

NATIONAL Assessment Centre Services

Date In: 09/01/2018 12:32	Job description	Date & Time Completed	Done by
Ref No: NAT/INC18000492/K4	SAS e-filing		
Veh No: SLE 498D	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/01/2018 09:55	I-Motor Claim Form	MT/0977080	09/01/2018 1730
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJB1521C	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
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	Amnt (\$)	Amnt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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 ability.
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 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	09/01/2018 12:32
Date Of Accident	08/01/2018 09:55
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE498D
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	RELIABLECARZPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97995666
Alternative Phone No	OFFICE-97995666

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC IMA A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092092946
Cover Note Number	

Driver

Name of Driver	KAREN THAM YEN PING (TAN YANPING)
NRIC No	S7710419D
Date Of Birth	14/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2002
Driving Experience	15 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97995666
Fax Number	
Contact Number	OTHERS-97995666
Email Address	RELIABLECARZPL@GMAIL.COM

Address	BLK 627 BEDOK RESERVOIR ROAD #12-1606
Postcode	470627
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	SJB1521C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH ALFRED
NRIC/Passport Number	
Contact Number	96906563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM4162R
-----------------------------	----------

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH
NRIC/Passport Number	
Contact Number	94871720
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KAREN THAM YEN PING (TAN YANPING)
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLE498D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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.

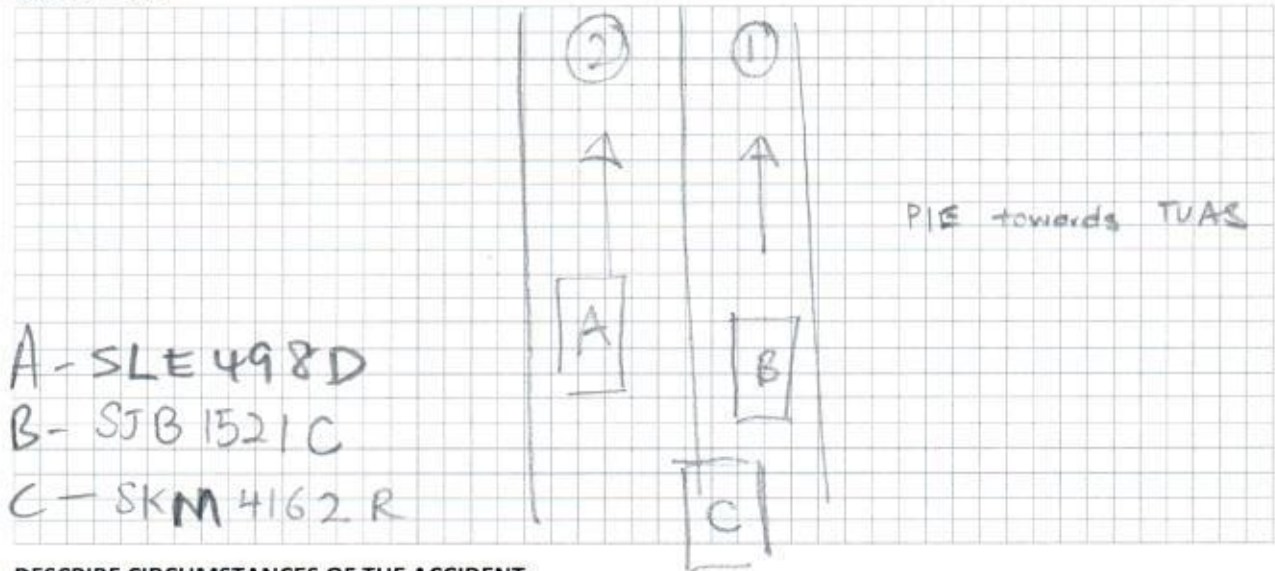


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was travelling along PIE towards TUAS @ speed of 60km/h.
It was raining heavily @ 9.55am when I felt an impact on my right.
I realised the vehicle I'm driving was hit and I stopped the car to take a look. There were 2 vehicles B & C involved in this accident.

DECLARATION

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

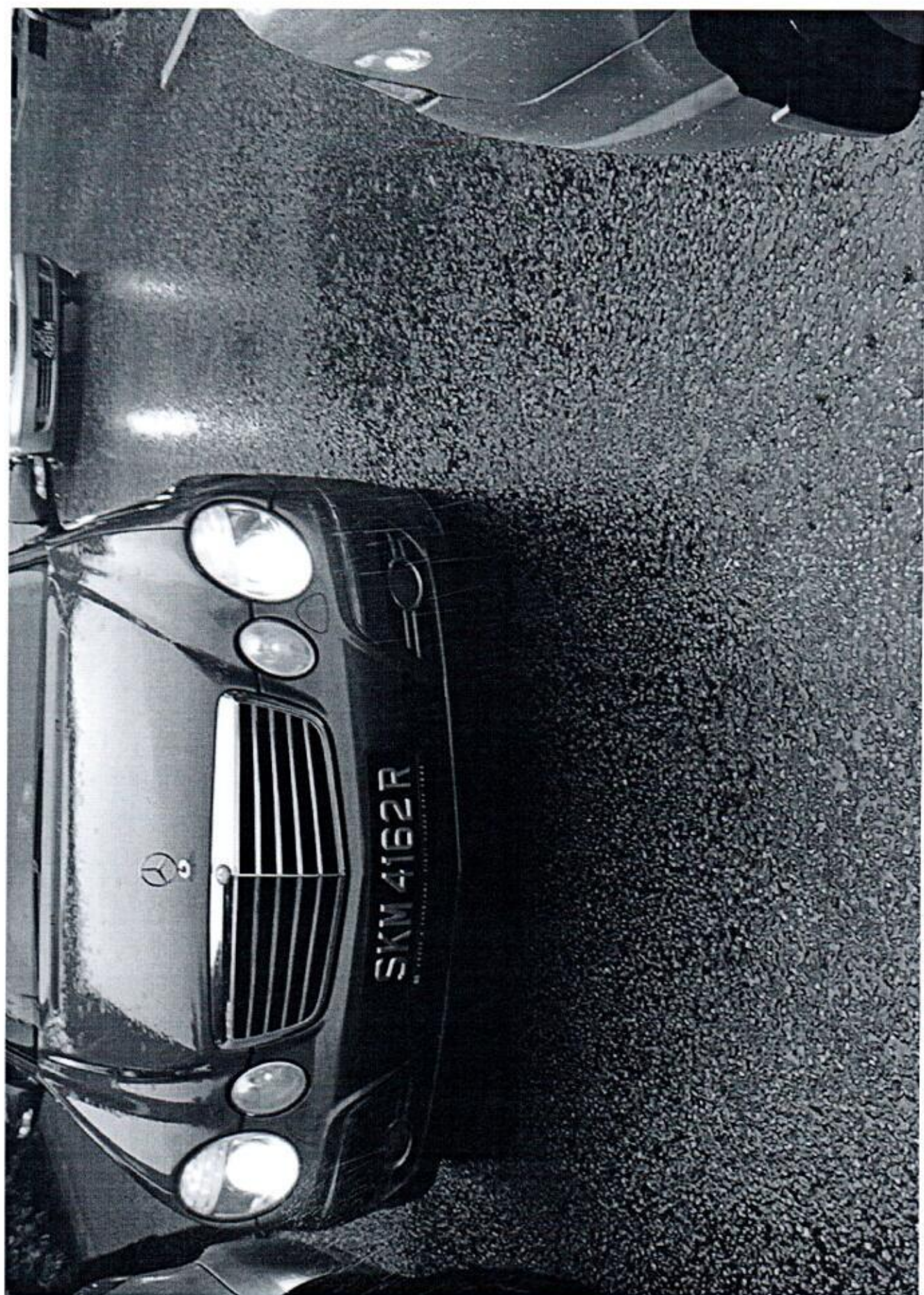
Policyholder's Signature
Date & Time:

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

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







* Reported on 8/1/2018
@ 1510 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (8/1/2018) (DD/MM/YYYY), TIME: (09:55 AM) (HH:MM)

LOCATION: PIE towards Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE498D
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97995666
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / ☒ NO) HIRE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NECK PAIN

7. a) REPORTED TO POLICE (YES / ☒ NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJB1521C MODEL: _____
b) DRIVER'S NAME: Soh Alfred
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96906563

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKM4162R MODEL: _____
e) DRIVER'S NAME: Joseph
f) NRIC/FIN/PASSPORT: _____ CONTACT: 94871720

* Private Hire

Email = reliablecarzpl@gmail.com

fax = 81669797 contact number

Waiting for IC
and some photos from Email?
reliablecarzpl@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Karen Tham Yen Ping

License Number: **S7710419D**
Name: **KAREN THAM YEN PING
(KAREN TAN YANPING)**

Birth Date: **14 Apr 1977**
Issue Date: **26 Dec 2003**

Barcode: 001062574D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Nov 2002

NP 428A

Barcode: Licence No: S7710419D

REPUBLIC OF SINGAPORE

CARD NO. S7710419D



Name

KAREN THAM YEN PING
(TAN YANPING)

譚 燕 萍

Race

CHINESE

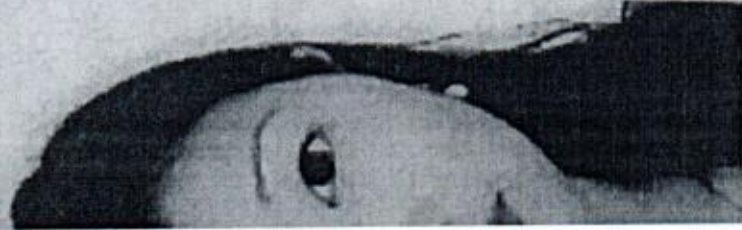
Date of birth

14-04-1977

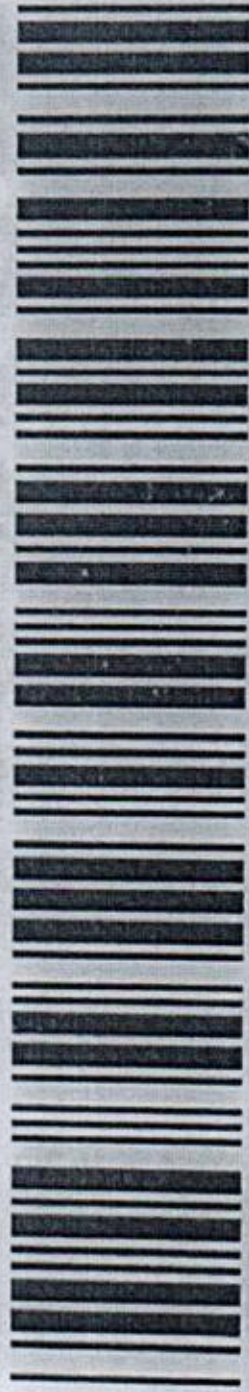
Sex

F

Country of birth



S771041



NRIC No. **S7710419D**



Date of issue

30-01-2008

BLK627 BEDOK RESERVOIR ROAD #12-1606
470627

7710419D

Date: 04/12/2011

No. 627

Certificate of Insurance

PAKET FORTUNE INSURANCE PAKET 2.0
TAN INSURANCE BROKERS PTE LTD
JWSA 0000690287
Singapore 190003
www.tan.com.sg
Tel: (65) 6742 5716 Fax: (65) 6742 5569

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5092092946

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SLE498D
Chassis Number : JHMF036208S211282
2. Name of Policyholder : RELIABLE RIDES PTE LTD
3. Effective Date of Insurance : 20 Jun 2017
4. Expiry Date of Insurance : 19 Jun 2018
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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING 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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 20 Jun 2017 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092092946	RELIABLE RIDES PTE LTD	201611527N	GPC	Third Party, Fire & Theft	SLE498D	SLE498D	20/06/2017	19/06/2018

▼ Policy Information

Policy No.	5092092946	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/06/2017	Effective Date	20/06/2017 00:00	Expiry Date	19/06/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5097115453		

► Insured Object: SLE498D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/0977080

Policy No.	5092092946	Vehicle No.	SLE498D	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	2011
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97995666	Contact No.(Office)	0	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	Yes

▼ Accident Details

Report Date	09/01/2018 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	08/01/2018	Time of Accident hh:mm	09:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4151
Unit No.	05-50	Related Policy Number	5097115453		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAREN THAM YEN PING (TAN YA	Driver NRIC	S7710419D	Driver DOB	14/01/1980
Register Date of Driver License	29/11/2002	Driver Age	40	Driving Experience	15
Contact No.(Mobile)	97995666	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 627	Address 2	BEDOK RESERVOIR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	4700
Unit No.	#12-1606				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	2011
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6631
Email Address		OT Vehicle Number	SLE498D	TP Vehicle Number	SJB
Claim Description	SLE498D / SJB1521C ON 8 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	09/01/2018 17:28	Claim Close Date		Date Received	01/01/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

1/9/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0977080

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

01/02/2018 17:30

Path *

Category *























Confidential

Urgency *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:25	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:24	Photos	Normal	Photos 20
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