

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MA 17003852

Date In: 23/3/2018:06	Job description	Date & Time Completed	Done by
Ref No: KA/INC 2204390/24	SAS e-filing		
Veh No: SMH 87197	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 22/3/2018:20	i-Motor Claim Form	27/10/87/11-00	23/3/18 18:19
OD : (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 678865	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## 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	23/03/2020 18:06
Date Of Accident	22/03/2020 16:20
Exact Location Of Accident	CTE TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8119T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG WEI LIEH
NRIC No	SXXXX746D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98209706
Alternative Phone No	OFFICE-98209706

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 STANDARD (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107251182-01
Cover Note Number	

### Driver

Name of Driver	CHONG WEI LIEH
NRIC No	SXXXX746D
Date Of Birth	27/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1982
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98209706
Fax Number	
Contact Number	OFFICE-98209706
EEmail Address	NOEMAIL

Address	1 JALAN TAMAN #08-01
Postcode	329022
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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 - SINGAPORE CITY
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/20200323/7008.

#### 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	SGJ5886S
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG HSIAO CHIN

NRIC/Passport Number	SXXXX470I
Contact Number	91596870
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHONG WEI LIEH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH8119T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

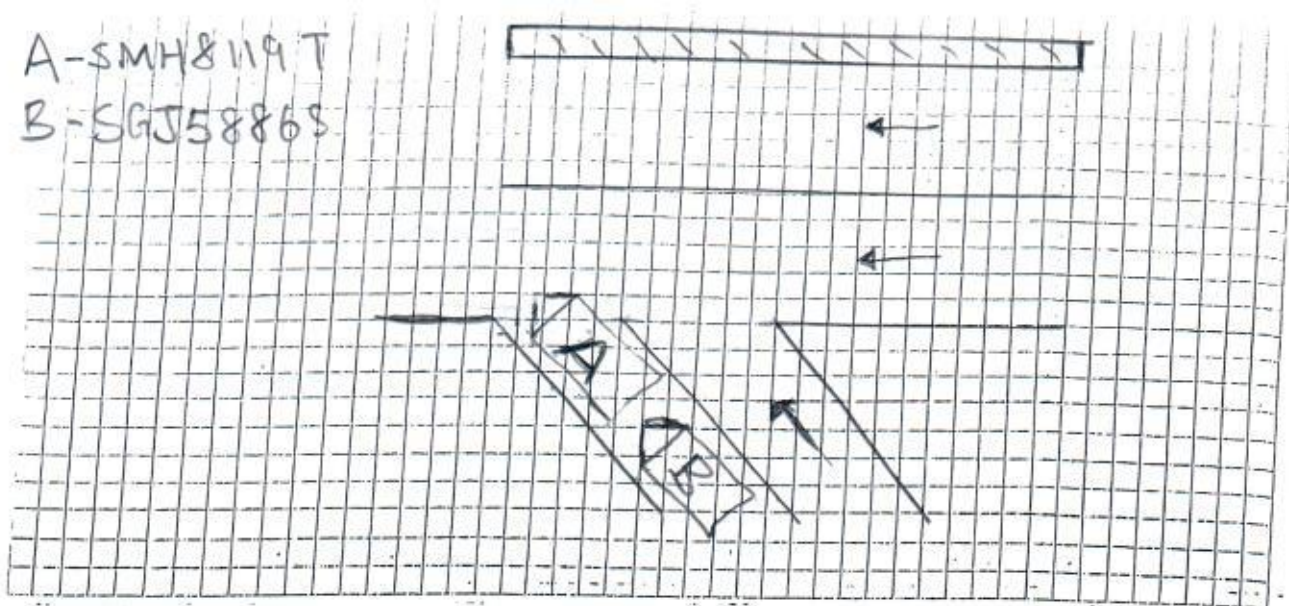
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

B-SGJ58868



refer to police report

We declare the foregoing particulars are true in every respect.

Date &amp; Time:

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FBI No.:



Date of Accident : 22/03/2020 Accident Time: 4:20pm (24-HR-Format)  
Accident Place : CTE Exit modmen rd filter lane  
Vehicle Reg. No. (Car Plate No.) : SMH 8119T  
Vehicle Make/Model : Toyota Altis  
Insurance Company : NWC Policy No. 5107251182-01  
Owner or Company Name / IC No. : S1370746D, Chong wei leh  
Owner or Company Contact No. : 98209706 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : S1370746D  
DRIVER'S Date Of Birth : 27-03-1959 DRIVER'S License Pass Date 15-03-2003  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 1 Jalan taman #08-01  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 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): 03 - Female passenger x2  
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SGJ 5886S  
Vehicle Make/Model: mazda 3  
Name Driver: Huang Hsiao Chin  
IC No. Driver: S90734701  
Driver's Contact & Add: 9159 6870

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200323/7008

1 of 3

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

Report No. T/20200323/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2020 13:42	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHONG WEI LIEH			Address: 1 JALAN TAMAN #08-01 SINGAPORE 329022	
ID Type / ID No.: NRIC NO / S1370746D			Contact No.: Home/Office: Mobile: 98209706	
Nationality: SINGAPORE CITIZEN			Email: weilieh.chong@gmail.com	
Sex: Male	Age: 60	Date of Birth: 27/03/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2020 16:10	Type of Location: Bend
Location:  MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ5886S	Car					0
SMH8119T	Car		TOYOTA ALTIS	Silver	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH8119T	NTUC Income Insurance Co-Operative Limited	51072511820-01	07/02/2020	06/02/2021





**SINGAPORE  
POLICE FORCE**



T/20200323/7008

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

2 of 3

Report No. T/20200323/7008

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHONG WEI LIEH	ID No.	S1370746D
Related Vehicle	SGJ5886S (Car)	Contact No.	98209706
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I WAS EXITING CTE MOULMEN ROAD FILTER LANE TOWARD TAN TOCK SENG .I HAVE STOP MY VEHICLE (SMH8119T) AT THE FILTERING LANE TO CHECK FOR TRAFFIC, SUDDENLY I FELT AN IMPACT FROM MY REAR. THE REAR VEHICLE (SGJ5886S) HAVE HIT MY REAR.

AFTER THE NEXT DAY I WENT TO SEE A DOCTOR AND GIVEN A 3 DAYS MC



**SINGAPORE  
POLICE FORCE**



T/20200323/7008

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

3 of 3

Report No. T/20200323/7008

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/03/2020 13:42

Classification Of Case:



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/03/2020 16:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SMH8119T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107251182-01		CHONG WEI LIEH	S13707460	GPC	drive CLASSIC	SMH8119T	SMH8119T	07/02/2020	06/02/2021
<input type="button" value="Continue"/>										

## ▼ Policy Information

Policy No.	5107251182-01	Policyholder Name	CHONG WEI LIEH	Policyholder NRIC	S1370746D
Certificate No.					
Address	1 JALAN TAMAN #08-01 ST. MICHAEL'S PLACE SINGAPORE 329022				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/01/2020	Effective Date	07/02/2020 00:00	Expiry Date	06/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	1 JALAN TAMAN	Address 2	#08-01 ST. MICHAEL'S PLACE	Address 3	SINGAPORE 329022
Address 4		Address Type	Singapore address	Post Code	329022
Unit No.		Related Policy Number	5107251182-01		

## ► Insured Object: SMH8119T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

Accident MT/1089311

Policy No.	S107251182-01	Vehicle No.	SMH8119T	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG WEI LIEH	Policyholder NRIC	S1370746D		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98209706	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	75
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	Yes

## ▼ Accident Details

Report Date	23/03/2020 18:15	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/03/2020	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GTE TWDS MOULMEIN RD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	1 JALAN TAMAN	Address 2	#08-01 ST. MICHAEL'S PLACE	Address 3	SINGAPORE 329022
Address 4		Address Type	Singapore address	Post Code	329022
Unit No.		Related Policy Number	S107251182-01		

## ▼ OT Driver Info

Driver Name	CHONG WEI LIEH	Driver Type	Main Driver	Driver DOB	27/03/1959
Unnamed driver Name		Driver NRIC	S1370746D	Driving Experience	119
Register Date of Driver License	15/04/1900	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	98209706	Contact No.(Office)	0	Address 1	SINGAPORE 329022
Address 1	1 JALAN TAMAN	Address 2	ST. MICHAEL'S PLACE	Post Code	329022
Address 4		Address Type	Singapore address		
Unit No.	08-01				
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
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHONG WEI LIEH	Insured NRIC	S1370746D
Contact No.(Mobile)		Contact No.(Home)	88410008	Contact No.(Office)	
Email Address		OT Vehicle Number	SMH8119T	TP Vehicle Number	SG358865
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH8119T / SG358865 ON 22 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/03/2020 18:19	Claim Close Date		Date Received	23/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter**Save** **Submit**

## Attachment



Accident No.	MT/1089311	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2020 18:20

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	SAS		SAS 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:20	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Mar 2020 18:19	Photos		Photos 2020-3-23		
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Actor	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>						