N 11 INC) against INC \$20 9) N 12: Idao Mobile \$30		A
This is a continuous	For claiming against INC Only (well to sail 200)	A
OD* State		A
*N5: Courtesy Car / Tpt Allowence		A
*N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 53 TP (N11): TP (N:n INC) against INC 520 9) N12: Idae Mobile 30	Checked by (Engr-In-Charge): *N5: Courtesy Cor / Tpt Allowence \$5	A
1: N8: DV / Collect Excess Coordination 53	*N6: Repair Co-ordination 510	A
9) N12: Idao Mobile 30	Iditors Comments: * *N8: DV / Collect Excess Coordination 55	A
7) 1-12-1000 1-1000	AA. (1.1.7) (1.1.1.7)	A
	7) 1412. Total produc	A

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 witholding 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.
- 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.

the second secon	ACCIDENT STATEMENT
Date Of Report	27/02/2020 13:58
Date Of Accident	26/02/2020 14:20
Exact Location Of Accident	PUNGGOL RD
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8473K
Insured/Policyholder	
Name Of Registered Owner	CA M&E ENGINEERING PTE LTD
Co Reg No	2XXXXX189G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481155
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099161579-01
Cover Note Number	
Date of the last o	

-		500	-	m
1)	m	w	Ω	r

 Name of Driver
 LAU LIANG MUI

 NRIC No
 SXXXX959Z

 Date Of Birth
 10/06/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/06/1977

 Driving Experience
 42 YEARS AND 8 MONTHS

 Gender
 MALE

Mobile Number (LOCAL) +65-98273068

Fax Number

Contact Number OFFICE-98273068

EMail Address NOEMAIL

Address BLK 211 ANG MO KIO AVENUE 3

#09-1432

Postcode 560211

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

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

SLP9646B

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ELAINE CHONG

NRIC/Passport Number

Contact Number

81218937

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAU LIANG MUI

Page 2 of 14

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBF8473K

YES

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

WEERM

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	Was	Station	nay b	sfore the	CYOSS J	m(tion	of Pu	ngol Ro	ad k
Punggo	Few Few	wh	n I	sudden	y fela	94	impact a	from be	ehind-
I A	lighted	from	my	Company 1s	vehicle	le	realized	that	I be
lar	ended	hy	٨	cur. U	re excha	nged	particular	u L	left
the	scene.								

DECLARATION MEERAN Particulars are true in every respect.

HR

Policyholder's Signature Date & Time:

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

Reporting Centre Personney's Signature Name:

NRIC/FIN No.:.

Date of Accident	: 26/02/2020 Accident Time: 1420 (24-HR-Format)
Accident Place	Punggol Road before X- Turner of Runggol Field &
Vehicle, No. (Car Plate No.)	: GBF 8473k Make Model: To york Hiace
Insurace Company	: NTUC Policy No: 5099161579 - 01
Owner or Company Name /IC No	. : CA M&E Engineering Private Ltd.
Owner or Company Contact No.	: 6748 1155 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Lau Liang Muz (511339592)
DRIVER'S Date Of Birth	: 10 - 06 - 1955 DRIVER'S License Pass Date 13 June 1977
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	= 211 Ang Mo Kio Ave 3, 409-1432, S(560211)
DRIVER'S Contact No / Alt No.	:1)_98273068. 2)_
DRIVER'S Occupation	· NEOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 01
Was there any video Captured by c Exact purpose for which vehicle was Any Injury (If YES, Pls state):	as being used at the time of accident: Private use \ Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle. No: SUP 9646 B	Vehicle, No:
Vehicle Make\Model: Mazda.	Vehicle Make Model:
Name Driver: Elaine Chong	Name Driver:
IC No. Driver/Contact; 6121893	7 IC No. Driver/Contact:
* NEW - Passenger's name &	gender:



Certificate of Insurance

	cate of magranee
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA	ATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA	ATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	MALAYSIA)
Certificate Number: 5099161579-01	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: GBF8473K
Chassis Number	: JTFHT02P400215389
2. Name of Policyholder	: CA M&E ENGINEERING PTE LTD
3. Effective Date of Insurance	: 28 Mar 2019
4. Expiry Date of Insurance	: 27 Mar 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv	n accordance with the licensing or other laws or regulations to drive id is not disqualified by order of a Court of Law or by reason of any lying the Motor Vehicle.
6. Limitations as to Use#	1507075 - JTA 75 (1907)75 (1998) 1507 (1998)
(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 c	connection with the Policyholder's business.
This Policy does not cover	A STATE OF THE STA
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or s	need testing
(c) Use whilst drawing a trailer except the towing of	
headings.	ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) : \$\$600	
WINDSCREEN EXCESS : S\$100	
INSURE WITH COE : YES	
HIRE PURCHASE COMPANY : ETHOZ CAPI	ITAL LTD
SUM INSURED : MARKET VA	LUE OF INSURED VEHICLE AT TIME OF LOSS
WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : ETHOZ CAPI SUM INSURED : MARKET VA I/We hereby Certify that the Policy to which this Certific	
Agency : MEDNEFITS PTE. LTD. (0000	00572485)
Agency : MEDNEFITS PTE. LTD. (0000 Date of Issue : 05 Mar 2019 15:33 hrs	1621-21601
Date of Issue : 05 Mar 2019 15.55 ms	
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Zonale	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Countersigned By:	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE

eBao Tech		7.00	Sea stylically	MINISTERN STATE		REPASA	The second		BI I BALLEY	Genera	State of Said Life
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	Policy N	io.	1		20	Date o	of Accident	26/	02/2020 14	20	
	Vehicle	No.(For Motor)	G8F84	73K		Certifi	cate Number				
					B	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099161579- 01		CA M&E ENGINEERING PTE LTD	200501189G	GCV	Comprehensive	GBF8473K	GBF8473K	28/03/2019	27/03/2020

Policy No.	5099161579-01	Policyholder Name	CA M&E EN	GINEERING PTE LTD	Policyholder NRIC	200501189G	
Certificate No.							
Address	50 UBI AVENUE 3 #05-03 FRON	TIER SINGAPO	ORE 408866				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	05/03/2019	Effective Date	28/03/2019	00:00	Expiry Date	27/03/2020 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	MEDNEFITS PTE. LTD.	Agent Tel.	62547889		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	50 UBI AVENUE 3	Addre	ss 2	#05-03 FRONTIER		Address 3	SINGAPORE 408866
Address 4		Addre	ss Type	Singapore address		Post Code	408866
		Relate Numb	d Policy er	5088897273-03			
Unit No.							
escribe communication	d Object: GBF8473K						
Unit No. Insure							

Claim Handling									
Accident MT/1086031	New Printers of	TO POST POST CO	20022000	V)	_	on the second or the second	0000000		
Policy No.	5099161579-01	Venicle No.	G8F8473k	•		GST Registration No.	2005011895	g g	
Certificate No.									
Policyholder Name	CA M&E ENGINEERING PTE LTD					Policyholder NRIC	200501189G 0		
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehe			Loading			
Contact No. (Mobile) Email Address	0	Contact No.(Office)	67481155	i i i i i i i i i i i i i i i i i i i		Contact No.(Home)	0		
KPK	No ○ Yes	Special Remark TCA	® No ○	Waa		eCode eCode Reason	No. V		
NCD Protection	No.	NCD Entitlement(%)	20	27.54		Private Hire	No		
S Accident Details	40	ACD Entitlement(36)	20			Private Hire	NO		
Report Date	27/02/2020 14:32	Accident Report Within 24 hm	. Yes			Accident Type	Collision - He	ad to Rear	
Date of Accident	26/02/2020	Time of Accident hitimm	14:20			Country of Accident	Singapore		
Reporting Centre		Orange Force				ICM No.	arrigation		
Accident Location	PUNGGOL RD					201110			
♥ Excess									
Own damage Excess	600.00	Additional Excess				Windscreen Excess	100.00		
Unnamed Driver Excess		Outside Singapore OD Excess					(1) 956 (8123)		
Third Party Excess	0.00	Outside Singapore TP Excess							
9 Benefits									
▽ GST Registered Inform	ation								
GST Registered	Yes		GS	T Registration Date		16/05/2005			
GST Registration No.	200501189G			T Status Verified		Yes			
Modification History	27/02/2020 14:34:32 S 27/02/2020 14:34:32 S	System changed GST Registration Date System changed GST Status Verified fro	from 01/01/2 om No to Yes	2015 to 16/05/2005					
Policyholder Mailing Ad									
Address 1		Address 2		100000			100000000000000000000000000000000000000		
Address 4	50 UBI AVENUE 3		#05-03 FF			Address 3	SINGAPORE 4	08866	
		Address Type	Singapore		10	Post Code	408866		
Unit No.		Related Policy Number	50888972	73-03					
Driver Name	Unnamed Driver	Driver Type	Unnamed I						
Unnamed driver Name	LAU LIANG MUI	Driver NRIC	\$0000959		10	Oriver DOB	10/06/1955		
Register Date of Onver License		Driver Age	64			Driving Experience	42		
Contact No.(Mobile)	96273068	Contact No.(Office)	0			Contact No.(Home)	0		
Address 1	BLK 211	Address 2	ANG HO H	GO AVENUE 3		Address 3	SINGAPORE S	660211	
Address 4		Address Type	Singapore	address	- 6	Post Code	560211		
Unit No.	09-1432								
Does he own a Singapore Registered car?	○ Yes • No	Driver Vehicle No.			184	Driver Insurer Company			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	®YH O	No					
- 02									
Modification History									
MANAGEMENT CONTRACTOR AND CONTRACTOR									
Claim 001 Nsw									
Claim Type •	0D-MX V	Insured Name	CA MAE ET	NGINEERING PTE LTD	-	Insured NRIC	200501189G		
Contact No. (Mobile)	94575728	Contact No.(Home)	0			Contact No. (Office)		11000000	
Email Address		OI Vehicle Number	G8F8473K	21		TP Vehicle Number	SLP96468		
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel						
Claimant Name •	22	Claimant NRIC *							
Claimant Address									
Claim Description	GBF8473K / SLP9646B ON 26 Feb 2020					vame of Preferred Workshi	ор		
Preferred Workshop Contact No.		Insured Liability *	Not at Fau	it v					
Require Finalisation	Yes	Preferered Repair Option	Preferred	Workshop, Name unknown	V	SIA report	Received	v	
Date Registered	27/02/2020 14:35	Claim Close Date	-		1	Date Received	27/02/2020 0	0.00	
Report Taken By	Dackson								
Print AK letter									
2000/63 (Fig. C C+C)20			MATERIAL PROPERTY.	-					
			Save Sub	imit					
Attachment									
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Accident No.	MT/1086031	Claim No.		001					
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Attachment Accident No. Last Doc. Received	MT/3086033 ② Yes ○ No	Cam No. Upload Date Browse Browse Browse Browse	Clear Clear Clear Clear	001 27/02/2020 14:40 Category •	বিবে	Confidencial Unit			

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Video List	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:35		Photos		Normal		os 2020-2-27		
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J.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:35		Photos		Normal	Phot	os 2020-2-27		
10	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:35		Photos		Normali	Phot	os 2020-2-27		
T		TONAL ASSESSMENT CENTRE SERVI 7 Feb 2020 14:35	Photos		Normal	Phot	os 2020-2-27		
V		TONAL ASSESSMENT CENTRE SERVI 7 Feb 2020 14:35	Photos		Normal		os 2020-2-27		
3		NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:36			Normal	Phot	os 2020-2-27		
V	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:36		Photos		Normal	Phot	os 2020-2-27		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:36		Photos		Normal	Phot	os 2020-2-27		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 14:40		NRIC/ Driving License	Y	Normal	NRIC/ Drivin	g License 2020-2-27		
ttachment	Uploaded By/Date		Category	?	Urgency		escription	(00)	