NATIONAL Assessment Centre Services

Date In: 02/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20009362/13	SAS e-filing		
Veh No: FBQ1622K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/08/20 2215	i-Motor Claim Form	M7/1102081-001	
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: (Kim Keat (ERDC) Tel: Fax:

TP Particulars: Veh No: 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

NA2004394

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat. 1:

Sat. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($ Add Bi
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt 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*		

MNA120075614 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 02/09/2020 14:59
SUBMITTED BY: Roslinda Binte Abdul Wahab

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 02/09/2020 15:30

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 witholding 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	02/09/2020 14:59
Date Of Accident	25/08/2020 22:15
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1622K
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-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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	NURUL SOFEA BINTE MOHAMAD IMRAN
NRIC No	TXXXX381I
Date Of Birth	17/12/2001
Occupation	INDOOR
Date Of Driving Pass	25/08/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96000285
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 556 JURONG WEST ST 42 #04-423
Postcode	640556
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
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	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?	NO
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 INJURED PERSON 1

Name	NURUL SOFEA BINTE MOHAMAD IMRAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ1622K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
Date & Time:

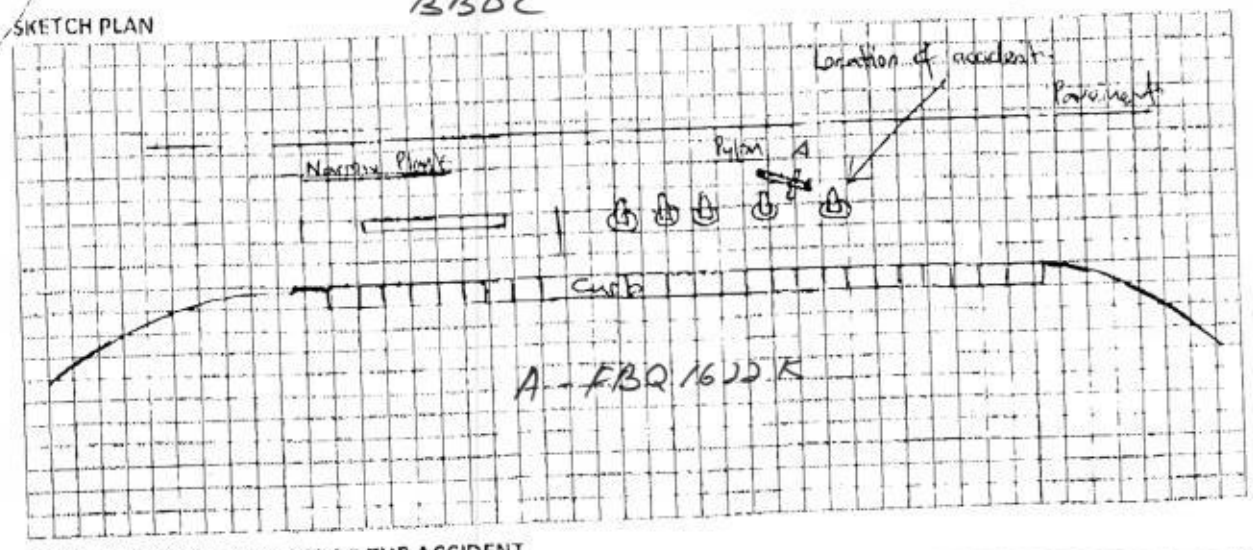
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/09/20

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

BBDC

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The location of accident happened at the Pylon Salom Course. Upon seeing the path ahead has no other rider, learner Nurul Safeen Binte Mohamad Imran T0139381I rode her bike FBQ 1622K to practise.
She rode onto the last Pylon and applied the brakes to stop, instantly she fell off her bike. Learner got up and walk aside.
Instructor Ang Eng Chuan (6628) pushed up the motorcycle and notice the left wing mirror broken. After checking on learner condition, she said she's alright and wanted to continue to train. At the end of lesson learner mention she needed bike to seek medical treatment.

DECLARATION

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

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 6
SINGAPORE 659005
TEL: 6561 1233 FAX: 6563 0777

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.:

02/09/20

GIAPAC SketchPlanForm_V3

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident 25/8/20 Time 22.15 hrs Location of Accident
Sess 8 BBDC circuit

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBQ 1622K
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (If Policyholder is company)	
Address	
Contact Number	Tel: Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda CB 190
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, 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	
Type of Policy	○ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	○ Yes ○ No
Policy Number	
DRIVER	
Name of Driver	Nurul Syfa Binte Mohamad Iwan
NRIC/ FIN/ Passport	G3938 1F
Date of Birth	17/12/2002
Occupation	Student
Driving Pass Date	
Gender	○ Male ○ Female
Contact Number	Tel: 96005285 Hp
Address	Blk 55L Jurong West St 42, #04-423, 640 55L
Email Address	nurul.syfa17@gmail.com
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)	Brake and fall
Weather Conditions	○ Clear ○ Raining ○ Others:
Road Surface	○ Wet ○ Dry ○ Others:
Damage Area	
Approximate Speed	10 km/h
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/ Paseport	
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 particulars and information provided above are true in every aspect.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6559 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

income
made different

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 : 5114136261-000067 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBQ1622K**
   Chassis Number : LWBMC4691L1600326
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 95 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 COF	:	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

Land Transport Authority

23

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1622K		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4691L1600326	Engine No.:	MC46E5092219
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First $2,241.00 (15%)
Actual ARF Paid:	$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1102081

Policy No.	5114136261	Vehicle No.	FBQ1622K	GST Registration No.	M2008053
Certificate No.	5114136261-000067				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	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	02/09/2020 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	25/08/2020	Time of Accident hh:mm	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				

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	Driver is Covered?	Covered
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.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NURUL SOFEA BINTE MOHAMAD	Driver NRIC	T0139381I	Driver DOB	17/12/200
Register Date of Driver License	25/08/2020	Driver Age	18	Driving Experience	0
Contact No.(Mobile)	0	Contact No.(Office)	96000285	Contact No.(Home)	0
Address 1	BLK 556	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640556
Unit No.	#04-423				
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

Modification History

Claim 001 OD-MX **New**

Claim Type * OD-MX | Insured Name BUKIT BATOK DRIVING CENTRE | In NF

Contact No.(Mobile) | Contact No. (Home) | Co Nc (O

Email Address RACHEL@BBDC.SG | OI Vehicle Number FBQ1622K | TP Ve Nu

Claim Description FBQ1622K ON 25 Aug 2020 | Na Pr Wi

Preferred Workshop | Insured Liability Fully at Fault

Workshop Finalisation Yes | Preferred Repair Option Preferred Workshop (refer below) | GIA report Received

Date Registered 02/09/2020 18:09 | Claim Close Date | De Re

Report Taken By ROSLINDA | Workshop Repairer | To bu Re

Print AK letter

Save Submit

Attachment

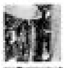
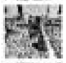
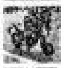
Accident No.	MT/1102081	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/09/2020 00:00

Path *		Category *	Confidential	Urgency *	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

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 02 Sep 2020 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	SAS		Normal	SAS 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	Photos		Normal	Photos 2020-9-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Sep 2020 18:08	Photos		Normal	Photos 2020-9-2

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading