

NATIONAL Assessment Centre Services

Wef: 1 Jan 05 NA 2005349

Date In: 11/12/05	Job description	Date & Time Completed	Done by
Ref No: NA/INC200-685674	SAS e-filing		
Veh No: 4B9178R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/6/20-4:25	i-Motor Claim Form	11/12/05 10:30-22:1	11/12/05 6:31
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: 4B9178R

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 (\$)

Inc 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:-

Q1:

*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: 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	01/07/2020 10:17
Date Of Accident	30/06/2020 09:25
Exact Location Of Accident	SATS AIRFREIGHT TERMINAL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF178R
Insured/Policyholder	
Name Of Registered Owner	MALCA AMIT SINGAPORE PTE LTD
Co Reg No	2XXXXX616M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65879135
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108152900-02
Cover Note Number	

Driver

Name of Driver	YAP HENG WOON (YE XINGYUN)
NRIC No	SXXXX810H
Date Of Birth	26/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1992
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98114577
Fax Number	
Contact Number	OFFICE-98114577
EMail Address	NOEMAIL

Address	BLK 122D RIVERVALE DRIVE #12-458
Postcode	544122
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : LIM KOK WOEI GENDER: : MALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FORKLIFT
Vehicle Make/Model/Colour	TMK SERVICES PTE LTD
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	AZHAR BIN ALI
NRIC/Passport Number	SXXXX659I
Contact Number	88781432
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	YAP HENG WOON (YE XINGYUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF178R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM KOK WOEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF178R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

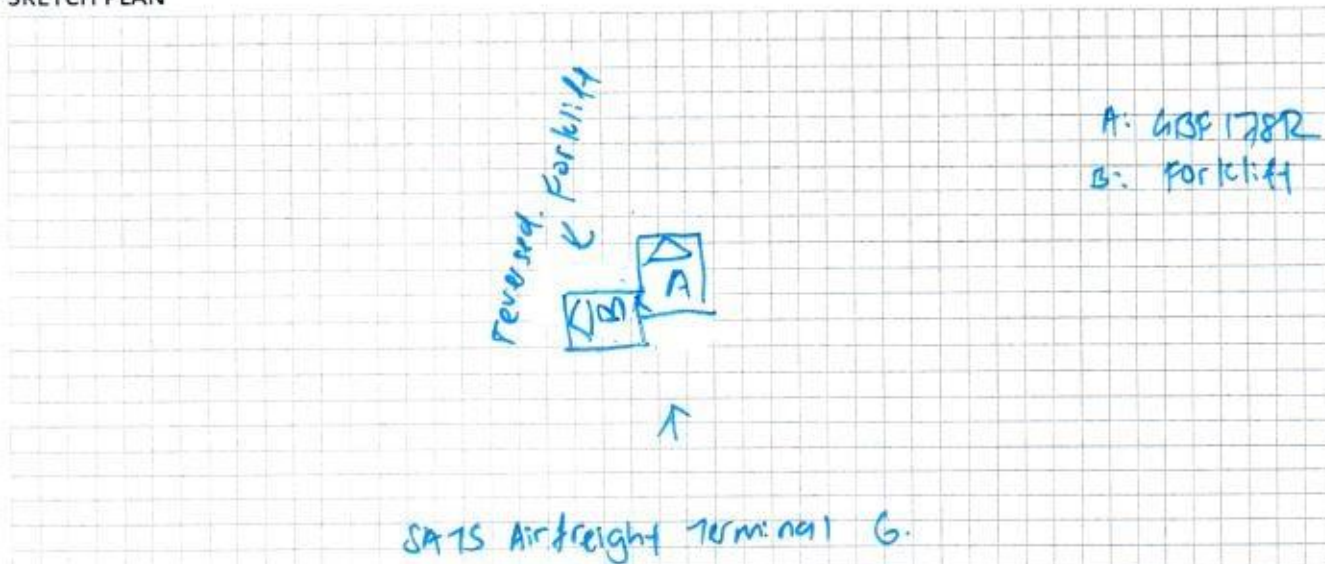


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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



Policyholder's Signature
Date & Time:



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

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

Statement Form



ALL incidents must be reported. Please complete the following form, giving as much detail as possible about the incident in question and supply copies of documents used and any photographic evidence, where applicable. Please ensure that this document is signed and dated. These reports form the basis of Loss Prevention Procedures and are vital to the maintenance of high the standards clients expect from Malca-Amit.

Statement By:	YAP HENG WOON EDWIN
Date and Time of Incident:	30 June 2020 0926HRS
Location of Incident:	SATS Airfreight Terminal 6
Nature of Incident:	Motor Vehicle Accident
Personnel Involved:	YAP HENG WOON / LIIM KOK WOEI
Description of Incident:	<p>While we driving towards document counter at Terminal 6, the forklift hit rear left of the vehicle when he reversing without checking his back.</p>
Signed:	 YAP HENG WOON  LIM KOK WOEI
Date:	30 June 2020

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 6 / 20) (DD/MM/YYYY), TIME: (09 : 25) (HH:MM)

LOCATION: SATS Airfreight Terminal 6.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF128R
b) INSURANCE COMPANY: LTVL
c) POLICY NUMBER: 5108152900.
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 65879155 (2628)
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 98114577
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - 2 person.

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Forklift. MODEL:
b) DRIVER'S NAME: Azhar Bin Ali
c) NRIC/FIN/PASSPORT: 517146592. CONTACT: 88781432

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Company: Imk Services Pte Ltd

Email =

Fax =

Video = ✓

* No of passenger
(Including driver)
(2)

1. Lim Kok
Woon

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5108152900-02-000005

Cover : Comprehensive

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF178R |
| Chassis Number | : JN1MC2E26Z0006002 |
| 2. Name of Policyholder | : MALCA AMIT SINGAPORE PTE LTD |
| 3. Effective Date of Insurance | : 30 May 2020 |
| 4. Expiry Date of Insurance | : 29 May 2021 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 04 May 2020 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108152900-02	5108152900-02-000005	MALCA AMIT SINGAPORE PTE LTD	200920616M	GFM	Comprehensive	GBF178R	GBF178R	30/05/2020	29/05/2021

Continue

Policy Information

Policy No.	5108152900-02	Policyholder Name	MALCA AMJT SINGAPORE PTE LT	Policyholder NRIC	200920616M
Certificate No.	5108152900-02-000005				
Address	32 CHANGI NORTH CRESCENT SINGAPORE 499643				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/05/2020	Effective Date	30/05/2020 00:00	Expiry Date	29/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65674755	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	32 CHANGI NORTH CRESCENT	Address 2	SINGAPORE 499643	Address 3	
Address 4		Address Type	Singapore address	Post Code	499643
Unit No.		Related Policy Number	5109580453-01		

Insured Object: 5108152900-02-000005

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1095770

Policy No.	5108152900-02	Vehicle No.	GBF178R	GST Registration No.	200920616M
Certificate No.	5108152900-02-000006				
Policyholder Name	MALCA AMIT SINGAPORE PTE LTD.	Cover Type	Comprehensive	Policyholder NRIC	200920616M
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	65879135	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="11"/>
eFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	01/07/2020 10:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/06/2020	Time of Accident h:mm	09:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SATS AIRFREIGHT TERMINAL 6				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/2010
GST Registration No.	200920616M	GST Status Verified	Yes
Modification History	01/07/2020 10:30:10 System changed GST Registration Date from 01/12/2009 to 01/08/2010 01/07/2020 10:30:10 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	32 CHANGI NORTH CRESCENT	Address 2	SINGAPORE 499643	Address 3	
Address 4		Address Type	Singapore address	Post Code	499643
Unit No.		Related Policy Number	S109580453-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/08/1971
Unnamed driver Name	YAP HENG WOOD (YE XINGYUN)	Driver NRIC	S000X810H	Driving Experience	28
Register Date of Driver License	23/04/1992	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	98114577	Contact No.(Office)	0	Address 3	RIVERVALE BANK
Address 1	BLK 122D	Address 2	RIVERVALE DRIVE	Post Code	544122
Address 4	SINGAPORE 544122	Address Type	Singapore address		
Unit No.	12-458				
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-HW	Insured Name	MALCA AMIT SINGAPORE PTE L	Insured NRIC	200920616M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBF178R	TP Vehicle Number	FORKLIFT
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF178R / FORKLIFT ON 30 Jun 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	01/07/2020 10:31	Claim Close Date		Date Received	01/07/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

















Accident No.	MT/1095770	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/07/2020 10:36

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

UNCLASSIFIED

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:35	SAS	Normal	SAS 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:32	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 01 Jul 2020 10:31	Photos	Normal	Photos 2020-7-1	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	