NATIONAL Assessment Cu		wef 1 Jan'05) M		-	Les
Date In: 23 2 18-11:40	Jeb description		Date & Time Completed	Done	. D.
Ref No: NA   INC 18003465/24	SAS c-filing	(2)	İ .		
Veh No: & V 7/4/C	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A : 72/2/18- 11:30	i-Motor Clain	Form	MT/0983358	23/2/18	12: 22
OD : (TP)' Reporting Only	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD ? (17) reporting Only	i-Photo Uploa	ded			
TRI	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: 5	JR >2986	. INC(	)/Non-INC( ).	41	
Owner / Driver: (		198	Tel:	)	-
Policy No: ( )	Period: (	)	Cover Type: (	)_	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( 9	%) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	( )			
General Remarks -	1.2.4.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		HAZI KASAMATA	San San	
( ) Walk-In Customer: Customer's	information strictly Con	THE PARTY OF THE P	ALIGNATURE OF THE PARTY OF THE		
( ) Total Loss Case : to e-mail In			5		
		0/ \.7	Towing Co: (		)
	voice: YES ( ) / N	0( );1		POTANO NAME OF STREET	, (MC) (1)
Remarks: (INC hotline: 6788 661	6)*)**		Date&Tiris Completed	Done	by
1) Apply for Transport Allowance (	)/Courtesy Car ( )	× === ================================	* * A		
2) QC Check / Post Repair Inspection	( )			3	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )	1 4	(m)		
Injury:					
Tilgary.				CASTA BEET AND	ATT C 1911, 201.
Date/Time Actions		A CONTRACTOR	Anna Communication	installant	
					MIN TO THE P
					18.7.18.34
NA 180 1130		Invoice Pre	paration Checklist	Ant (S) fit Bill	Add Bill
laimant's Particulars :-		1) AR : Acciden	Reporting (\$30); Assessment (\$100); INC (\$100)	\$80)	
river/Owner:		3) TF : Towing	Fee S	40/\$45 \$120	
		4) FT : Follow-1	Through Survey (Resurvey)	\$30	
ontact No:		For claiming	against INC Only (wef 10 Jan 200	25) \$75	
amaged Portion:		6) TR : Re-iuspe 7) N1 : Idao DA	+ SMRT Survey	\$160	
		8) NTUC Addit			17
C Checked by (Engr-In-Charge):		OD.	y Car / Tpt Allowance	\$5	-
C. Checker D. (Dugi In-Charlet).		*N6: Repair	Co-ordination	\$10	
uditors Comments:-		+N7: Post Re	pair Inspection bleet Excess Coordination	\$25 \$5	
L.J.:	A. No. March 2015 Sept. 1997 Sept	TP (N11): T	P (Non INC) against INC	\$20	<u> </u>
		9) N12: Idac M	obile Fee Charges	30	35 A 7 8
1. 2/3;		Invoice dated	Fee Charge	MARKET PARTY	1

Francisco

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- 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 ladgement 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	23/02/2018 11:40
Date Of Accident	22/02/2018 11:30
Exact Location Of Accident	ALONG MOUNTBATTEN RD BEFORE JUNC STADIUM BLVD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7141C
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096639721
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIRULDIN BIN MAHMUD
NRIC No	S8729919H
Date Of Birth	01/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85187447
Fax Number	
Contact Number	OFFICE-85187447
EMail Address	NOEMAIL

BLK 921 TAMPINES STREET 91 Address #05-193 520921 Postcode Was driver an employee of the Insured's Company NO OTHER - HIRER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address SINGAPORE TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180222/2146.

### Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

SJR2298G

PRIVATE CAR

## **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

MUHAMMAD KHAIRULDIN BIN MAHMUD

NECK

SLU7141C

YES

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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.:

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			OF THE ACC			 11	
refer	to	police	report -	- T/20180	222/2146.		

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.:



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

### **ADDENDUM**

	700	STATEST CARE DAYO
	PERSON MAKING THE AMEND	
		Vehicle Registration No: SLU7141C
Name(as shownin N	RICT: Muhammad Khairuldin	NRIC/FIN/Passport No : S \$7 249 19 H
(*Vehicle Driver,	/ Vehicle Owner) (*) Please dele	te as appropriate
Address	: Blk 921 Tampines	9) * 05-193 Singapore(5209)
Contact (Tel)	:	Mobile No. : 85 187 447
Email Address		
Date of Accident	: 22/2/18	Time of Accident :11:3 o
Place of Acciden		RN before innetion stadium Blud
Insurance Comp	any: NTJC	
7		
ii <del></del>		
(		
0		An
Policyholder / D Date:	river's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:





T/20180222/2146

1 of 3

Report No. T/20180222/2146

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2018 17:56			Vide Report No.:	Station Diary No.: 86			
Informa	nt's Partic	ulars					
Name of Informant: MUHAMMAD KHAIRULDIN BIN MAHMUD			Address: APT BLK 921 TAMPINES STREET 91 #05-193 SINGAPORE 520921				
ID Type / ID No.: NRIC NO / S8729919H			Contact No.: Home/Office: Mobile: 85187447				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age:	Date of Birth: 01/10/1987	Type of Informant: Driver				
Race: Malay			Language: Institution / School Name English				
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3  Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2018 11:30	Type of Location Straight Road	
MOUNTBAT NICOLL HIGH	HWAY	Road 2 TOWARDS NICOLL HIG			
Weather: Clear		Road Surface: Dry	R	Road Speed Limit:	
Traffic Flow:		Traffic Control:	1.53	Traffic Volume: Moderate	
Traffic Flow: One Way		Not Controlled	IV	loderate	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJR2298G	Car	21	The state of the s		Slightly Damaged	0	
SLU7141C	Car	Œ			Slightly Damaged	0	

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





2 of 3

Report No. T/20180222/2146

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver				ID No		
Name	MUHAMMAD KHAIRULDIN BIN MAHMUD				2	S8729919H
Related Vehicle	SLU7141C (Car)				ct No.	85187447
Hospital/Clinic	CHANGI GENERAL HOSPITAL				of g ce & / Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/02/2018 Date Disc					2/2018
	ted Medical Leave	03	Degree o	f Injury	Sligh	t

### Brief Details.

On 22/02/2018, at about 1130hrs, I was driving on the second lane from the right (SLU7141C) along Mountbatten Road towards Nicoll Highway. As the vehicle in front of me had braked gradually, I then slowed down as well.

Suddenly, the vehicle behind mine (SJR2298G) hit onto the rear portion of my vehicle, resulting in damages. During the impact, my head hit onto the headrest. The driver's particulars: Wong Poh Koon, HP: 9736 0072.

No one was injured and no ambulance was at scene. Traffic police was also not at scene.

There is built in camera installed inside my vehicle that has captured the entire incident.

I experienced some soreness on my neck area and was advised by the car rental company to see a doctor. Subsequently, at Changi General Hospital, I was given three days of medical leave from 22/02/2018 to 24/02/2018 with some medication (oral and cream).





T/20180222/2146

3 of 3

Report No. T/20180222/2146

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

## Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 SOPHIA SIM SHI MEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2018 17:56
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:



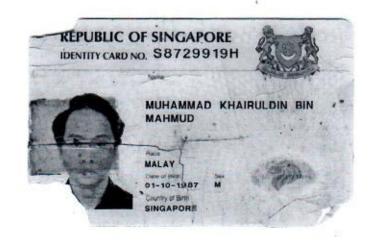
## ORIGINAL

## MEDICAL CERTIFICATE

EMD201837210

Name MUHAMMAD KHAIRULD					NRIC No. S8729919H	1		
This is to certify that the above-named is unfit for duty for a period of inclusive.			3	days from	22-Feb	o-2018 to	24-Feb-20	018
Type of medical leave granted :						1579		
Hospitalization Leave			Outpat	ient Sick Leave				
Admitted on :			Matem	ity Leave,		Delivered on :		
Discharged on :			Sterilliz	sation Leave,		Operated on :		
This certificate is not valid	for absence from cour	t attenda	nce.				81343	
Diagnosis				Surgical Ope	eration (if appl	licable)		
Fit for light duty from	N.A.	to _	N,A.	<del>-</del> 8				1
The above-named patient attende No medical leave is necessary.	d my clinic at	7	N.A.	and left at	1	N.A.		
Hospital/Clinic		Ward N	lo.		Signature, Nam	e (In BLOCK LET	TERS) and Design	ation/MCR No.
Emergency Medicine CGH		CGH	H Accident & Emergency				/	1
		Date						
Changi General Hospital 22-F			Feb-2018 LOOI CHO			ONG HENG PETER, 04966B		









<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601		COLUMN TO SERVICE STATE OF THE				Change Lan	guage	· Change Passwo	rd • Log Out
My Desktop	Polic	y Query								/6
Notice of Loss	Policy N	0,				Date of Accident			2/2018 11:30	7
	Vehicle	No.(For Mator)	SLU7141C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096639721	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU7141C	SLU71410	12/12/2017	11/12/2018
			- 1			Continue				

	200121212	Policyholder	DELTABLE DE	SES PTE LTD	Policyholder	201611527N	
olicy No.	5096639721	Name	RELIABLE RIDES FIE LID		NRIC	TOTOTTOETH	
ddress	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT S	NGAPORE 415875			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
folicy ssue Date	11/12/2017	Effective 12/12/2017 Date		00:00 Expiry Dat		11/12/2018 23:59	
hird Party Excess	1500	Own damage Excess	1000	Windscreen Excess		100	
Additional Excess	0	OS Premium	1400.00				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	Address 2 #05-50 PREMIER @ KAKI BUKII Address 3			SINGAPORE 415875	
Address 4		Address Type	Singapore address Po		Post Code	415875	
Unit No.	05-50	Related Policy Number	cy 5098145508				
) Insure	d Object: SLU7141C						
	sements						
Sequen	ce Date of Endorsement	Endors	Endorsement Type Endo		ent Status	Endorsement Content	
1	12/12/2017 00:00	POI Move		Endorsement Ta	ke Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Dec 2017 TO 11 Dec 2018	
2	12/12/2017 00:00	Basic Information Endorsement		Endorsement Take Effective		Thank you for giving us the opportunity to serve you. W confirm that from 12 Dec 2017, the following amendment(s) is/are made this policy: 1. VEHICLE REGISTRATION NUMBER: SLU7141C	

premium on this policy has n						
dent MT/0983356	VI 0401 (WHANE)					
cy No.	5090639721	Vehicle No.	SLU7141C	GST Registration No.		
2000000	MELIABLE RIDGS PTE LTD			Policyholder NR3C	201611527W	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
	ů.	Contact No.(Office)	0	Contact No.(Home)	0	
vait Address		Special Remark		eCode	Fac AV	
к	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
	Na	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
	23/02/2018 12:06	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear	
		Time of Accident hh:mm	11:30	Country of Accident	Singapore	
te of Accident	22/02/2016	Orange Force		ICM No.		
porting Centre				\$0753800		
cident Location	ALONG MOUNTBATTEN RD BEFORE JUNC ST	ADIUM BLVD				
Benefits						
Excess						
in damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00	
named Driver Excess		Outside Singapore OD Excess	3,000.00			
rd Party Excess	1,500,00	Outpide Singapore TP Excess	3,000.00			
GST Registered Informa						
T Registered	No		GST Registration Date			
T Registration No.	7,766		GST Status Verified	No		
diffication History						
With the state of						
Policyholder Halling Adi	fress					
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875	
		Address Type	Singapore address	Post Code	415875	
idress 4	1000		5098145508			
st No.	05-50	Related Policy Number	3093143300			
OI Driver Info		w.co.woo	Unnamed Driver			
river Name	Unnamed Driver	Driver Type	S87299194	Driver DDB	01/10/1987	
named driver Name	MUHAMMAD KHAIRULDIN BIN N	Oriver NR3C			3	
gister Date of Driver License	26/11/2014	Driver Age	30	Driving Experience		
entact No.(Mobile)	85187447	Contact No. (Office)	0	Contact No.(Home)	0	
tdress 1	BUK 921	Address 2	TAMPINES STREET 91	Address 3 TAMPINES PALMSPRI		
idress 4	SINGAPORE 520921	Address Type	Singapore address	Post Code	520921	
	STROM OUR DESIGNED					
nit No.	05-193					
nit No. oes he own a Singapore	05-193	Driver Vehicle No.	- T	Driver Insurer Company		
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ist kio.  Jest he ceen a Singapore  claration  eathers or Blood Yest  edification History	05-193 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
nt No.  les he own a Singapore gettered car?  claration eathelyser or Blood Test oding?  claration History  Claim 001 New	05-193 ○ Yes ® No 0 mg	Driver Vehicle No.		Driver Insurer Company  Insured NRIC	201611527N	
nt No.  les he own a Singapore gettered car?  claration eathelyser or Blood Yest oding?  claration History  Claim 001 New  eath Type *	05-193 ○ Yes ® No	Driver Vehicle No.  Any injury?  Insured Name	® Yes ○ No	1900 A	201611527N 66351820	
it No. es he own a Singapore gistered car?  Claration eathalyser or Blood Test eding?  Chication History  Claim 001 Next  Him Type *  History (Mobile)	05-193 ○ Yes ® No 0 mg	Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home)	® Yes ○ No  RELIABLE RIDES PTE LTD	Insured MRJC		
it ho.	05-193 ○ Yes ® No 0 mg	Driver Vehicle No.  Any injury?  Insured Name	® Yes ○ No	Insured NRIC Contact No. (Office) TP Vehicle Number	66351820 SJR2298G	
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Attachment		ploaded By/Date	Category	P urgency	Description	Sent? Act (CO)
100 and	NAC_PAYA_USI_800603( NATIO	MAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 12:23	NR3C/ Driving License	Normal	NRIC/ Driving License 2018-2-23	E
463	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 23 Fe b 2018 12:23	SAS	Normal	SAS 2018-2-23	E.
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2	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Fe 6 3018 12:22	Photos	Normal	Photos 2018-2-23	
Video List		Folder Date	File Name	9	Source	Action

Display in New Window Scan and uploading