

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005) NA20040421

Date In: 21/12-14:19	Job description	Date & Time Completed	Done by
Ref No: NA/1402005015/24	SAS e-filing		
Veh No: SM18217	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/12-14:19	i-Motor Claim Form	27/12/09 25-231	21/12/14:19
OD : (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: P132650

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:- (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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

- 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
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

QD:

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-on INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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	07/04/2020 14:19
Date Of Accident	06/04/2020 14:40
Exact Location Of Accident	SIMS WAY TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1821T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAI JUNFA
NRIC No	SXXXX563B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83216789
Alternative Phone No	OFFICE-83216789

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI AMBIENTE MY 15
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	5108744131
Cover Note Number	

### Driver

Name of Driver	BAI JUNFA
NRIC No	SXXXX563B
Date Of Birth	30/05/1984
Occupation	INDOOR
Date Of Driving Pass	15/12/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83216789
Fax Number	
Contact Number	OFFICE-83216789
EMail Address	NOEMAIL

Address	BLK 631 PASIR RIS DRIVE 3 #06-378
Postcode	510631
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ2650J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

X

Policyholder's Signature  
Date & Time:

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

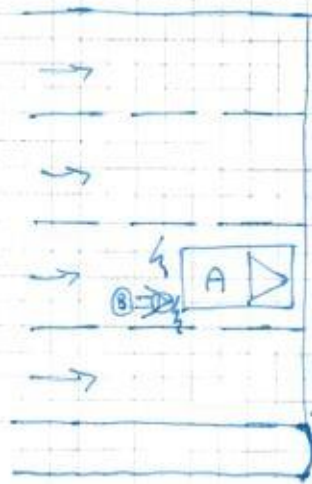
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A  
- SMM 1821 T

Vehicle B  
- FBJ 2650 J

Sims way toward MOUNTBATTEN ROAD.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sims Way toward Mountbatten Road. I was on the second lane.

While come to the traffic junction, as the traffic light turned Red, I applied brake and manage to stop in time. Suddenly after a few seconds I felt a impact from the rear of my vehicle.

Alighted and realized a motorcycle with licence plate number (FBJ 2650 J) had collided to the rear of my vehicle.

Vehicle A - SMM 1821 T

Vehicle B - FBJ 2650 J.

## DECLARATION

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

2

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.:

<b>Vehicle No.</b>	SMM 1821 T	Model / Make	Audi A3
Date of Accident	06/04/20		
Time of Accident	14 40	HRS	
Location of Accident	SMS WAY TOWARD MOUNTBATTEN RD Direction.		
Exact purpose use during accident	Private Use		
<b>Name of Owner</b>	BAI JUN FA		
Telephone No.	H/P: 8321 6789	Home :	Office :
NRIC	S8415563B		
Address	Buk 631 PASIR RIS DR 3		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108744131		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	30/05/1984		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	15/12/2008		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	FBJ 2650 J	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	REAR PORTION		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTIZ LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

## 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:** 5108744131

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMM1821T**  
 Chassis Number : WAUZZZ8V5F1075679
2. Name of Policyholder : BAI JUNFA
3. Effective Date of Insurance : 27 Jun 2019
4. Expiry Date of Insurance : 26 Jun 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 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: BAI JUNFA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : AUTOSHIELD PTE. LTD. (00000573469)  
 Date of Issue : 09 Apr 2019 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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"/>	5108744131		BAI JUNFA	S84155638	GPC	drive CLASSIC	SMM1821T	SMM1821T	27/06/2019	12/10/2020

### Policy Information

Policy No.	5108744131	Policyholder Name	BAI JUNFA	Policyholder NRIC	S8415563B
Certificate No.					
Address					
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/04/2019	Effective Date	27/06/2019 00:00	Expiry Date	12/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	256.81		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 631 #06-378	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510631
Address 4		Address Type	Singapore address	Post Code	510631
Unit No.	06-378	Related Policy Number	5108744131		

### Insured Object: SMM1821T

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Jun 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WAUZZZ8V5F1075679 ENGINE NUMBER: CZC226116 VEHICLE REGISTRATION NUMBER: SKS4017X ORIGINAL REGISTRATION DATE: 13 Apr 2015
2	28/08/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Aug 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WAUZZZ8V5F1075679 ENGINE NUMBER: CZC226116 VEHICLE REGISTRATION NUMBER: SMM1821T ORIGINAL REGISTRATION DATE: 13 Apr 2015
3	31/03/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Jun 2019 TO 12 Oct 2020 In view of this amendment, an additional premium of \$256.81 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue Cancel

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1090975

Policy No.	S108744131	Vehicle No.	SMM1821T	GST Registration No.	
Certificate No.					
Policyholder Name	BAI JUNFA			Policyholder NRIC	S8415563B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83216789	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

## ▼ Accident Details

Report Date	07/04/2020 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/04/2020	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS WAY TWOS MOUNTBATTEN RD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED DD 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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 631 #06-378	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510631
Address 4		Address Type	Singapore address	Post Code	510631
Unit No.	06-378	Related Policy Number	S108744131		

## ▼ OI Driver Info

Driver Name	BAI JUNFA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8415563B	Driver DOB	30/05/1984
Register Date of Driver License	15/12/2008	Driver Age	35	Driving Experience	11
Contact No.(Mobile)	83216789	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 631	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510631
Address 4		Address Type	Singapore address	Post Code	510631
Unit No.	06-378				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	DD-Mix	Insured Name	BAI JUNFA	Insured NRIC	S8415563B
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SMM1821T	TP Vehicle Number	FBJ26503
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMM1821T / FBJ26503 ON 6 Apr 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	07/04/2020 14:29	Claim Close Date		Date Received	07/04/2020 00:00
Report Taken By	Jackson				

☒ Print AX letterSave Submit

## Attachment

Accident No.	MT/1090975	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/04/2020 14:30

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:30	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	SAS	Normal	SAS 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 07 Apr 2020 14:29	Photos	Normal	Photos 2020-4-7	

**Video List**

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