

NATIONAL Assessment Centre Services [ver 1 Jan 03] MMA 120026438

Date In: 28/2/20 17:25	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: MA1INC 20003351/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKZ 4703L	I-Motor Claim Form	MT/1086253 ⁰⁰¹	28/2/20 17:41
DDA: 28/2/20 00:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tot: () Fax: ()

IP Particulars: Vch No: SLJ 2742J. 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%; R: 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 Ref No: 67896616)	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	Action

MA 2001722	Invoice Preparation Checklist	Am't (\$)	Ass't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	3000	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damage Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) TP: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NL: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	IP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno 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	28/02/2020 17:25
Date Of Accident	28/02/2020 00:00
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ4703L
Insured/Policyholder	
Name Of Registered Owner	TING TECK JING
NRIC No	SXXXX269Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94872436
Alternative Phone No	OFFICE-94872436

Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100295846-01
Cover Note Number	

Driver	
Name of Driver	TING TECK JING
NRIC No	SXXXX269Z
Date Of Birth	07/03/1987
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872436
Fax Number	
Contact Number	OFFICE-94872436
E Mail Address	NOEMAIL

Address	BLK 23 GHIM MOH LINK #11-228
Postcode	271023
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200228/7003 & T/20200228/2064

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	SLJ2742J
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ9225C
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)

DETAILS OF INJURED PERSON 1

Name TING TECK JING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ4703L
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:



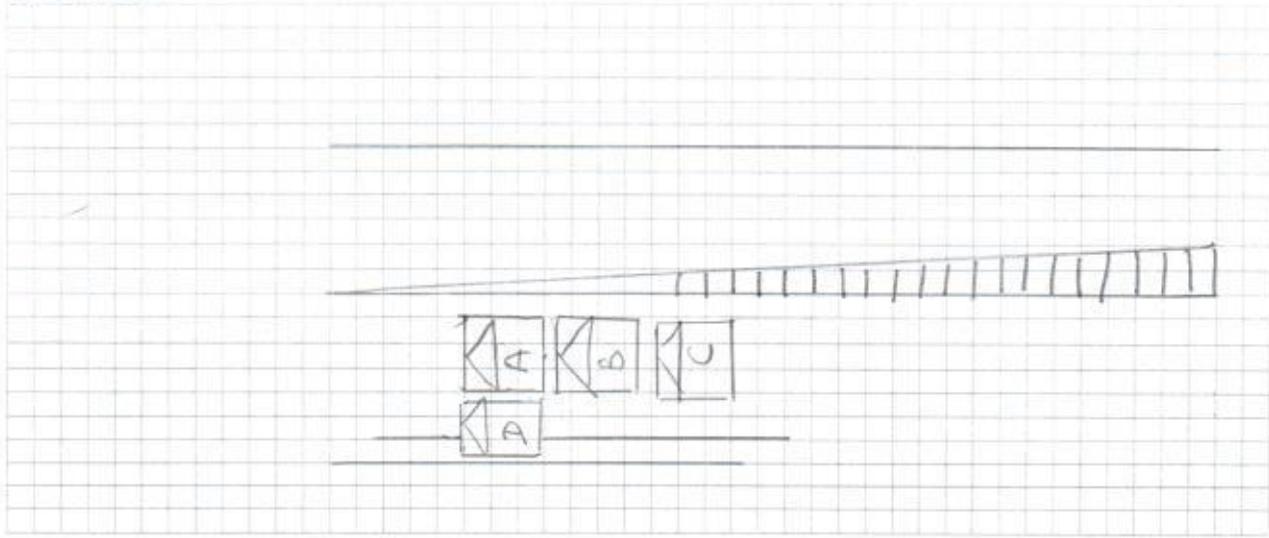
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

A = SKZ4703L C = SLQ9225C
B = SL327425 D = SGZ5913M

SKETCH PLAN

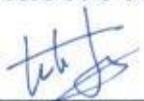


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

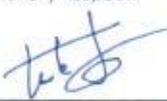
On the stated date & time, I, vehicle A was travelling straight on the stated venue. Vehicle D came to a stop at the road shoulder as such I came to a stop. Moments later I felt a huge impact from my rear portion of my stationary vehicle. I wish to state that it is a 3 cars chain collision.

DECLARATION

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



Policyholder's Signature
Date & Time:



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



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

Date of Accident : 28/02/2020 Accident Time: 1220HRS (24-HR-Format)

Accident Place : BEFORE KALLANG BAHRU FLYOVER

Vehicle No. (Car Plate No.) : SKZ4703L Make Model: MAZDA 3

Insurance Company : NTUC Policy No: 5100295846-01

Owner or Company Name / IC No. : TING TECK SING (58773269Z)

Owner or Company Contact No. : 9487 2436 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : AS ABOVE

DRIVER'S Date Of Birth : 07-03-1987 DRIVER'S License Pass Date 26/10/2007

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 23 GHIM MOH LINK #11-228

DRIVER'S Contact No / Alt No. : 1) AS ABOVE 2) _____

DRIVER'S Occupation : INDOOR 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 Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: ⁸ <u>SLJ2742J</u>	Vehicle No: ⁶ <u>SLR9225C</u>
Vehicle Make/Model: <u>MAZDA 5</u>	Vehicle Make/Model: <u>HONDA CRV</u>
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

D - SGZ 5913M



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ4703L	NTUC Income Insurance Co-Operative Limited	5100295846-01	30/04/2019	24/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TING TECK JING	ID No.	S8773269Z
Related Vehicle	SKZ4703L (Car)	Contact No.	94872436
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A BEARING CAR PLATE SKZ4703L WAS GOING STRAIGHT IN MY LANE. SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I ALIGHTED AND REALIZED VEHICLE B, BEARING CAR PLATE SLJ2742J HAD COLLIDED ONTO THE REAR OF MY VEHICLE. WHILE, VEHICLE C, BEARING CAR PLATE SLQ9225C HAD COLLIDED ONTO THE REAR OF VEHICLE B.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, BACK AND RIGHT ELBOW, SO I WENT TO INTEMEDICAL 24 HR CLINIC TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20200228/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200228/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 28/02/2020 03:08
Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20200228/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20200228/2064

CONTINUATION OF REPORT

The purpose of this report is to add onto the report based on the video.



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20200228/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 1 WONG JUN LI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	

Signature Of Informant:
Date/Time: 28/02/2020 14:09
Classification Of Case: SN 37

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5100295846-01

1. Index mark and Registration Number of Vehicle	: SK24703L
Chassis Number	: JM6BM42A8G0327933
2. Name of Policyholder	: TING TECK JING
3. Effective Date of Insurance	: 30 Apr 2019
4. Expiry Date of Insurance	: 24 Jul 2020

Cover : drive CLASSIC

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.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

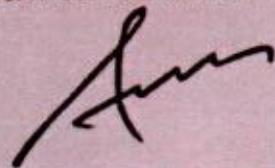
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TING TECK JING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue : 02 Apr 2019 23:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

HUA YANG CREDIT PTE LTD
159 SIN MING ROAD #04-04
AMTECH BUILDING SINGAPORE 575625
TEL: 64585111 FAX: 64595111
ACRA: 198404112G

Claim Handling

Accident MT/1086253

Policy No.	5100295846-01	Vehicle No.	SKZ4703L	GST Registration No.	
Certificate No.					
Policyholder Name	TING TECK JING			Policyholder NRIC	S8773269Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94872436	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	28/02/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/02/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

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

Policyholder Mailing Address

Address 1	BLK 23 #11-228	Address 2	GHEM MOH LINK	Address 3	GHEM MOH VALLEY
Address 4	SINGAPORE 271023	Address Type	Singapore address	Post Code	271023
Unit No.	11-228	Related Policy Number	5100295846-01		

O1 Driver Info

Driver Name	TING TECK JING	Driver Type	Main Driver	Driver Insurer Company	
Unnamed driver Name		Driver NRIC	S8773269Z	Driver DOB	07/03/1987
Register Date of Driver License	26/10/2007	Driver Age	32	Driving Experience	12
Contact No.(Mobile)	94872436	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 23 #11-228	Address 2	GHEM MOH LINK	Address 3	GHEM MOH VALLEY
Address 4	SINGAPORE 271023	Address Type	Singapore address	Post Code	271023
Unit No.	11-228				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

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	TING TECK JING	Insured NRIC	S8773	
Contact No.(Mobile)	94872436	Contact No.(Home)		Contact No.(Office)		
Email Address	givelad87@hotmail.com	Vehicle Number	SKZ4703L	Vehicle TP	SLJ274	
Claim Description	SKZ4703L / SLJ2742J ON 28 Feb 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Repair Option	Preferred Workshop, Name unknown	Date Registered	28/02/2020 17:40	Claim Close Date		
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1086253	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	upload Date	28/02/2020 17:41
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	SAS		Normal	SAS 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:41	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2020 17:40	Photos		Normal	Photos 2020-2-28	

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				