

NATIONAL Assessment Centre Services

[Ref: 12-102]

Date In: 15/07/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC20007837/r3	SAS e-filing		
Veh No: FBL5759A	E-mail (within 8hrs, A/D 2hrs)		
D.O.A: 13/07/20 1055	i-Motor Claim Form	MT/1096946-001	
OD: TP: <u>Reporting Only</u>	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: (BBOC (CIM 106A5)	Tel:	Fax:
TP Particulars:	Veh No: SHD582X	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

NA2003683	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		Int Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Cal. 1:	
Cal. 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	15/07/2020 17:02
Date Of Accident	13/07/2020 10:55
Exact Location Of Accident	BUKIT BATOK WEST AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL5759A
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750L
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	SUM GUOLIANG(SHEN GUOLIANG)
NRIC No	SXXXX295H
Date Of Birth	02/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 510 WOODLANDS DRIVE 14 #04-41
Postcode	730510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINER
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?	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	SHD582X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT 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.

EJAY MOTOR DRIVING CENTRE LTD
 015 BUKIT LINTAK WEST AVENUE 5
 SINGAPORE 658008
 TEL: 6561 1233 FAX: 6568 0777

Policyholder's Signature
 Date & Time:

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

Report to Centre Person's Signature
 Name:
 NRIC/PIN No:

15/07/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I the namely person was at this right turn only lanes at this timing 10:55AM bike was at a complete stop and was 2 and a half car length away from the taxi (SHD 582X) which was the only vehicle in front of me at that time.

Out of sudden the taxi start to reverse despite me honking at the vehicle the taxi still reverse and I try to reverse my bike (FBL 5759A) despite the effort the taxi still hit my bike front tyres

The driver of SHD 582X mention he was reversing and wanted to exit from the filter lane on the left.

DECLARATION

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

BJR MOTOR DRIVING CENTRE LTD
115 LAMB, LANE 5, VENUE 5
SINGAPORE 659085
Tel: 6591 1233 FAX: 8569 0777

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

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

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

13/7/2020

1055

BURIT BANG WEST
AVE 7
☐ Owner
☐ Driver

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBL 5359A

Name of Policyholder

NRIC/ FIN/ Passport/ RDC (if Policyholder is company)

Address

Contact Number

Tel: 63943505

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA NC 750 LH

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle Others:

Exact Purpose for which vehicle was being used at the time of accident.

Are you claiming under your own insurance policy?

☐ Yes☐ No

Remarks:

Vehicle category

☐ Private☐ Commercial☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive☐ TP Fire & Theft☐ Third party

Fleet Policy

☒ Yes☐ No

Policy Number

00734151220

DRIVER

Name of Driver

SUM GUOLIANG

NRIC/ FIN/ Passport

S8120295H

Date of Birth

2-7-1981

Occupation

DRIVING INSTRUCTOR

Driving Pass Date

Gender

☒ Male☐ Female

Contact Number

Tel:

Hp:

Address

AYK 510 WOODLANDS DR 14 #04-14 (930510)

Email Address

Was driver an employee of the Insured's Company?

☐ Yes☐ No

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

☒ Clear☐ Raining☐ Others

Road Surface

☐ Wet☐ Dry☐ Others

Damage Area

Approximate Speed

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No☐ Yes

Was any other vehicle(s) or property damaged?

☐ No☐ Yes

Was there any camera video footage (in car)?

☐ No☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☐ No☐ Yes

If Yes, please state which police station & Report No.

Was notice of Intended Prosecution given?

☐ No☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

Declaration

I/We declare that the above information provided above are true in every aspect.

S16 BUKIT DATOK WEST AVENUE 5

SINGAPORE 850085

TEL: 8581 1233 FAX: 8584 0777

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)



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 : 5114136261-000026

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBL5759A |
| Chassis Number | : RC6/1100021 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2020 |
| 4. Expiry Date of Insurance | : 31 Dec 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 9's of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

305

Annex A

Transaction ref 20161223163417889579

The owner and vehicle particulars for Vehicle No FBL5759A as at 23 Dec 2016 are as follows:

1. Name	: BUKIT BATOK DRIVING CENTRE LTD
2. Identification No. Type	: Company
3. Identification No.	: 19880115SR
4. Place Of Passport Issue	:
5. Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6. Mailing Address	:
7. Vehicle No.	: FBL5759A
8. Effective Date of Ownership	: 23 Dec 2016
9. Original Registration Date	: 23 Dec 2016
10. First Registration Date	: 23 Dec 2016
11. Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	:
15. Attachment 3	:
16. Vehicle Make	: HONDA
17. Vehicle Model	: NC750L
18. Year of Manufacture	: 2016
19. Primary Colour	: White
20. Secondary Colour	:
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: RC671100021 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: RC67E1100040 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26. Maximum Power Output(kW/bhp)	: /
27. Unladen Weight(kg)	: 217
28. Maximum Laden Weight(kg)	: 367
29. Open Market Value	: \$8,545.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	:
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	:
34. COE No.	: 2016080106000627R
35. COE Expiry Date	: 22 Dec 2026
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,302.00
38. Actual Quota Premium/PQP Paid	: \$6,302.00
39. Actual ARF Paid	: \$1,282.00
40. CO2 Emission(g/km)	:
41. Actual CEVS Rebate Utilised	:
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	:
45. Road Tax Amount	: \$192.00
46. Road Tax Start Date	: 23 Dec 2016
47. Road Tax End Date	: 22 Dec 2017
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1096946

Policy No.	5114136261	Vehicle No.	FBL5759A	GST Registration No.	M2008053
Certificate No.	5114136261-000028				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801151
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(Home)	0
Email Address		Special Remark		eCode	NO
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/07/2020 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/07/2020	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 7				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	R200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136261		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/07/198
Unnamed driver Name	SUN GUOLIANG(SHEN GUOLIAN)	Driver NRIC	S8130295H	Driving Experience	8
Register Date of Driver License	26/05/2011	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 510	Address 2	WOODLANDS DRIVE 14	Post Code	730510
Address 4		Address Type	Singapore address		
Unit No.	#04-83				
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
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Modification History

Claim 001 OD-MX New

Claim Type

OD-MX

Insured Name

BUKIT BATOK DRIVING CENTRE

Contact No.(Mobile)

Contact No.(Home)

Email Address

RACHEL@BDDC.SG

OS

FBL5759A

Claim Description

FBL5759A / SHD582X ON 13 Jul 2020

Preferred Workshop

Insured Liability

Not at Fault

Contact No. Finalisation

Yes

Preferred Repair Option

Preferred Workshop (refer below)

GIA report

Received

Date Registered

15/07/2020 17:40

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.

MT/1096946

Claim No.

001

Last Doc. Received

Yes No

Upload Date

15/07/2020 00:00

Path

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category

Please Select

Confidential

Normal

Urgency

Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	SAS		Normal	SAS 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	SAS		Normal	SAS 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	Photos		Normal	Photos 2020-7-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2020 17:30	Photos		Normal	Photos 2020-7-15

Video List

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