

NATIONAL Assessment Centre Services (ver 1 Jan 200)

Date In: 15/01/2018 17:02	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800877/K4	SAS e-illing		
Veh No: SGC94274	E-mail (withn 3hrs, AIO 2hrs)		
D.O.A: 13/01/2018 16:50	t-Motor Claim Form	MT/0977936	16/01/18 09:35
OD / TP / Reporting Only	t-Motor W/O (withn 00 hrs, TP 1hr)		
	t-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Yell No: SKZ 868.9 INC () / Non-INC ()

Owner / Drivers: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL 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 repaler.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () INC hotline 6788 00167 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

NA1800376	Invoice Preparation Charge (15)	Wksp: ()	Ass't by: ()
Submittant's Particulars:	1) AR: Accident Reporting (\$30)	Inc Bill: ()	Mod. Bill: ()
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee (\$40/\$43)		
Damaged Portion:	4) PT: Follow-Through Survey (\$150)		
C. Checked by (Bngt-In-Charge):	5) PT: Follow-Through Survey (Resurvey) (\$20)		
	6) TR: Re-inspection (\$15)		
	7) NI: Adv DA + SMRT Survey (\$160)		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance (\$3)		
	10) NI: Repair Coordination (\$10)		
	11) NI: Post Repair Inspection (\$25)		
	12) NI: DY / Collect Unacc Coordination (\$3)		
	TP (NI) / TP (Non INC) against INC (\$20)		
	13) NI: Idas Mobile (\$0)		
	Invoice dated: () Fee Charged: ()		

MY VEH WAS STATIONARY ON THE GIVEWAY LINE OF KIM KEAT LINK SLIP RD INTO LOR 6 TOA
PAYOH TO GIVE WAY FOR ONCOMING VEH;SUDDENLY VEH(B)BEARING REG NO SKN4216P CAME
FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEH.

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	15/01/2018 17:02
Date Of Accident	13/01/2018 16:50
Exact Location Of Accident	LOR LIMAU CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC9427U
Insured/Policyholder	
Name Of Registered Owner	THNG SIEW HUAY
NRIC No	S1677372G
Email Address	CFMAGOH@COURTS.COM.SG
Mobile Phone No	(LOCAL) +65-90275505
Alternative Phone No	OTHERS-90275505

Vehicle Particulars

Manufacturer	DAIHATSU
Model	M301RS-GQGEW
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

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	5026050194-09
Cover Note Number	

Driver

Name of Driver	GOH KIM NGUAN MATTHEW
NRIC No	S1232377H
Date Of Birth	25/01/1957
Occupation	INDOOR
Date Of Driving Pass	02/06/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90275505
Fax Number	
Contact Number	OFFICE-90275505
Email Address	CFMAGOH@COURTS.COM.SG



Address BLK 70A TELOK BLANGAH HEIGHTS
#11-513

Postcode 101070

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 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? NO

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) 2

Passenger 1 NAME: THNG SIEW HUAY
GENDER: FEMALE

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 SKZ8689

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

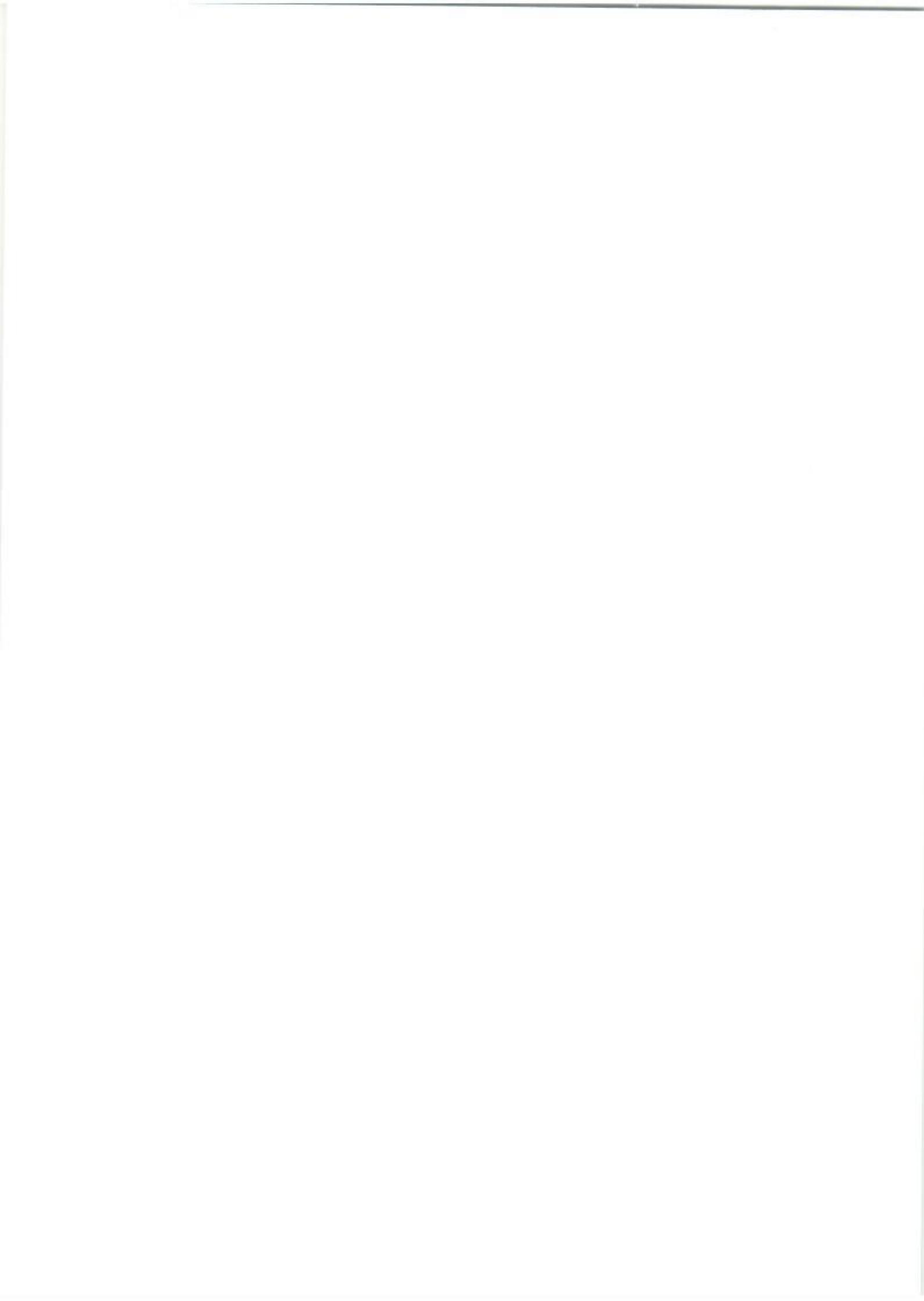
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

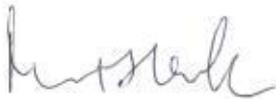
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1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. 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:



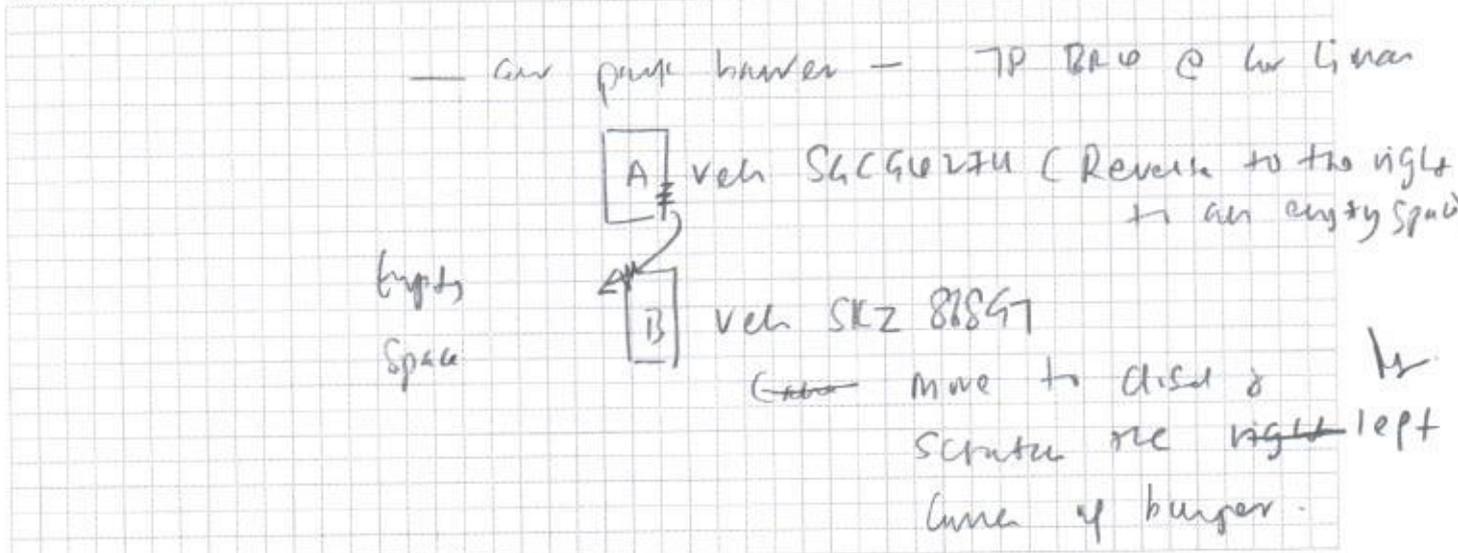
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My veh (S4C 94274) driven by S12323456789 Goh Kim Ngua. Mutter enter car park 7P BR4 @ Lor Liman. Car park full, so I decided to reverse to the right side to an empty space to move out. Veh SKZ 88897 driven by Mr Foo Jia Yuan S9537456789 move to closed to Veh S4C 94274 causing Veh S4C 94274 to scratch the ^{bumper} right left corner of Veh SKZ 88897 while reversing. Veh SKZ 88897 left corner bumper suffered slight scratch to the point where no dent dent found on the right left corner of the bumper. Veh S4C 94274 also suffered scratch at the point ^{work} at the right door (back door passenger seat) in the middle.

No warning horn giving by the driver of Veh SKZ 88897 while reversing ~~to~~ ~~the~~ ~~veh~~.

Rain heavily. Time & date - 15/1/18 @ 4:50pm

DECLARATION

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

Policyholder's Signature: _____
 Date & Time: _____
 Driver's Signature: Mutter
 (If driver is not the policyholder)
 Date & Time: 15/1/18 @ 3:12 PM
 Reporting Centre Personnel's Signature: _____
 Name: _____
 NRIC/FIN No.: _____
 Date & Time: 15/1/2018



15/11/2018 @ 16:20hrs
Told by driver to change date of incident

Reported on 15/11/2018 @ 14:55hrs

ACCIDENT STATEMENT

ACCIDENT DATE: ~~15/11~~ 01/2018 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: Lor Liman Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC9427U
- 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

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90275505
- 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)

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK28689T MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger (including o) (2)

wife owner Driver that spouse

* No of pass (including d) (-)

* No of pass (including) (-)

cfmagoh @ Courts. Gov. Com. Sg
cfmagoh @ Courts - com. Sg

Email =

fax =

Mutual

cfmagoh @ Courts. com. Sg

Waiting for certificate?



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1232377H



Name
 GOH KIM NGUAN MATTHEW



吴锦源
 Race
 CHINESE
 Date of Birth 25-04-1957 Sex M
 Country of Birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1232377H
 Name
 GOH KIM NGUAN MATTHEW



Birth Date: 25 Apr 1957
 Issue Date: 16 Aug 2003

000749468K

2431412



NRIC No: S1232377H



Blood Group: A+ Date of issue: 29-09-1994

APT BLK 70A TELOK BLANGAH HEIGHTS #18-513
 SINGAPORE 101070
 NRIC No: S1232377H Date: 08/09/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 02 Jun 1977

Licence No: S1232377H

NP 42CA



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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5026050194-09	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	: SGC9427U
Chassis Number	: JDAM301S001007634
2. Name of Policyholder	: THNG SIEW HUAY
3. Effective Date of Insurance	: 27 Jan 2017
4. Expiry Date of Insurance	: 26 Jan 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 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 25(a) 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: THNG SIEW HUAY
NAMED DRIVER (1)	: MATTHEW GOH KIM NGUAN
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 : TAI THONG LEE TRADING PTE LTD (00000612744)
 Date of Issue : 30 Dec 2016 10:07 hrs
 Reprint : 30 Dec 2016 10:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

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

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S026050194-09	THNG SIEW HUAY	S1677372G	GPC	Third Party, Fire & Theft	SGC9427U	SGC9427U	27/01/2017	26/01/2018

Continue



▼ Policy Information

Policy No.	5026050194-09	Policyholder Name	THNG SIEW HUAY	Policyholder NRIC	S1677372G
Address	BLK 70A #18-513 TELOK BLANGAH HEIGHTS TELOK BLANGAH RIDGEVIEW SINGAPORE 101070				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/12/2016	Effective Date	27/01/2017 00:00	Expiry Date	26/01/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 70A #18-513	Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
Address 4	SINGAPORE 101070	Address Type	Singapore address	Post Code	101070
Unit No.		Related Policy Number	5026050194-10		

🔗 Insured Object: **SGC9427U**

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



Claim Handling

Accident MT/0977936

Policy No.	5026050194-09	Vehicle No.	5020427U	GST Registration No.	
Policyholder Name	THNG SIEW HUAY	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire		No	
▼ Accident Details					
Report Date	15/01/2018 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/01/2018	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG LIMAU CARPARK				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 70A #18-513	Address 2	TELOK BLANGAH HEIGHTS	Address 3	
Address 4	SINGAPORE 101070	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5026050194-10		

▼ O1 Driver Info

Driver Name	MATTHEW GOH KIM NGUAN	Driver Type	Named Driver	Driver NRIC	S1232327H	Driver DOB	
Unnamed driver Name		Driver Age	60	Driver Experience		Contact No.(Home)	
Register Date of Driver License	01/01/1990	Contact No.(Office)		Address 2	TELOK BLANGAH HEIGHTS	Address 3	
Contact No.(Mobile)	90235505	Address Type	Singapore address	Post Code		Driver Insurer Company	
Address 1	BLK 70A #18-513	Driver Vehicle No.					
Address 4	SINGAPORE 101070						
Unit No.	18-513						
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No						

Declaration

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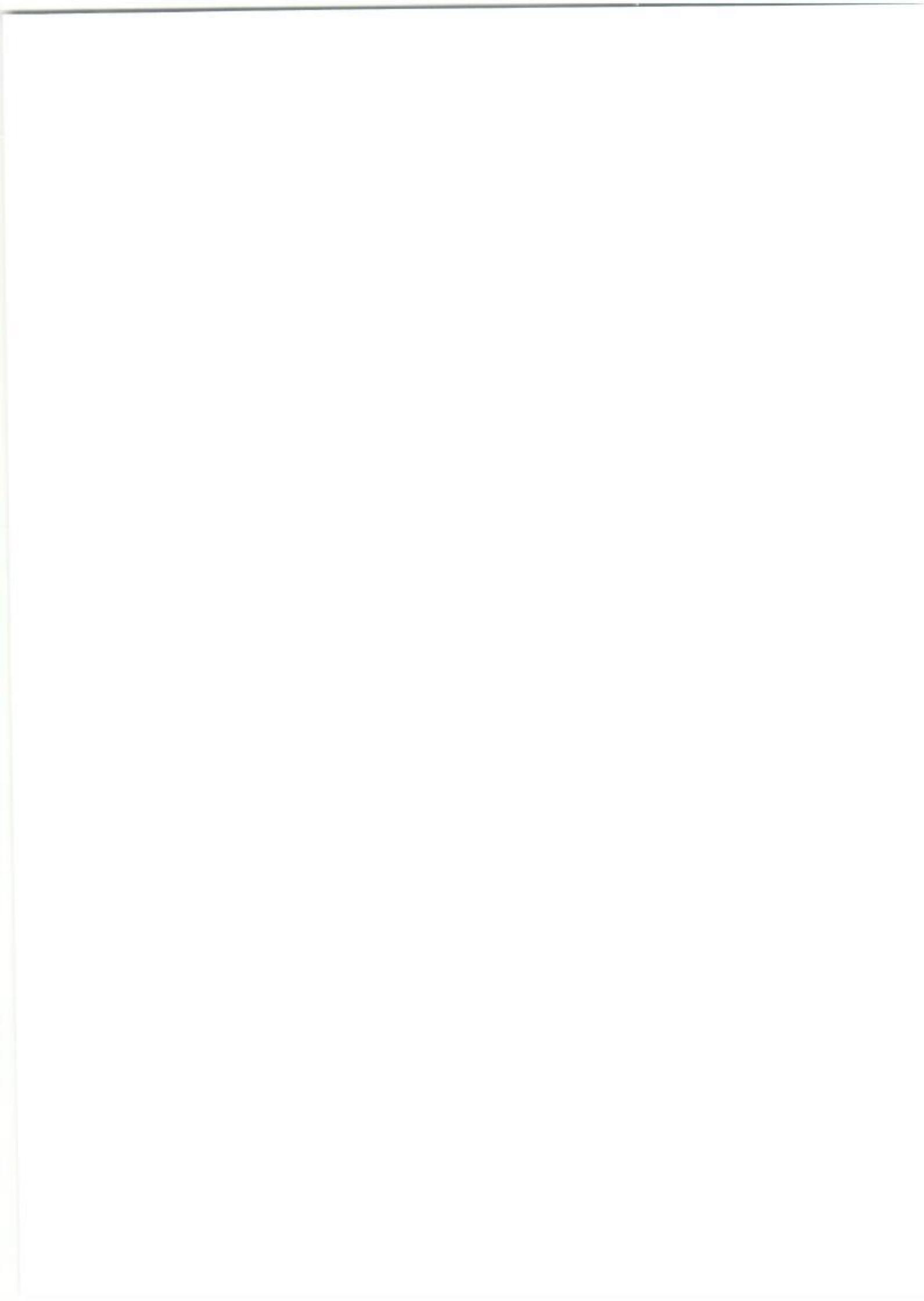
Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	THNG SIEW HUAY	Insured NRIC	
Contact No.(Mobile)	93-1960	Contact No.(Home)	64-1085	Contact No.(Office)	
Email Address	SUSANTHNG8@GMAIL.COM	TP Vehicle Number	5020427U	Name of Preferred Workshop	
Claim Description	5020427U / 5K29689T ON 13 Jan 2018				
Preferred Workshop Contact No.		Insured Locality *	Singapore at Fault	Preferred Repair Option	Preferred Workshop, Name unknown
Require Finalisation	Yes	Claim Close Date		GJA report	
Date Registered	16/01/2018 09:36	Workshop Repairer		Date Received	
Report Taken By	KRISHNASAMY	Total Loss but Repaired			
<input type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/0977936	Claim No.	002
Last Doc. Received	<input type="radio"/> Yes <input checked="" type="radio"/> No	Upload Date	16/01/2018 09:35
Path *	<input type="button" value="Browse..."/> <input type="button" value="Cancel"/> <input type="button" value="Please Select"/>		
Category *	Confidential	Urgency	Normal



<input type="button" value="Browse"/>	<input type="button" value="Close"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Close"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Close"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Close"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Close"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	SAS
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:34		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo
	NAC_PAYA_UPLOAD_0016011 NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ja n 2018 09:33		Normal	Photo

Video List

Uploaded By	Folder Date	Urgency	Source

