

# NATIONAL Assessment Centre Services

(ver 1 Jan 2000)

Date In: 06/03/2018 15:07

Ref No: NA/INC18004289/K4

Veh No: FBK2362K

D.O.A: 04/03/2018 13:30

OD: TP / Reporting Only

TP Insurer:

Job description

SAS e-illing

E-mail (within 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

Done by

MT/0984984

6/3/18 17:05

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SLN176K

Tel:

Fax:

Owner / Driver: (

INC ( ) / Non-INC ( )

Policy No: (

Period: (

Tel:

Confirmed by: (

Cover Type: (

Insured/Driver Liability: (

%) (Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)

Date:

Time:

Year of Registration: (

Warranty: YES ( ) / NO ( )

Excess: (\$

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeler.  
( ) Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time

Actions

NA1801446

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Comments:

Invoice Preparation GR: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) PT: Follow-Through Survey

5) PT: Follow-Through Survey (Resurvey)

For claimant against INC Only (ver 10 Jan 2005)

6) TR: Re-inspection

7) NI: IDA + SMRT Survey

8) NTUC Additional Services

Q1:

\*N1: Courtesy Car / Tpl Allowance

\*N6: Repair Coordination

\*N7: Post Repair Inspection

\*N8: DY / Collect Excess Coordination

TP (N11) / TP (N12) against INC

9) N12: Idm Mobile

Invoice dated

File Charged

Invoice dated

File 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 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	06/03/2018 15:07
Date Of Accident	04/03/2018 13:30
Exact Location Of Accident	489 CHOA CHU KANG AVE 5 SUNSHINE GARDENS (S680489)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2362K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO CHOR CHUA (HE CHUQUAN)
NRIC No	S7623310A
Email Address	RAYWANZ76@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91397097
Alternative Phone No	OTHERS-91397097

#### Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I ABS
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	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	5071626504-02
Cover Note Number	

#### Driver

Name of Driver	HO CHOR CHUA (HE CHUQUAN)
NRIC No	S7623310A
Date Of Birth	04/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91397097
Fax Number	
Contact Number	OTHERS-91397097
Email Address	RAYWANZ76@GMAIL.COM

Address	BLK 185 JELEBU ROAD #27-20
Postcode	670185
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : D/20180305/7007

#### 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	SLN176K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHO KAI KIA ( XU JIEJIA )
NRIC/Passport Number	S7910899E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	HO CHOR CHUA ( HE CHUQUAN )
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK2362K
Were seat belts worn?	
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:

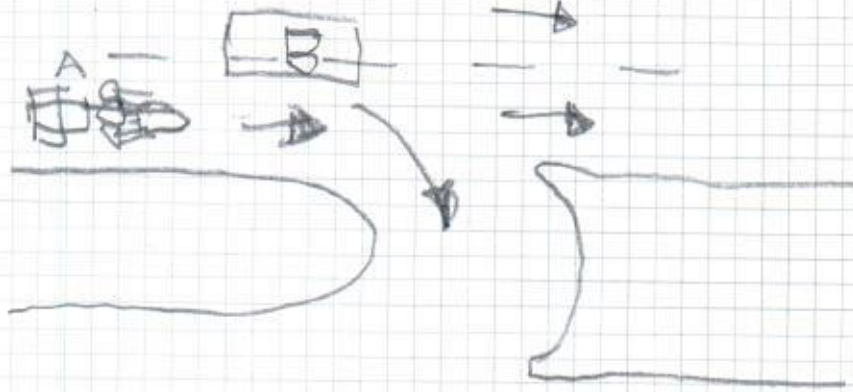
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN  
2 Lanes

489 Choa Chu Kang  
Avenues

SUNSHINE  
GARDENS  
SINGAPORE 680  
489



A - FBK2362K  
B - SLN176K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pl's Refer to the Police Report  
D/20180305/7007

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.:

6/3/2018





# SINGAPORE POLICE FORCE



D/20180305/7007

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20180305/7007

Police Station Of Origin  
Clementi Police Divisional HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-7740000

Date/Time Report Made 05/03/2018 12:41	Vide Report No.	Station Diary No.
Name Of Informant HO CHOR CHUA	Address APT BLK 185 JELEBU ROAD #27-20 SINGAPORE 670185	
ID Type / ID No. NRIC NO / S7623310A	Contact No. Home/Office:	Mobile: 91397097
Nationality SINGAPORE CITIZEN	Email Address Raywanz76@gmail.com	
Occupation Advertising salesman	Sex Male	Age 41
Institution/School Name	Date of Birth 04/08/1976	Race Chinese
Date/Time Of Incident 04/03/2018 13:30 - 04/03/2018 13:45	Language English	
	Location Of Incident 489 CHOA CHU KANG AVENUE 5 SUNSHINE GARDENS SINGAPORE 680489	

**Brief details.**

On the stated time and date, i (FBK2362K) was riding along the stated venue on the right lane of the road. Suddenly, the front vehicle (SLN176K) made an emergency U-Turn without checking the blind spot. He was moving to the left lane and made a sudden u-turn and caused my vehicle to collide to his right portion. I then fell off my bike and injured my wrist and toes. I then went to NuHealth medical centre and was referred to Ng Teng Fong General Hospital. I was given treatment, medications and 3 days of MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2018 12:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20180305/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180305/7007

Subjects Involved			
Victim			
Person Name	HO CHOR CHUA		
ID Type	NRIC NO	ID No	S7623310A
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Advertising salesman	Address Type	
Address	APT BLK 185 JELEBU ROAD #27-20 SINGAPORE 670185		Mobile No
			91397097
Is Informant A Victim?	Yes		
Person Name	HO CHOR CHUA (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

05/03/2018 12:41

Classification Of Case:



Reported on 5/3/2018  
@ 5:05 PM

## ACCIDENT STATEMENT

ACCIDENT DATE: (4/3/2018) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: 489 Choa Chu Kang Avenue 5

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK2362K  
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: 91397097  
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) OWNER  
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) slightly

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN176K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: KHO KAI KIA (XU JIEJIA)  
c) NRIC/FIN/PASSPORT: 57910899E CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

workshop: kymov @singnet.com.sg ✓

raywanz76@gmail.com ✓

email = raywanz76@gmail.com

fax =

Waiting for Motorcycle Photo? ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7623310A



HO CHOR CHUA  
(HE CHUQUAN)  
何 楚 泉

Race  
CHINESE

Date of birth  
04-08-1976

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7623310A

Name  
HO CHOR CHUA  
(HE CHUQUAN)

Birth Date 04 Aug 1976

Issue Date 12 Nov 2003




3942602



NRIC No. S7623310A



Date of issue  
10-10-2006

APT BLK 185 JELABU ROAD #27-20  
SINGAPORE 670185


NRIC No: S7623310A Date: 15/12/2015

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Jun 1997
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jul 1998
Class 2	Motorcycles exceeding 400 cc	28 Sep 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Sep 1999

NP 428A

Licence No: S7623310A





Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

## Policy Query

Policy No.

Date of Accident

04/03/2018 13:15

Vehicle No.(For Motor)

FBK2362K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071626504-02	HO CHOR CHUA (HE CHUQUAN)	S7623310A	GMC	Third Party, Fire & Theft	FBK2362K	FBK2362K	17/05/2017	12/05/2018

## ▼ Policy Information

Policy No.	5071626504-02	Policyholder Name	HO CHOR CHUA (HE CHUQUAN)	Policyholder NRIC	S7623310A
Address	BLK 185 #27-20 JELEBU ROAD SINGAPORE 670185				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/05/2017	Effective Date	17/05/2017 00:00	Expiry Date	12/05/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	KIMBERLEY INSURANCE AGENCY	Agent Tel.	97912294	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 185 #27-20	Address 2	JELEBU ROAD	Address 3	SINGAPORE 670185
Address 4		Address Type	Singapore address	Post Code	670185
Unit No.		Related Policy Number	5096877310		

▶ Insured Object: FBK2362K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				



## Claim Handling

Accident MT/0984984

Policy No.	5071626504-02	Vehicle No.	FBK2362K	GST Registration No.	
Policyholder Name	HO CHOR CHUA (HE CHUQUAN)			Policyholder NRIC	S76
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91397097	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	06/03/2018 16:56	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	04/03/2018	Time of Accident hh:mm	13:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	489 CHO A CHU KANG AVE 5 SUNSHINE GARDENS (S680489)				

## ▼ 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	BLK 185 #27-20	Address 2	JELEBU ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670
Unit No.		Related Policy Number	5096877310		

## ▼ OI Driver Info

Driver Name	HO CHOR CHUA (HE CHUQUAN)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7623310A	Driver DOB	04/03/1977
Register Date of Driver License	04/06/1997	Driver Age	41	Driving Experience	20
Contact No.(Mobile)	91397097	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 185	Address 2	JELEBU ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	670
Unit No.	#27-20				
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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HO CHOR CHUA (HE CHUQUAN)	Insured NRIC	S76
Contact No.(Mobile)	91397097	Contact No.(Home)	65358278	Contact No.(Office)	
Email Address		OI Vehicle Number	FBK2362K	TP Vehicle Number	SLN
Claim Description	FBK2362K / SLN176K ON 4 Mar 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	06/03/2018 17:05	Claim Close Date		Date Received	06/03/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AX letter					

Save

Submit

## Attachment

3/6/2018

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

Accident No.

MT/0984984

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

06/03/2018 17:05

Path \*

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

Category \*

Confidential

Urgency \*

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	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:05	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:02	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 17:01	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading