

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MHA120058272

Date In: 9/7/2015:42	Job description	Date & Time Completed	Done by
Ref No: NABHC20057166/24	SAS e-filing		
Veh No: SJR76407	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/7/20-20:15	i-Motor Claim Form	M/1096500-031	9/7/20 16:06
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: 68D76967	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	<p>Invoice Preparation Checklist</p>		<p>Am't (\$)</p> <p>(1st Bill)</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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:-			
<p>QJ*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p>				
<p>TP (N11): TP (N-on INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>				
<p>Invoice dated</p> <p>Fee Charged</p>				
<p>Invoice dated</p> <p>Fee Charged</p>				

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	09/07/2020 15:42
Date Of Accident	08/07/2020 20:15
Exact Location Of Accident	YISHUN AVE 4 TWDS YISHUN RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7640T
Insured/Policyholder	
Name Of Registered Owner	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
NRIC No	SXXXX161J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96834747
Alternative Phone No	OFFICE-96834747

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID A
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	5118067123
Cover Note Number	

Driver

Name of Driver	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
NRIC No	SXXXX161J
Date Of Birth	22/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96834747
Fax Number	
Contact Number	OFFICE-96834747
Email Address	NOEMAIL

Address	BLK 484 CHOA CHU KANG AVENUE 5 #11-10
Postcode	680484
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)	1

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/20200709/7000.

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	GBD7676J
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW CHEE KEONG
NRIC/Passport Number	SXXXX309G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR7640T
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:



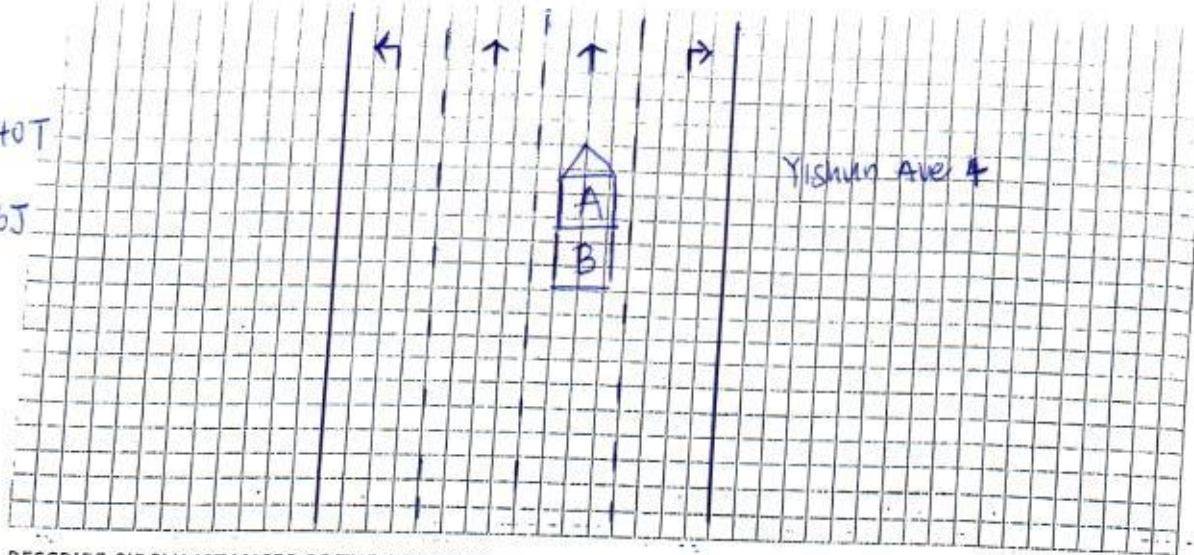
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Veh A: SJRT640T

Veh B: GBD7676J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was stationary along Yishun Ave 4 towards Yishun Ring Road. The traffic light was red. Suddenly I felt an impact from the rear. I alighted and realise that vehicle B has collided onto my vehicle rear portion. We exchange particulars and proceed with insurance claims. I wish to state that after the accident I felt discomfort and pain and consult a doctor at CCK family clinic^{and} was given 3 days MC.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 8/7/2020 Accident Time: 2015 pm (24-HR-Format)
Accident Place : YISHUN AVENUE 4 towards Yishun Ring Rd
Vehicle Reg. No. (Car Plate No.) : SJR 7640T
Vehicle Make/Model : HONDA VEZEL HYBRID
Insurance Company : NTUC Policy No. 5118067123
Owner or Company Name / IC No. : JAMES CHEONG SIONG PEAK
Owner or Company Contact No. : 9683 4747 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : JAMES. CHEONG SIONG PEAK
DRIVER'S Date Of Birth : 22/06/1985 DRIVER'S License Pass Date 28/10/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 484 CHOA CHU KANG AVENUE 5 #11-10
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : admin@mycar.sg
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): 01
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: GBD 7676J
Vehicle Make/Model: Mitsubishi Fuso
Name Driver: Low chee keong
IC No. Driver: S8224309G
Driver's Contact & Add: _____

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



**SINGAPORE
POLICE FORCE**



T/20200709/7000

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

1 of 3

Report No. T/20200709/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2020 00:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAMES CHEONG SIONG PEAK			Address: APT BLK 484 CHOA CHU KANG AVENUE 5 #11-10 SINGAPORE 680484		
ID Type / ID No.: NRIC NO / S8518161J			Contact No.: Home/Office: Mobile: 96834747		
Nationality: SINGAPORE CITIZEN			Email: integrityjames@gmail.com		
Sex: Male	Age: 35	Date of Birth: 22/06/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2020 20:15	Type of Location: Straight Road
Location: YISHUN AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7676J	Lorry	MITSUBISHI	Fuso		Slightly Damaged	0
SJR7640T	Car	HONDA	VEZEL 1.5X HYBRID A	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR7640T	NTUC Income Insurance Co-Operative Limited	5118067123	06/07/2020	05/07/2021



**SINGAPORE
POLICE FORCE**



T/20200709/7000

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

2 of 3

Report No. T/20200709/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAMES CHEONG SIONG PEAK	ID No.	S8518161J
Related Vehicle	SJR7640T (Car)	Contact No.	96834747
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2020	Date Discharge	08/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am travelling along Yishun Avenue 4 just before Yishun Ring road in my vehicle SJR7640T. I was waiting at the traffic light as it was red, suddenly I felt a great impact from the rear. I alighted and realise that a lorry GBD7676J has collided on my rear causing damages. I also wish to state that I felt discomfort pain after the accident and consulted a doctor at CCK family clinic and was given 3 days mc



**SINGAPORE
POLICE FORCE**



T/20200709/7000

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

3 of 3

Report No. T/20200709/7000

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 / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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:
09/07/2020 00:09

Classification Of Case:

eBaoTech

General/Claim

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="08/07/2020 20:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJR7640T"/>	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"/>	5118067123		JAMES CHEONG SIONG PEAK (ZHONG SONGBI)	S85181611	GPC	drive CLASSIC	SJR7640T	SJR7640T	06/07/2020	05/07/2021
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5118067123	Policyholder Name	JAMES CHEONG SIONG PEAK (Z	Policyholder NRIC	S8518161J
Certificate No.					
Address	BLK 484 #11-10 CHOA CHU KANG AVENUE 5 SINGAPORE 680484				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	06/07/2020	Effective Date	06/07/2020 00:00	Expiry Date	05/07/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	2453.53		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 484 #11-10	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SINGAPORE 680484
Address 4		Address Type	Singapore address	Post Code	680484
Unit No.		Related Policy Number	5118067123		

 Insured Object: SJR7640T

 Endorsements

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1096500

Policy No.	S118067123	Vehicle No.	SJR7640T	GST Registration No.	
Certificate No.					
Policyholder Name	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)			Policyholder NRIC	S85181611
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIV CLASSIC	Loading	0
Contact No.(Mobile)	96834747	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	09/07/2020 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/07/2020	Time of Accident minimum	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 4 TWOS YISHUN RING 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?	Covered
Additional Excess	1500				
Total OD Excess Applicable	3500.00	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	BLK 484 #11-10	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SINGAPORE 680484
Address 4		Address Type	Singapore address	Post Code	680484
Unit No.		Related Policy Number	S118067123		
O1 Driver Info					
Driver Name	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S85181611	Driver DOB	22/06/1985
Register Date of Driver License	28/10/2014	Driver Age	35	Driving Experience	5
Contact No.(Mobile)	96834747	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 484	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SINGAPORE 680484
Address 4		Address Type	Singapore address	Post Code	680484
Unit No.	11-10				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JAMES CHEONG SIONG PEAK (Z)	Insured NRIC	S85181611
Contact No.(Mobile)	92706527	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SJR7640T	TP Vehicle Number	GBD76783
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR7640T / GBD76783 ON 8 Jul 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	09/07/2020 16:06	Claim Close Date		Date Received	09/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1096500	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2020 16:07
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Please Select:

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Ser# (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	SAS	Normal	SAS 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:07	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 09 Jul 2020 16:06	Photos	Normal	Photos 2020-7-9	

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"/>				