

NATIONAL Assessment Centre Services

Date In: 16/06/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20006329/13	SAS e-filing		
Veh No: SK2642	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/06/20 1730	I-Motor Claim Form	MT/1094543-001	
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: (TEAMWORK)	Tel:	Fax:
TP Particulars:	Veh No: AC55404	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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	

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	16/06/2020 11:53
Date Of Accident	15/06/2020 17:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ64Z
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.
Co Reg No	2XXXXX179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5108639457-01
Cover Note Number	

Driver

Name of Driver	SOEN LEH KENG
NRIC No	SXXXX535H
Date Of Birth	02/09/1953
Occupation	INDOOR
Date Of Driving Pass	02/07/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82871720
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 24 HOUGANG AVE 3 #06-426
Postcode	530024
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - 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)	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

PLS REFER TO THE ATTACHED 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	PC5540U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG BEN JIA
NRIC/Passport Number	SXXXX123B
Contact Number	82281155
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOEN LEH KENG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HEAD & NECK

SKZ64Z

YES

NO

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

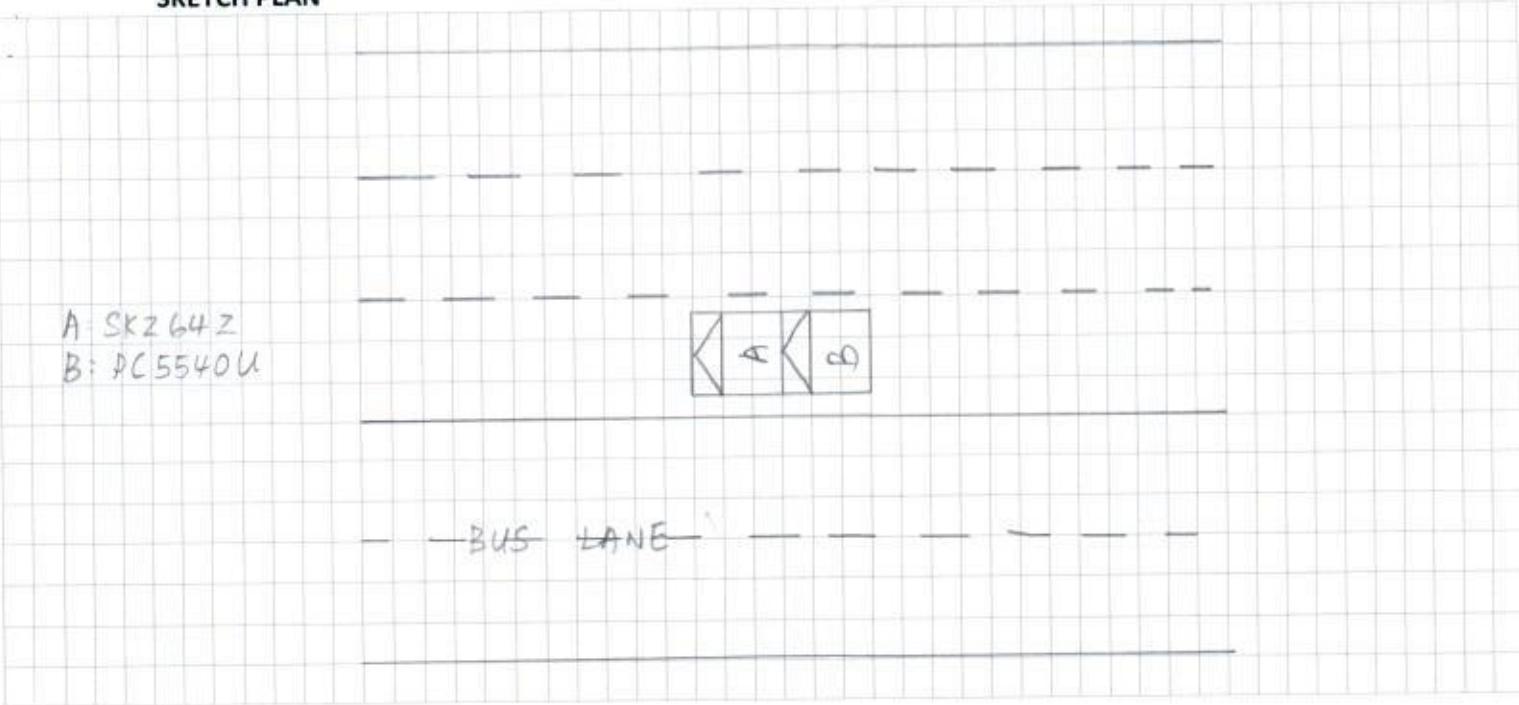


Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Ang Mo Kio Avenue 3 as the traffic was heavy at that point of time. Out of sudden, I felt an impact from my rear. Vehicle B had collided onto the rear portion of my vehicle.

DECLARATION

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



Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S46550030G / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 1200 51843 - 01 Vehicle Registration No: SK3 643
Name (as shown in NRIC) : One Rent Cars Pte Ltd NRIC/FIN/Passport No : 2XXXXX179N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8287 1720
Email Address : _____
Date of Accident : 15/6/20 Time of Accident : 17:30
Place of Accident : Along AMK Ave 3
Insurance Company : MTVC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Policy Number.

Policyholder / Driver's Signature
Date:



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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Roslinga

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	15/06/2020	(DD/MM/YY)
Time of accident	1730	(HH:MM)
Exact location of accident	Along Ang Mo Kio Ave 3	

DETAILS OF VEHICLE

Vehicle registration number	SKZ 64Z		
Vehicle make and model	Mercedes E200		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	Liberty		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	One2Rent Cars pte Ltd.	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Soen Leh Keng	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1076535H		
Contact	8287 1720		
Address	Blk 24 Hougang Avenue 3 #06-426 S(530024)		
Email address			
Date of birth	02/09/1953		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Driving date pass	02/07/2009		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>01</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	PC 5540 U
Vehicle make model	
Name	Ang Ben Jia
NRIC / Fin / Passport number	S9348123 B
Contact	8228 1155

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Soen Leh Keng
Injuries sustained	Head and neck
Which vehicle person in?	SKZ 64 Z
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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="15/06/2020 17:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKZ64Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108639457-01	5108639457-01-000028	ONE2RENT CARS PTE. LTD.	201306179N	GFM	Third Party, Fire & Theft	SKZ64Z	SKZ64Z	03/04/2020	02/04/2021

Claim Handling

Accident MT/1094543

Policy No.	5108639457-01	Vehicle No.	SKZ642	GST Registration No.	201306179N
Certificate No.	5108639457-01-000028			Policyholder NRIC	201306179N
Policyholder Name	ONE2RENT CARS PTE. LTD.	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	0	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	16/06/2020 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/06/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	ALONG ANG MO KIO AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	2,000.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	2,000.00		

Benefits

GST Registered Information			
GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	201306179N	GST Status Verified	Yes
Modification History	16/06/2020 12:45:32 System changed GST Registered from No to Yes 16/06/2020 12:45:32 System changed GST Registration No. from null to 201306179N 16/06/2020 12:45:32 System changed GST Registration Date from null to 01/12/2015		

Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01+12	Related Policy Number	5108639457-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/09/1953
Unnamed driver Name	SOEN LEH KENG	Driver NRIC	SXXXX535H	Driving Experience	10
Register Date of Driver License	02/07/2009	Driver Age	66	Contact No.(Home)	0
Contact No.(Mobile)	82871720	Contact No.(Office)	0	Address 3	SINGAPORE 530024
Address 1	BLK 24	Address 2	HOUGANG AVENUE 3	Post Code	530024
Address 4		Address Type	Singapore address		
Unit No.	#06-426				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No
Modification History			

Investigation

Claim 001 OD-MX	New	LOG SAL SUB
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Claim Case Officer

Claim Type	OD-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201306179N
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
Email Address	enquiry@one2rentcars.com	OT Vehicle Number	SKZ642	TP Vehicle Number	PCSS40U
Claim Description	SKZ642 / PCSS40U ON 15 Jun 2020				
Preferred Workshop	Yes	Preferred Repair Option	Unknown	Insured at Report	Not at Report
Report Date Registered	16/06/2020 13:51	Claim Close Date		Date Received	17/06/2020 16:30
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Modification History					

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1094543	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	17/06/2020 16:30		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
		Clear			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:51	SAS		Normal	SAS 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:48	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:48	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:48	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:48	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 16 Jun 2020 12:47	Photos		Normal	Photos 2020-6-16		Edit

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"/>	