

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

Date In: 13/03/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20003983/13	SAS e-filing		
Veh No. FBJ79960	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 10/03/20 1520	i-Motor Claim Form	MT/1088140-001	
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: (AS PMOON Tel: Fax:)

TP Particulars: Veh No: XD4976C INC () / Non-INC ()

Owner / Driver: (Tel:)

Policy No: () Period: () Cover Type: ()

Confirmed by: (Date: Time:)

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA20002134

Invoice Preparation Checklist

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Amt (\$)	Amt (\$)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill	Add Bill
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (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	13/03/2020 16:15
Date Of Accident	10/03/2020 15:00
Exact Location Of Accident	JLN AHMD IBRAHIM JUNC OF BENOI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ7996D

Insured/Policyholder	
Name Of Registered Owner	ZAINULDIN BIN ALI
NRIC No	SXXXX923E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93969606
Alternative Phone No	OTHERS-93969606

Vehicle Particulars	
Manufacturer	HONDA
Model	WW150
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	MOTORCYCLE

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108821964
Cover Note Number	

Driver	
Name of Driver	ZAINULDIN BIN ALI
NRIC No	SXXXX923E
Date Of Birth	24/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1985
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93969606
Fax Number	
Contact Number	OTHERS-93969606
Email Address	NOEMAIL

Address	BLK 436 YISHUN AVE 11 #03-206
Postcode	760436
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	SIDE SWIPE
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?	YES
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: : SALSIAH BTE AHMAD GENDER: : FEMALE

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

PLS REFER TO THE POLICE REPORT: T/20200311/2133

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 Witness 1

Name	SBS BUS DRIVER
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4976C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZAINULDIN BIN ALI

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBJ7996D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SALSIAH BTE AHMAD

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBJ7996D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.

 13.3.2020

Policyholder's Signature
Date & Time:

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

 13/03/20

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

AS PER ATTACHED

REFER TO THE POLICE REPORT: T/20220311/2133

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

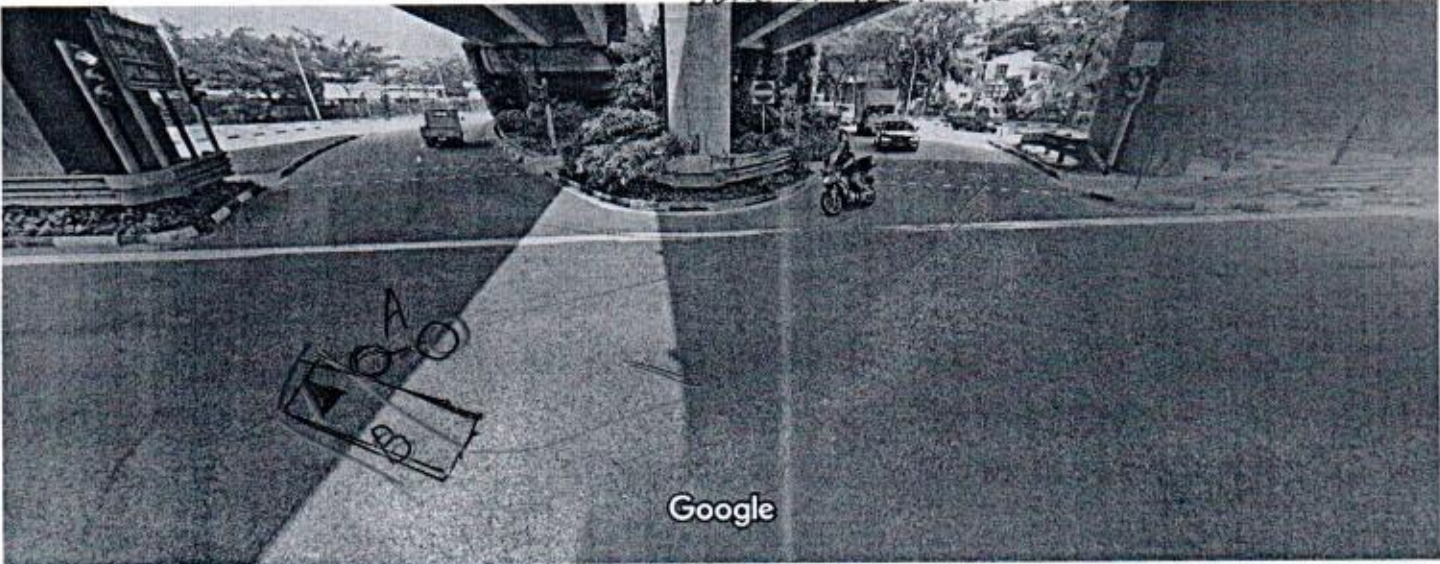
Policyholder's Signature
Date & Time:

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

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

Google Maps Benoi Rd

JLN AHMD IBRAHIM
JUNG OF BENOI RD



VEH B make a u-turn

Image capture: Aug 2019 © 2020 Google

Singapore

Google

Street View



A - PBJ 79960

B - XD 4976C





SINGAPORE POLICE FORCE



T/20200311/2133

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

1 of 3

Report No. T/20200311/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 18:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZAINULDIN BIN ALI			Address: APT BLK 436 YISHUN AVENUE 11 #03-206 YISHUN SPRING SINGAPORE 760436		
ID Type / ID No.: NRIC NO / S1261923E			Contact No.: Home/Office: Mobile: 93969606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 21/01/1957	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2020 15:00	Type of Location: X-Junction
Location: Along Road 1 JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7996D	Motorcycle	HONDA	WW150	Grey		0
XD4976C	TRAILER	MITSUBISHI	FP51JDR4R DEA	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7996D	NTUC Income Insurance Co-Operative Limited	5108821964	11/04/2019	12/04/2020



**SINGAPORE
POLICE FORCE**



T/20200311/2133

2 of 3

Report No. T/20200311/2133

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAINULDIN BIN ALI	ID No.	S1261923E
Related Vehicle	FBJ7996D (Motorcycle)	Contact No.	93969606
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	MS SALSIAH BTE AHMAD	ID No.	S1493688B
Related Vehicle	FBJ7996D (Motorcycle)	Contact No.	94460379
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	11/03/2020
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS ON MY USUAL ROUTE TOWARDS THE OFFICE AND MAKING A RIGHT TURN AT THE BEND TOWARDS JALAN AHMAD IBRAHIM WHEN A TRAILER SUUDENLY MADE A U TURN INTO MY PATH AND CAUSING ME TO HIT THE REAR RIGHT PORTION ON THE TRAILER WHEEL. I WAS THEN CONVEYED TO HOSPITAL. THATS ALL



**SINGAPORE
POLICE FORCE**



T/20200311/2133

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

3 of 3

Report No. T/20200311/2133

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:
TP /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:

[Handwritten Signature]

Date/Time:
11/03/2020 18:40

Classification Of Case:

 **SINGAPORE
POLICE FORCE**

Signature: *[Handwritten Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 03 / 20) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: JALAN AHMAD IBRAHIM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 79960
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA WWT50
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ZAINUL DIN BIN ALI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 93969606
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (24 / 01 / 1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 31 / 01 / 20

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) CONVEY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD4976C 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:

Email =

fax =

video =

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="13/03/2020 15:26"/>
Vehicle No.(For Motor)	<input type="text" value="FBJ7996D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108821964		ZAINULDIN BIN ALI	S1261923E	GMC	Third Party	FBJ7996D	FBJ7996D	11/04/2019	12/04/2020

Continue

Claim Handling

Accident MT/1088140

Policy No.	5108821964	Vehicle No.	FB17996D	GST Registration No.	
Certificate No.					
Policyholder Name	ZAINULDIN BIN ALI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	93969606	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	
▼ Accident Details					
Report Date	13/03/2020 16:50	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/03/2020	Time of Accident hh:mm	15:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN AHMD IBRAHIM JUNC OF BENDI RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	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	BLK 436 #03-206	Address 2	YISHUN AVENUE 11	Address 3	
Address 4	SINGAPORE 760436	Address Type	Singapore address	Post Code	
Unit No.	03-206	Related Policy Number	5108821964		
▼ OI Driver Info					
Driver Name	ZAINULDIN BIN ALI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1261923E	Driver DOB	
Register Date of Driver License	31/01/1985	Driver Age	63	Driving Experience	
Contact No.(Mobile)	93969606	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 436	Address 2	YISHUN AVENUE 11	Address 3	
Address 4	SINGAPORE 760436	Address Type	Singapore address	Post Code	
Unit No.	#03-206				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ZAINULDIN BIN ALI	Insured NRIC	
Contact No.(Mobile)	97742683	Contact No.(Home)	64728146	Contact No.(Office)	
Email Address		OI Vehicle Number	FB17996D	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FB17996D / XD4976C ON 13 Mar 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	
Date Registered	13/03/2020 17:26	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

▼

Accident No. MT/1088140

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 13/03/2020 00:00

Path *

Category *

Confidential

Urgency

	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
	<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Hidepage: Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:26	SAS		Normal	SAS 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:25	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:21	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:21	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:21	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:20	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:20	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:20	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:20	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:20	Photos		Normal	Photos 2020-3-13
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