

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA1006977

Date In: 17/12-14: 02	Job description	Date & Time Completed	Done by
Ref No: Hq/INC 12008539/24	SAS e-filing		
Veh No: 1142762	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/12-10:00	i-Motor Claim Form	17/12/05 10:00	17/12/05 14:25
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: 1142762	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

MHA1006977	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	17/08/2020 14:03
Date Of Accident	16/08/2020 10:00
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH276Z
Insured/Policyholder	
Name Of Registered Owner	ONG CHENG GUAN
NRIC No	SXXXX218E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96637987
Alternative Phone No	OFFICE-96637987
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075070044-04
Cover Note Number	

Driver

Name of Driver	ONG CHENG GUAN
NRIC No	SXXXX218E
Date Of Birth	28/08/1957
Occupation	INDOOR
Date Of Driving Pass	23/03/1979
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96637987
Fax Number	
Contact Number	OFFICE-96637987
Email Address	NOEMAIL

Address	BLK 116 SIMEI STREET 1 #06-572
Postcode	520116
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW3238K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT BIN ANANG
NRIC/Passport Number	SXXXX118H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment.

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

VEHICLE NO : SKH 276 E		MAKE/MODEL : TOYOTA ALTEA	
Date of Accident	16/08/2020	Time: 10:00	Foreign Veh Involved YES / NO
Location of Accident	TAMPINES AVE 2		Foreign Veh No
Country of Loss			
Vehicle Damaged	No. of Veh Involved : 2		
Claim Type	OD / TP / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO	NTUC	Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	5075070044-04		
Fleet Policy	YES / NO		
OTHER VEHICLES			
OWNER / CO. NAME	ONG CHENG GUAN	VEHICLE B	: SKW 3238K
NRIC / Co's Reg No.	S1252218E	Category	:
Address	APT BLK 116 SIMEI STREET 1	Driver's Name	: RAHMAT BEN ANANG
	#06-572 S (1852)	NRIC No	: S1180118H
Contact / Mobile No	9663 7987	Contact No	:
Email Address	ong@chemion.com	No. of Passenger	:
Date of Birth	28/08/1957		
Gender	M / F	VEHICLE C	:
DRIVER'S NAME	AS ABOVE	Category	:
NRIC No		Driver's Name	:
Address		NRIC No	:
		Contact No	:
Contact / Mobile No		No. of Passenger	:
Email Address			
Date of Birth		VEHICLE D	
Gender	M / F	Category	:
LICENSE PASSED DATE		Driver's Name	:
		NRIC No	:
Occupation	Indoor / Outdoor	Contact No	:
Relation with Owner	OWNER	No. of Passenger	:
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured	: Yes / No
Road Surface	Dry / Wet / Others		
INJURED : YES / NO			
Name of Injured	:	Police Report	: YES / NO
Convey To Hospital by Ambulance	: YES / NO	If YES, Where	:
NO. OF PASSENGERS :			
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop	:	Contact No	:
Address	:	Email	:
SUCCESS UNITED PTE LTD 2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921 Tel: 6746 1515 Fax: 6748 5015			

Accident Report between car SKH276Z and SKW3238K

Dated: 16 August 2020

CAR NO : **SKH276Z**
DRIVER : ONG CHENG GUAN
IC NO : S1252218E
ADDRESS : BLK 116, #06-572, SIMEI ST. 1
: SINGAPORE 520116

SKW3238K
RAHMAT BIN ANANG
S1180118H
BLK 828, #02-528, YISHUN ST.81
SINGAPORE 760828

I, Ong Cheng Guan the driver for Car SKH276Z on Sunday, 16 August 2020, at about 10am along Tampines Ave. 2 Traffic Junction near Tampines East Community Club. It was at the Traffic junction when the Red light turns Green. My car SKH276Z was travelling straight at 30kmh on a clear day in the middle lane (2nd Lane) and the driver, Mr. Rahmat Bin Anang of Car SKW3238K was stationary in the 1st lane Q line for cars turning right. Suddenly Car SKW3238K Swerve Left out of the Q line and hit on the right side of my car SKH276Z passenger door damaged while I was travelling straight in lane 2. And car SKW3238K had a slight scratch dent on the left side near the front headlights.

Tampines East Community Club

TAMPINES AVE. 2

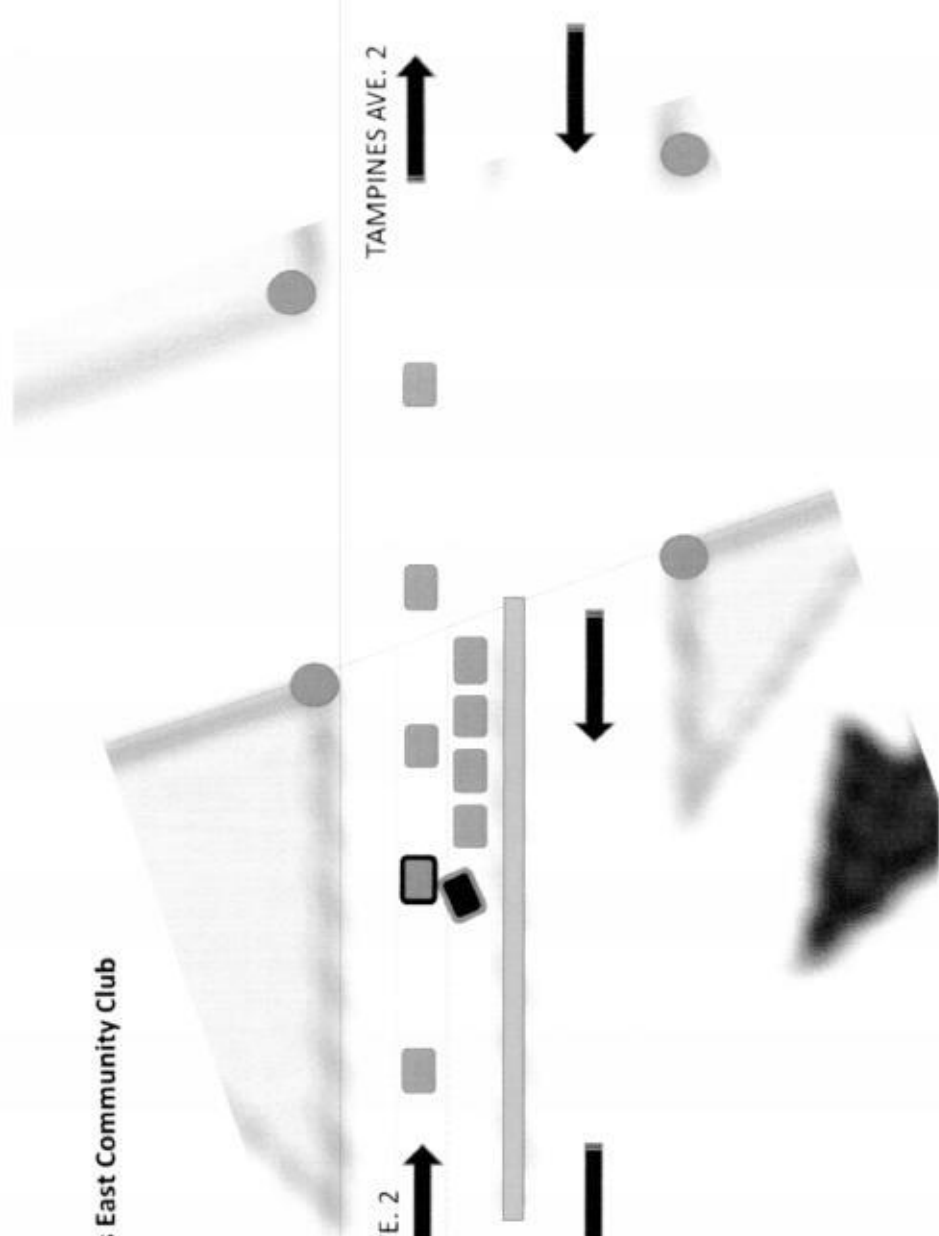
TAMPINES AVE. 2

SKH276Z

SKW3238K

OTHER CARS

TRAFFIC LIGHTS



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: 5075070044-04

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKH276Z |
| Chassis Number | : MR053REE104149805 |
| 2. Name of Policyholder | : ONG CHENG GUAN |
| 3. Effective Date of Insurance | : 30 Oct 2019 |
| 4. Expiry Date of Insurance | : 29 Oct 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG CHENG GUAN
NAMED DRIVER (1)	: KOH SENG ENG
NAMED DRIVER (2)	: JESS ONG LI LING
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 27 Sep 2019 17:01 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.	<input type="text"/>	Date of Accident	<input type="text" value="16/08/2020 10:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SKH276Z"/>	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"/>	5075070044-04		ONG CHENG GUAN	S1252218E	GPC	drive CLASSIC	SKH276Z	SKH276Z	30/10/2019	29/10/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5075070044-04	Policyholder Name	ONG CHENG GUAN	Policyholder NRIC	S1252218E
Certificate No.					
Address	BLK 116 #06-572 SIMEI STREET 1 SINGAPORE 520116				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/09/2019	Effective Date	30/10/2019 00:00	Expiry Date	29/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 116 #06-572	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520116
Address 4		Address Type	Singapore address	Post Code	520116
Unit No.		Related Policy Number	5075070044-04		

 Insured Object: SKH276Z

 Endorsements

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

Claim Handling

Accident MT/1100138

Policy No.	5075070044-04	Vehicle No.	SKH2762	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHENG GUAN			Policyholder NRIC	S1252218E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96637987	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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	17/08/2020 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/08/2020	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 116 #05-572	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520116
Address 4		Address Type	Singapore address	Post Code	520116
Unit No.		Related Policy Number	5075070044-04		

OT Driver Info

Driver Name	ONG CHENG GUAN	Driver Type	Main Driver	Driver DOB	28/08/1957
Unnamed driver Name		Driver NRIC	S1252218E	Driving Experience	41
Register Date of Driver License	23/03/1979	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96637987	Contact No.(Office)	0	Address 3	SINGAPORE 520116
Address 1	BLK 116	Address 2	SIMEI STREET 1	Post Code	520116
Address 4		Address Type	Singapore address		
Unit No.	05-572				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> yes <input checked="" type="radio"/> no
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG CHENG GUAN	Insured NRIC	S1252218E
Contact No.(Mobile)	96637987	Contact No.(Home)	67836213	Contact No.(Office)	
Email Address	ONG@CHENGON.COM	OT Vehicle Number	SKH2762	TP Vehicle Number	SKW3238K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKH2762 / SKW3238K ON 16 Aug 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	17/08/2020 14:25	Claim Close Date		Date Received	17/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1100138	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/08/2020 14:27

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Attachments (14)

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Y	Urgency	Description	Msg Sent ¹ (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:26	SAS		Normal	SAS 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 14:25	Photos		Normal	Photos 2020-8-17		

Video List

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