

**NATIONAL Assessment Centre Services**

Wef 1 Jan 05

MNA120071129

Date In: 20/1/20-15:19	Job description	Date & Time Completed	Done by
Ref No: HA/INC 2008716/24	SAS e-filing		
Veh No: FBM68475	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/1/20-18:30	i-Motor Claim Form	M7/1100609-001	20/1/20 5:34
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SKW63564 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	2nd Bill		Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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 15:19
Date Of Accident	05/08/2020 18:30
Exact Location Of Accident	CHOA CHU KANG NORTH 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6847S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD KHAIREL RASHIDEE BIN RUSLI
NRIC No	SXXXX271G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91881855
Alternative Phone No	OFFICE-91881855
<b>Vehicle Particulars</b>	
Manufacturer	KTM
Model	RC200
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097947464-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD KHAIREL RASHIDEE BIN RUSLI
NRIC No	SXXXX271G
Date Of Birth	20/02/1991
Occupation	INDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91881855
Fax Number	
Contact Number	OFFICE-91881855
EMail Address	NOEMAIL

Address	BLK 435 CHOA CHU KANG AVENUE 4 #02-507
Postcode	680435
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 - CROSS JUNCTION
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?	YES
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20200808/7018.

#### 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	SKW6356H
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	MUHAMMAD KHAIREL RASHIDEE BIN RUSLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM6847S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

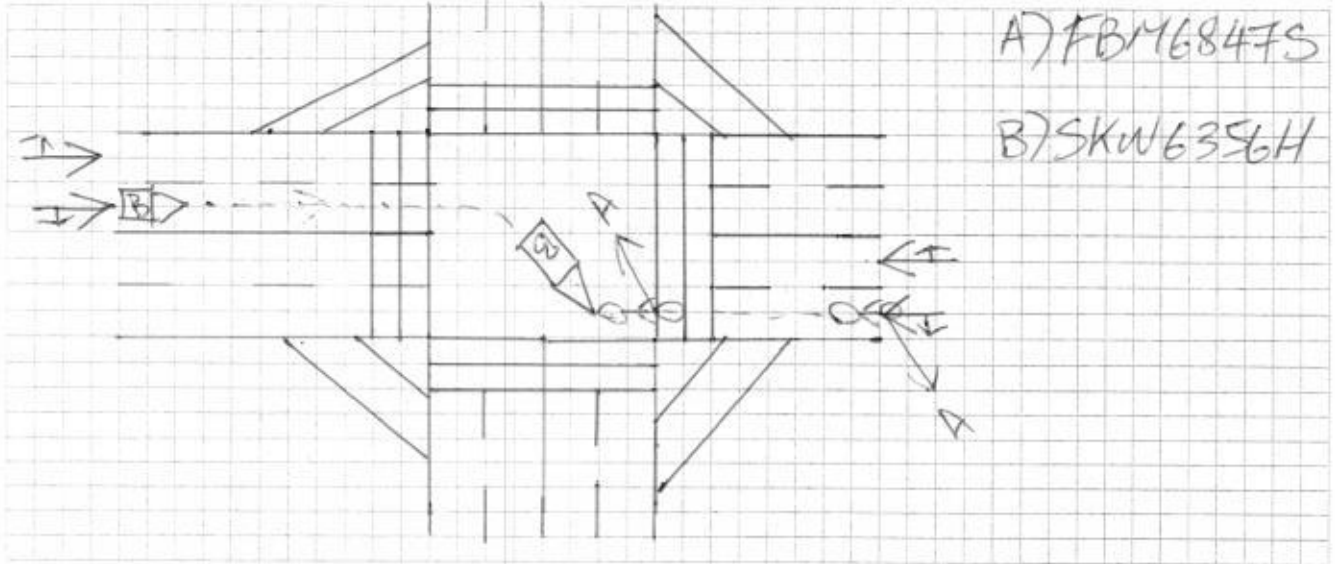


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



A)FBM6847S

B)SKW6356H

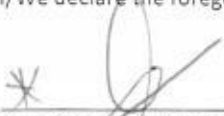
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER POLICE REPORT

[This section contains multiple horizontal lines for describing the circumstances of the accident.]

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/08/2020 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: CHOA CHU KANG RT46

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM6847S  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 509747464-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD KHAIREL RASHIDEER BIN RUSLI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9105271G CONTACT: 91881855  
c) ADDRESS: BLK 435 CHOA CHU KANG AVRL #02-507  
Sipore (680435)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MUHAMMAD KHAIREL RASHIDEER BIN RUSLI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9105271G CONTACT: 91881855  
c) ADDRESS: BLK 435 CHOA CHU KANG AVRL #02-507  
Sipore (680435)

\*d) DATE OF BIRTH: 20/02/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)

b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 51CW6356H MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email =

fax =

video =



**SINGAPORE  
POLICE FORCE**



J/20200808/7018

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20200808/7018

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 08/08/2020 13:31	Vide Report No.	Station Diary No.	
Name Of Informant MUHAMMAD KHAIREL RASHIDEE BIN RUSLI	Address 435 CHOA CHU KANG AVENUE 4 #02-507 SINGAPORE 680435		
ID Type / ID No. NRIC NO / S9105271G	Contact No. Home/Office:	Mobile: 91881855	
Nationality SINGAPORE CITIZEN	Email Address KHAIRELRASHIDEE@HOTMAIL.COM		
Occupation AETOS OFFICER	Sex Male	Age 29	Date of Birth 20/02/1991
Institution/School Name	Race Javanese		
Date/Time Of Incident 05/08/2020 18:30	Language English		
	Location Of Incident CHOA CHU KANG DRIVE		

**Brief details.**

On the above mentioned date and time, I was riding my bike FBM 6847S along CHOA CHU KANG DRIVE.

I was approaching the junction of CHOA CHU KANG NORTH 6, cruising at around 40km/h, when suddenly, a blue vehicle, which was on the opposite side of CHOA CHU KANG DRIVE, abruptly made a right turn and dashed out.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2020 13:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20200808/7018

Immediately, I jammed on my brakes but could not avoid colliding into the front left portion of said blue vehicle. There was no way I could have swerved to avoid the collision as well as said blue vehicle had dashed out to the middle of the Junction.

After the collision, I could not get back up. Ambulance arrived and I was subsequently conveyed to NG TENG FONG GENERAL HOSPITAL. I suffered fractures on my right leg and left wrist and was discharged on 06/08/2020 with 16 DAYS Hospitalisation Leave.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

08/08/2020 13:31

Classification Of Case:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097947464-02		MUHAMMAD KHAIREL RASHIDEE BIN RUSLI	S9105271G	GMC	Third Party, Fire & Theft	FBM68475	FBM68475	06/02/2020	05/02/2021

Policy Information

Policy No.	5097947464-02	Policyholder Name	MUHAMMAD KHAIREL RASHIDEI	Policyholder NRIC	S9105271G
Certificate No.					
Address	BLK 435 #02-507 CHOA CHU KANG AVENUE 4 SINGAPORE 680435				
Product Name	MOTORCYCLE INSURANCE	Plan			
Policy issue Date	31/01/2020	Effective Date	06/02/2020 00:00	Group Policy Flag	N
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0	<b>Young/Inexperience Driver Excess</b>	
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 435 #02-507	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680435
Address 4		Address Type	Singapore address	Post Code	680435
Unit No.	02-507	Related Policy Number	5097947464-02		

Insured Object: FBM68475

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/05/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 May 2020, the following amendment(s) is/are made to this policy: This policy is extended to include food delivery services.

Continue Cancel

**Claim Handling**

Accident MT/1100609

Policy No.	5097947664-02	Vehicle No.	FBM68475	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD KHAIRIL RASHIDEE BIN RUSLI			Policyholder NRIC	S9105271G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91881855	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(%)	15	Private Hire	No

**Accident Details**

Report Date	20/08/2020 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	05/08/2020	Time of Accident In:min	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DHQA CHU KANG NORTH 6				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 435 #02-507	Address 2	CHQA CHU KANG AVENUE 4	Address 3	SINGAPORE 680435
Address 4		Address Type	Singapore address	Post Code	680435
Unit No.	02-507	Related Policy Number	5097947464-02		

**OI Driver Info**

Driver Name	MUHAMMAD KHAIRIL RASHIDEE BIN RUSLI	Driver Type	Main Driver	Driver DOB	20/02/1991
Unnamed driver Name		Driver NRIC	S9105271G	Driving Experience	2
Register Date of Driver License	23/01/2018	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	91881855	Contact No.(Office)	0	Address 3	SINGAPORE 680435
Address 1	BLK 435 #02-50702-507	Address 2	CHQA CHU KANG AVENUE 4	Post Code	680435
Address 4		Address Type	Singapore address		
Unit No.	02-507				
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	MUHAMMAD KHAIRIL RASHIDEE	Insured NRIC	S9105271G	
Contact No.(Mobile)	91881855	Contact No.(Home)		Contact No.(Office)		
Email Address	KHAIRILRASHIDEE@HOTMAIL.E	OI Vehicle Number	FBM68475	TP Vehicle Number	SKW6356H	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBM68475 / SKW6356H ON 9 Aug 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	20/08/2020 15:34	Claim Close Date		Date Received	20/08/2020 00:00	
Report Taken By	Jackson					

Print AK letter

**Save Submit**

**Attachment**

Accident No.	MT/1100609	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2020 15:33

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:36	SAS	Normal	SAS 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:36	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:36	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:36	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Aug 2020 15:35	Photos	Normal	Photos 2020-8-20	

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"/>		