

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 20/08/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC20008715/13 | SAS e-filing | | |
| Veh No: SLS53304 | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 19/08/20 1500 | i-Motor Claim Form | MT/1100560-001 | |
| 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: (| VISION AUTOWORK | Tel: | Fax: |
| TP Particulars: | Veh No: SJ2622C | 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 |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA2004321 | Invoice Preparation Checklist: | Amt (\$) | Amt (\$) |
| 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 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tp Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11); TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 20/08/2020 09:47 |
| Date Of Accident | 19/08/2020 15:00 |
| Exact Location Of Accident | UPP SERANGOON RD TWD SERANGOON RD AFT WOODLEIGH LI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLS5330Y |
| Insured/Policyholder | |
| Name Of Registered Owner | PERFECTKOH LIMO |
| Co Reg No | 5XXXX949B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | C-HR |
| 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 | 5116828673 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | ONG GUAN LIANG HERMAN |
| NRIC No | SXXXX886F |
| Date Of Birth | 07/03/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/07/2017 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82018400 |
| Fax Number | |
| Contact Number | |
| Email Address | HERMANONGGUANLIANG@GMAIL.COM |

| | |
|---|--|
| Address | BLK 493C TAMPINES STREET 43 #04-300 |
| Postcode | 522493 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

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

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJZ6232C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-----------------------|
| Name | ONG GUAN LIANG HERMAN |
|------|-----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLS5330Y

YES

NO

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.

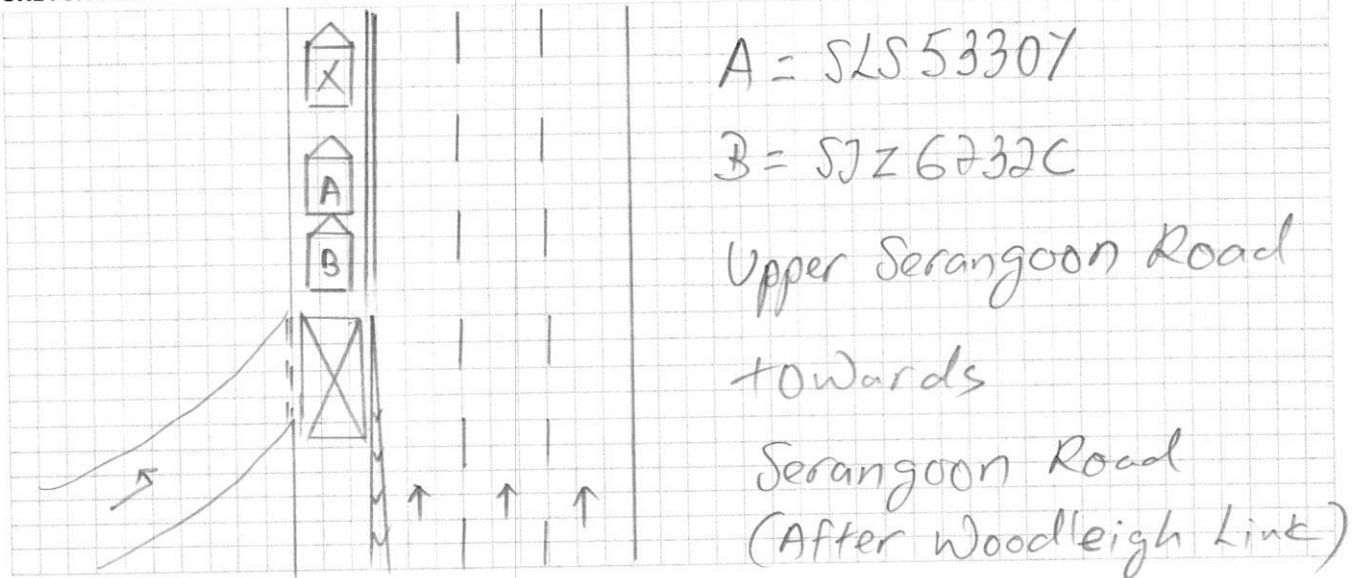


Policyholder's Signature
Date & Time:

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 attached

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: 20/08/20
NRIC/FIN No.:

On 19.08.2020 at about 15:00 hours along Upper Serangoon Road towards Serangoon Road (After Woodleigh Link). I was travelling straight on my lane and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A).

Vehicle (A): SLS 5330Y

Vehicle (B): SJZ 6232C

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|---------------------|-----------|----------------------|
| Accident Date: | 19/08/2020 | Time: | 15:00 | (hh:mm) 24 hr format |
| Location | Upper Serangoon Road towards Serangoon Road (After Woodleigh Link). | | | |
| Vehicle Number | SLS53307 | | | |
| Insured Name | Perfectah Lim | | | |
| NRIC / FIN | 53260949B | Contact Number | - | |
| Make | Toyota | Model | C-4R | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | NINC | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 5116828673. | | | |
| Name of Driver | Ong Guan Liang Herman | () Same as Insured | | |
| NRIC / FIN | 59707886F. | Contact Number | 82618400. | |
| Date of Birth | 07/03/1997 | | | |
| Driving Pass Date | 26/07/2017. | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | |
| Email Address | hermanongguanliang@gmail.com | () NO EMAIL | | |
| Address of Driver | BLK 493C Tampines Street 43 | | | |
| | # 04-300 Singapore 520493. | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Hiner. | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others | | | | |
| Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| If yes, injured detail Ong Guan Liang Herman. Body Pain. | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | |
| DETAILS OF 3 rd party | Name / Nric | Contact | | |
| Veh B | SJZ 6232C | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

Driver Only.

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: 5116828673

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLS5330Y**
Chassis Number : ZYX102071708
2. Name of Policyholder : PERFECTKOH LIMO
3. Effective Date of Insurance : 18 Mar 2020
4. Expiry Date of Insurance : 26 Mar 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| 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 | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : INDEX CREDIT PTE LTD |
| 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 18 Mar 2020 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1100560

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5116828673 | Vehicle No. | SLS5330Y | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | PERFECTKOH LIMO | | | Policyholder NRIC | 53260949E |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|---------------|
| Report Date | 20/08/2020 10:26 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - P |
| Date of Accident | 19/08/2020 | Time of Accident hh:mm | 15:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UPP SERANGOON RD TWD SERANGOON RD AFT WOODLEIGH LI | | | | |

▼ 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 | 0.00 | | | | |
| Total OD Excess Applicable | 2,000.00 | 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 | 19 BEDOK RESERVOIR VIEW | Address 2 | #14-01 AQUARIUS BY THE PAR | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 478935 |
| Unit No. | 14-01 | Related Policy Number | 5118538529 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | ONG GUAN LIANG HERMAN | Driver NRIC | 9707886F | Driver DOB | 07/03/1997 |
| Register Date of Driver License | 26/07/2017 | Driver Age | 23 | Driving Experience | 3 |
| Contact No.(Mobile) | 82018400 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 493C | Address 2 | TAMPINES STREET 43 | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 522493 |
| Unit No. | #04-300 | | | | |
| 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 OD-MX **New**

| | | | | |
|-------------------------|------------------------------------|-------------------------|----------------------------------|-----------|
| Claim Type * | OD-MX | Insured Name | PERFECTKOH LIMO | In: NF |
| Contact No.(Mobile) | 98778475 | Contact No. (Home) | | Co Nc (O) |
| Email Address | | OT Vehicle Number | SLS5330Y | TP Ve Nu |
| Claim Description | SLS5330Y / SJZ6232C ON 19 Aug 2020 | | | |
| Preferred Workshop | | Insured Liability | Not at Fault | Na Pri Wt |
| Report No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | |
| Date Registered | | GIA report | Received | |
| Report Taken By | ROSLINDA | Claim Close Date | 20/08/2020 10:32 | Da Re |
| | | Workshop Repairer | | To bu Re |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1100560 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 20/08/2020 00:00 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|------------|--|-----------------------|---|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | SAS | | Normal | SAS 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:32 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2020 10:31 | Photos | | Normal | Photos 2020-8-20 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|---|-------------|-----------|--------|
| <div> <div>Display in New Window</div> <div>Scan and uploading</div> </div> | | | |