

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **MNA12002578**

Date In: <b>27/12-15:31</b>	Job description	Date & Time Completed	Done by
Ref No: <b>40/INC2003286/24</b>	SAS e-filing		
Veh No: <b>57Y1007</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>26/12-19:20</b>	i-Motor Claim Form	<b>27/12/08 6049-001</b>	<b>27/12/08 15:40</b>
OD : <b>TP</b> 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: **HW 2951C** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Contact No:	8) NTUC Additional Services:-		
Damaged Portion:	OJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:in INC) against INC \$20		
Auditors' Comments :-	9) N12: Idac Mobile 30		
Date 1:	Invoice dated	Fee Charged	
Date 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	27/02/2020 15:31
Date Of Accident	26/02/2020 19:20
Exact Location Of Accident	JUNC ROCHOR RD & JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1803T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396986
Alternative Phone No	OFFICE-83396986

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5110688602
Cover Note Number	

### Driver

Name of Driver	MOHAMED SYAIFULLYZAN BIN MD NOOR
NRIC No	SXXXX511E
Date Of Birth	04/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97717891
Fax Number	
Contact Number	OFFICE-97717891
EEmail Address	NOEMAIL

Address	BLK 632A PUNGGOL DRIVE #03-651
Postcode	821632
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	SJW2475K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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	MOHAMED SYAIFULLYZAN BIN MD NOOR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJY1803T
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:

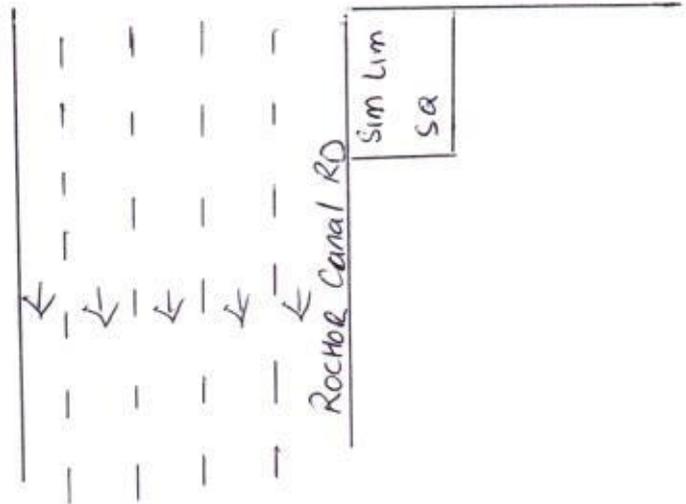
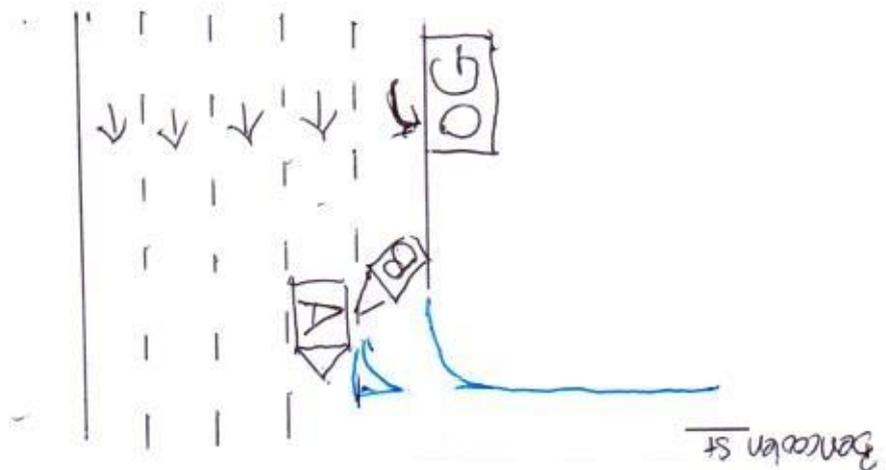
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG 5<sup>TH</sup> LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE LEFT PORTION.

司机 HP 97717891  
租车公司 HP 88396986

26/2/2020  
19:20 PM  
SSY 1803T



A: SY 1803T  
B: SW 2475K

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 26/2/20 ) (DD/MM/YYYY), TIME: ( 19:20 ) (HH:MM)

LOCATION: Junc Ruchor rd & jalan Besar.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5Y 18037.  
b) INSURANCE COMPANY: NTOC  
c) POLICY NUMBER: 5110688602  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE ( YES / NO )  
IF NO, PLEASE STATE ( THIRD PARTY CLAIM / REPORTING ONLY )

## 2. INSURED / POLICY HOLDER

- A) NAME: Auto Alliance Leasing Pte Ltd ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8396986  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Mohamed Syarifullizan Bin Md Noor ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S8313511E CONTACT: 97717891  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 4/5/1985 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS )

b) ROAD SURFACE: ( DRY / WET / OTHERS )

6. WAS ANYBODY INJURED ( YES / NO ) DRIVER

7. a) REPORTED TO POLICE ( YES / NO )  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5JW2475K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
( Including driver )  
( 2 )  
( 1 female )

\* No of passenger  
( Including driver )  
( 1 )

\* No of passenger  
( Including driver )  
(    )

Email =

fax =

VIDEO =

## 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:** 5110688602-000036

**Cover :** Third Party

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJY1803T</b>                 |
| Chassis Number  | : MR053HY9305168565               |
| 2. Name of Policyholder   | : AUTO ALLIANCE LEASING PTE. LTD. |
| 3. Effective Date of Insurance  | : 05 Nov 2019                     |
| 4. Expiry Date of Insurance   | : 04 Nov 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 25 Jun 2019 08:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

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"/>	5110688602	5110688602-000036	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	Third Party	SJY1803T	SJY1803T	05/11/2019	09/04/2020

**Policy Information**

Policy No.	5110688602	Policyholder Name	AUTO ALLIANCE LEASING PTE. I	Policyholder NRIC	201903807W
Certificate No.	5110688602-000036				
Address	55 YUK TONG AVENUE AIRVIEW PARK SINGAPORE 596356				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/06/2019	Effective Date	25/06/2019 00:00	Expiry Date	09/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

**Insured Object: 5110688602-000036**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/08/2019 00:00	Basic Information Endorsement	null	Entry Rejected	

**Certificate Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	--------------------	---------------------

[Continue](#) [Cancel](#)

**Claim Handling**

Accident MT/1086049

Policy No.	S110688602	Vehicle No.	S7Y1803T	GST Registration No.	
Certificate No.	S110688602-000036				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRJC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83396986	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NI
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	Yes
<b>Accident Details</b>					
Report Date	27/02/2020 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	26/02/2020	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	JUNC ROCHOR RD & JALAN BESAR				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	S110688602		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/05/1983
Unnamed driver Name	MOHAMED SYAFULLYZAN BIN I	Driver NRJC	SXXX511E	Driving Experience	12
Register Date of Driver License	16/03/2007	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	97717891	Contact No.(Office)	0	Address 3	EDGEDALE GREEN
Address 1	BLK 632A	Address 2	RUNGGOL DRIVE	Post Code	821632
Address 4	SINGAPORE 821632	Address Type	Singapore address		
Unit No.	03-651				
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	AUTO ALLIANCE LEASING PTE. L	Insured NRJC	201903807W	
Contact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	+	
Email Address		OT Vehicle Number	S7Y1803T	TP Vehicle Number	SJW2475K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRJC *				
Claimant Address						
Claim Description	S7Y1803T / SJW2475K ON 26 Feb 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	27/02/2020 15:40	Claim Close Date		Date Received	27/02/2020 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

**Save Submit**

**Attachment**

Accident No.	MT/1086049	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2020 15:42
Path *		Category *	
	Browse... Clear	Please Select	NI
	Browse... Clear	Please Select	NI
	Browse... Clear	Please Select	NI
	Browse... Clear	Please Select	NI
	Browse... Clear	Please Select	NI
	Browse... Clear	Please Select	NI

Send Message

Registration Save

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:42	SAS		Normal	SAS 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:42	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 15:41	Photos		Normal	Photos 2020-2-27	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
------------------	-------------	-----------	--	--------	--------

[Display in New Window](#) [Scan and uploading](#)