

**NATIONAL Assessment Centre Services**

Date In: 15/12/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC20013827/13	SAS e-filing		
Veh No. FBK 7145M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 09/12/20 2230	I-Motor Claim Form	15/12 MT/1113818	-001
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: ( KIM KEAT (B30C) ) Tel: Fax:

TP Particulars: Veh No: INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Title: ( )

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 Call line: 6788 6616)

Remarks	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

NA2006429	Invoice Preparation Checklist	Amt (\$) Bill	Amt (\$) Add Bill
Customer's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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 willful 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 Submission	15/12/2020 12:44 (SGT)
Date of Accident	09/12/2020 22:30 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	BBDC CIRCUIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7145M
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonkiat@bbdc.sg
Mobile Phone No	(Phone) +65-64833167
Alternative Phone No	+65-64833167

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400f
Variant	-
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 - Reporting only
Vehicle Category	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114136261
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD HAKIM BIN AMRAN
NRIC No	SXXXX482E
Date Of Birth	11/11/1998
Occupation	Indoor

Date Of Driving Pass .....	09/12/2020
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97503695
Alt. Phone Number .....	-
Email Address .....	tanboonkiat@bbdc.sg
Address .....	BLK 433 CHOA CHU KANG AVE 4
Address complement .....	#12-535
Postcode .....	680433
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MUHAMMAD HAKIM BIN AMRAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURED LEFT HAND
Injured person in which vehicle? .....	FBK7145M
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	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.

**BUKIT BATOK DRIVING CENTRE LTD**  
615 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 656 1233 FAX: 6560 0777

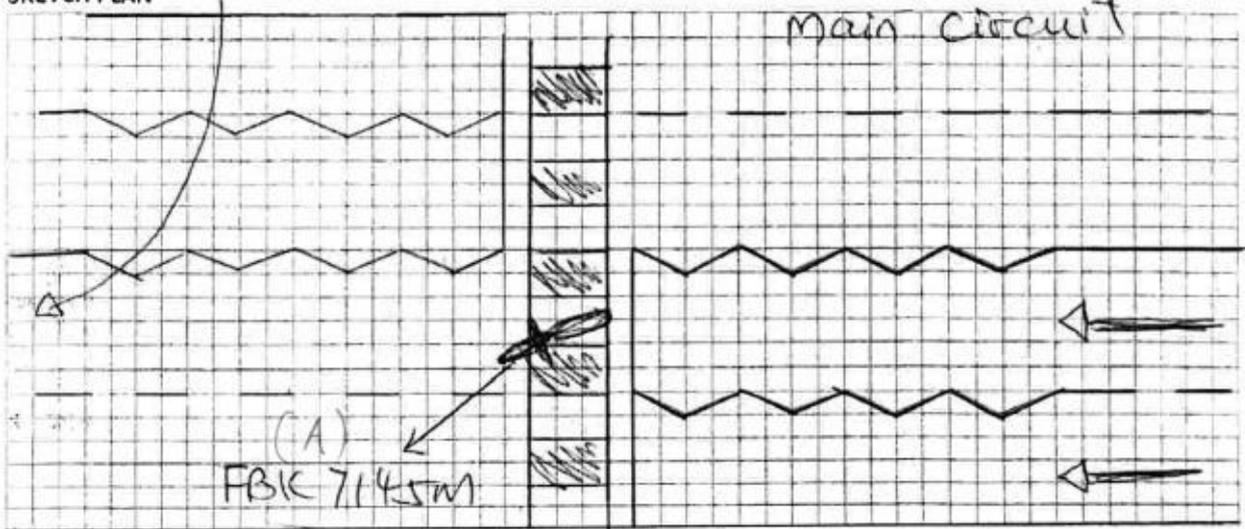
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

BADC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/12/2020, at about 2230 hrs, I was taking class 2A practical lesson, subject 2.01 when I was riding my bike toward emergency brake area.

At the main circuit pedestrian crossing area, I saw a bike turn out from minor road in front of my path, I quickly apply my brake to avoid the bike, at the end my wheel lock and cause the bike slid and fall on the pedestrian crossing white line. I injured my left hand.

**DECLARATION**  
We declare the foregoing particulars are true in every respect.

SINGAPORE: 659085  
Tel: 6333 1233 FAX: 6333 0777

Policyholder's Signature  
Date & Time  
Company Chop (if applicable)

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

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

2/Jan 15/12/20

Owner  
 Driver

**ACCIDENT STATEMENT**

Date of Accident	Time	Location of Accident
9/12/2020	2230	Bukit Batok Driving Centre - Circuit

**INSURED/POLICY HOLDER (VEHICLE A)**

Vehicle Registration Number	FBK 7145 M	
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 400 F	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.		
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input checked="" type="radio"/> No      Remarks: /
Vehicle category	<input type="radio"/> Private	<input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

**INSURANCE COMPANY (VEHICLE A)**

Name of Insurance Company		
Type of Policy	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes	<input type="radio"/> No
Policy Number		
Motor CI		

**DRIVER**

Name of Driver	MUHAMMAD HAKIM BIN AMRAN	
NRIC/ FIN/ Passport	S9837482 E	
Date of Birth	11-11-1998	
Occupation		
Pass Date (Driving Experience)		
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
Contact Number	Tel:	Hp: 9750 3695
Address	BK 433 CHUA CHU KANG AVE 4 #12-235	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	Learner rider.	
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision (E.g. Chain Collision/ Head-On, etc)			
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others: _____
Road Surface	<input checked="" type="radio"/> Wet	<input type="radio"/> Dry	<input type="radio"/> Others: _____
Damage Area			
Approximate Speed			

**OTHER INFORMATION**

Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

**DETAILS OF POLICE ACTION**

Was the accident reported to the Police?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

**OWN VEHICLE REGISTRATION NUMBER** \_\_\_\_\_

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

**Other Vehicle or Property 2**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

**DETAILS OF WITNESS**

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

**DETAILS OF INJURED PERSON 1**

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

**Declaration**

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

*Edwin*  
SINGAPORE 659085  
11 1228 FAX: 6 49 0777

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

*[Signature]*

Date & Time

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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000021	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBK7145M	FBK7145M	01/01/2020	31/12/2020

Continue

## 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 :** 5114136261-000021

**Cover :** Comprehensive

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>FBK7145M</b>   |
| Chassis Number  | : JH2NC4796EK000466   |
| 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 COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

**Claim Handling**

Accident MT/1113818

Policy No.	5114136261	Vehicle No.	FBK7145M	GST Registration No.	M200805321
Certificate No.	5114136261-000021				
Policyholder Name	BUKIT BATAK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
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	<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(%)	0	Private Hire	No

▼ **Accident Details**

Report Date	15/12/2020 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/12/2020	Time of Accident hh:mm	22:30	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
Additional Excess		Driver is Covered?	Covered
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 BATAK WEST AVENUE	Address 2	BUKIT BATAK DRIVING CENTRE	Address 3	SINGAPORE 65901
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	MUHAMMAD HAKIM BIN AMRAN	Driver NRIC	S9837482E
Register Date of Driver License	09/12/2020	Driver Age	22
Contact No.(Mobile)	97503695	Contact No.(Office)	0
Address 1	BLK 433	Address 2	CHOA CHU KANG AVENUE 4
Address 4		Address 3	SINGAPORE 6804
Unit No.	#12-535	Address Type	Singapore address
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	680433
		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	BUKIT BATAK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	FBK7145M	TP Vehicle Number	
Claim Description	FBK7145M ON 9 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Option	Preferred Workshop (refer below)	GIA report	Received		
Date Registered	15/12/2020 19:35	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1113818	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

15/12/2020 00:00

Path \*

- No file chosen

Message Board

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	SAS		Normal	SAS 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	Photos		Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	Photos		Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	Photos		Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	Photos		Normal	Photos 2020-12-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Dec 2020 19:34	Photos		Normal	Photos 2020-12-15

Video List

Uploaded By/Date	Folder Date	File Name		Source
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