

NATIONAL Assessment Centre Services

Date In: 12/01/18	Job description	Date & Time Completed	Done by
Ref No: NAI/INC/18000725/13	SAS e-filing		
Veh No: AY65U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/09/17 1200	i-Motor Claim Form	MT/0977599	
OD: (IP) 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: () Tel: () Fax: ()

TP Particulars: Vch No: 5CQ8720X 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

NAI/FO 0316	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (N-n 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	12/01/2018 11:09
Date Of Accident	13/09/2017 12:00
Exact Location Of Accident	JUNC OF BISHAN ST 21 & JALAN PEMIMPIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AY65U
Insured/Policyholder	
Name Of Registered Owner	SEAH KAH LIP
NRIC No	S7201022A
Email Address	PEANUT4600K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96804372
Alternative Phone No	OTHERS-96804372

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

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	5052862544-05
Cover Note Number	

Driver

Name of Driver	SEAH KAH LIP
NRIC No	S7201022A
Date Of Birth	10/01/1972
Occupation	INDOOR
Date Of Driving Pass	20/07/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96804372
Fax Number	
Contact Number	OTHERS-96804372
EEmail Address	PEANUT4600K@GMAIL.COM

Address	266A BALESTIER ROAD
Postcode	329717
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20170919/7008

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	SLQ8720X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAVANYA CHIVOKULA
NRIC/Passport Number	S8063641E
Contact Number	9855827D
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SEAH KAH LIP
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	AY65U
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

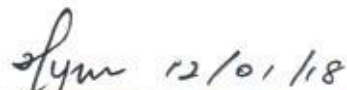
Date & Time:

11/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BISHAN ST 21

JALAN
PEMIMPIN

A - AY65U
B - SLQ8700X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180919/7008

DECLARATION

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



Policyholder's Signature

Date & Time:


11/1/18

GLA/MC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 12/01/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20170919/7008

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170919/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2017 15:35	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: SEAH KAH LIP		Address: 266A BALESTIER ROAD SINGAPORE 329717	
ID Type / ID No.: NRIC NO / S7201022A		Contact No.: Home/Office: Mobile: 96804372	
Nationality: SINGAPORE CITIZEN		Email: peanut4600k@gmail.com	
Sex: Male	Age: 45	Date of Birth: 10/01/1972	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/09/2017 12:00	Type of Location: Straight Road
Location: JALAN PEMIMPIN Junction of Bishan St21 and Jln Pemimpin				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AY65U	Motorcycle	PIAGGIO	GILERA FUCCO 500 I.E.	Yellow		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20170919/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20170919/7008

CONTINUATION OF REPORT

Rider			
Name	SEAH KAH LIP	ID No.	S7201022A
Related Vehicle	AY65U (Motorcycle)	Contact No.	96804372
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/09/2017	Date Discharge	13/09/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I was riding along Bishan st 21 from Marymount road towards Bishan st 11. The weather was sunny and the road was dry. Traffic condition was very light and there were hardly any cars along Bishan St 21. As I approach the junction of Bishan st 21 and Jln Pemimpin, I can see from a distance that there are cars turning right into Jln Pemimpin from Bishan st 21 in the opposite direction. As the traffic light is green in my favour, I proceed to cross the junction. It was at this time that the vehicle SLQ8720X driven by Ms Lavanya Chivokula suddenly move forward. Due to the short reaction time as I was already in the yellow box junction, I could not brake in time and collided into her passenger side.

Ms Chivokula was apologetic and claim that she did not see me coming. An ambulance was called by a member of the public and I was send to the hospital with a broken wrist.



**SINGAPORE
POLICE FORCE**



T/20170919/7008

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170919/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

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

Date/Time:
19/09/2017 15:35

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/48917/2017
Date : 22 September, 2017

SEAH KAH LIP
266A BALESTIER ROAD
SINGAPORE 329717

Dear Sir/Madam

ACCIDENT INVOLVING AY65U AND SLQ8720X ON 13.09.2017 AT 1206 HRS, ALONG BISHAN STREET 21 JUNCTION JALAN PEMIMPIN

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SLQ8720X has committed an offence of Driving without reasonable consideration for other persons using the road under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Muhammad Rizwan at telephone number 6547 6185.

Yours faithfully

SITI AFIQAH
FOR HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 09 / 17 (DD/MM/YYYY), TIME: 12 : 00 (HH:MM)

LOCATION: JUNC OF BISHAN ST 21 & JLN PEMIMPIN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AY654
b) INSURANCE COMPANY: NFUC
c) POLICY NUMBER: ATOC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FIAT AGGIO GILERA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SEAH KAH LIP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96804372
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 10 / 01 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/07 / 1999

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) CONVEY

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLO8720X MODEL: _____
b) DRIVER'S NAME: LAVANYA CHIVOKULA
c) NRIC/FIN/PASSPORT: S8063641E CONTACT: 98558270

9. THIRD PARTY VEHICLE

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

11/01/18

waiting for veh.

email = peanut4600k@gmail.com.

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7201022A**

Name: **SEAH KAH LIP**

Birth Date: **10 Jan 1972**

Issue Date: **13 Jan 2012**

002034435A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7201022A

Name: **SEAH KAH LIP**

姓 名: **谢 家 立**

Race: **CHINESE**

Date of birth: **10-01-1972**

Sex: **M**

Country of birth: **SINGAPORE**






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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	11 Jan 1997
Class 2A	Motorcycles between 201 cc and 400 cc	28 Apr 1998
Class 2	Motorcycles > 400 cc	29 Jul 1999
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	09 May 1994

NP 426A

Licence No: S7201022A



4807886

NRIC No. **S7201022A**

Date of issue: **14-12-2011**

Address: **266A BALESTIER ROAD
SINGAPORE 329717**




Hello, NAC_PAYA_URT_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 checked="" type="radio"/>	5052862544-05	SEAH KAH LIP	S7201022A	GMC	Third Party, Fire & Theft	AY65U	AY65U	23/03/2017	16/01/2018

Claim Handling

Accident MT/0977599

Policy No.	5052862544-05	Vehicle No.	AY65U	GST Registration No.	
Policyholder Name	SEAH KAH LIP			Policyholder NRIC	S7201022A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96804372	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	12/01/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	13/09/2017	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BISHAN ST 21 & JALAN PEMIMPIN				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	266A BALESTIER ROAD	Address 2	SINGAPORE 329717	Address 3	
Address 4		Address Type	Singapore address	Post Code	329717
Unit No.		Related Policy Number	5052862544-05		

▼ OI Driver Info

Driver Name	SEAH KAH LIP	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7201022A	Driver DOB	10/01/1997
Register Date of Driver License	11/01/1997	Driver Age	45	Driving Experience	20
Contact No.(Mobile)	96804372	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	266A BALESTIER ROAD	Address 2	SINGAPORE 329717	Address 3	
Address 4		Address Type	Singapore address	Post Code	329717
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SEAH KAH LIP	Insured NRIC	S7201022A	
Contact No.(Mobile)	96804372	Contact No.(Home)		Contact No.(Office)	629717	
Email Address	peanut4600@gmail.com	OI Vehicle Number	AY65U	TP Vehicle Number	SLQ8720X	
Claim Description	AY65U / SLQ8720X ON 13 Sept 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	12/01/2018 17:44	Claim Close Date		Date Received	12/01/2018	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

1/12/2018

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

Accident No.

MT/0977599

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/01/2018 00:00

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
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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 12 Jan 2018 17:44	NRJC/ Driving License	Normal	NRJC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:44	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

[Display in New Window](#)[Scan and uploading](#)