

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) **MA 118033005**

Date In: <b>9/13/18 17:26</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA1180330054546/164</b>	SAS e-filing		
Veh No: <b>SKG 8365Z</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>8/13/18 18:05</b>	i-Motor Claim Form	<b>MI10985403</b>	<b>9/13/18 14:09</b>
OD: <b>(IP) Reporting Only</b>	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:	Veh No: <b>SGP 9990R</b>	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

<b>MA1801574</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	09/03/2018 13:26
Date Of Accident	08/03/2018 18:05
Exact Location Of Accident	PIE TWDS TUAS B4 KPE/GEYLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC8365Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE. LTD.
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5091577771
Cover Note Number	-

### Driver

Name of Driver	ROSLI BIN HABIT
NRIC No	S7228432A
Date Of Birth	14/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96997935
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 865 JURONG WEST ST 81 #02-569
Postcode	640865
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SGP9990R
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)	

#### DETAILS OF INJURED PERSON 1

Name	ROSLI BIN HABIT
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKC8365Z

YES

NO



## 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.



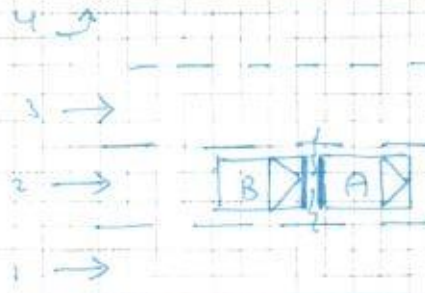
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

VEHICLE A - SKC 8365Z  
VEHICLE B - SGP 9990R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS THIS DIRECTION, I WAS ON THE SECOND LANE.

WHILE TRAVELLING STRAIGHT AHEAD, AND DUE TO THE HEAVY TRAFFIC INFRONT I WAS MOVING FORWARD VERY SLOWLY, SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SGP 9990R) HAD COLLIDED TO THE REAR OF MY VEHICLE WHILE I WAS MOVING SLOWLY FORWARD.

THE ACCIDENT TOOK PLACE BEFORE KPE EXIT.

VEHICLE A - SKC 8365Z

VEHICLE B - SGP 9990R

## 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.:



<b>Vehicle No.</b>	SKC 8365 Z	<b>Model / Make</b>	HONDA STREAM
<b>Date of Accident</b>	08/03/2018		
<b>Time of Accident</b>	1905	<b>HRS</b>	
<b>Location of Accident</b>	PIE TOWARDS TUNAS BEFORE KPE / GEDANG BAHEN EXIT		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	ENTERPRISE CAR RENTAL PTE LTD		
<b>Telephone No.</b>	H/P : 9363 9889	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201701215C		
<b>Address</b>	123 DEPA LANE 10 #01-05 FNA GROUP BUILDING S(539223)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5091977771		
<b>Name of Driver</b>	As Above If No, ROSLI BIN HABIT		
<b>NRIC</b>	57228432A	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	14 AUG 1972		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	06 MAY 2000		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9699 7935	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 765 JURONG WEST ST 81 #02-569 S(640865)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state RENTAL / LEASING	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SGP 9990 R	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7228432A



Name

ROSLI BIN HABIT

روسلې بن حابيت

Race

BOYANESE

Date of birth

14-08-1972

Sex  
M

Country of birth

SINGAPORE

S7228432A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7228432A

Name:

ROSLI BIN HABIT

Birth Date: 14 Aug 1972

Issue Date: 21 Apr 2003



4676206

NRIC No. S7228432A



Date of issue

05-02-2011

APT BLK 865 JURONG WEST STREET 81 #02-569  
SINGAPORE 640865

NRIC No. S7228432A

Date: 20/11/2012

No: 7271051

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	07 Jan 1992
Class 2A	Motorcycles between 201 cc and 400 cc	29 Oct 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 May 2000



NP 428A



## 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:** 5091577771

**Cover :** Third Party

- |  |                                 |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKC8365Z                      |
| Chassis Number                                   | : RN61061033                    |
| 2. Name of Policyholder                          | : ENTERPRISE CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance                   | : 01 Dec 2017                   |
| 4. Expiry Date of Insurance                      | : 30 Nov 2018                   |

**5. Persons or Classes of Persons entitled to drive#**

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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** : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

**Date of Issue** : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



**Countersigned By:**

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Enquire Vehicle Information

### Vehicle No.

Vehicle No.: SKC8365Z

### Vehicle Details

Vehicle Type:	Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	No Attachment
Make / Model:	HONDA / STREAM 1.8 RSZ A
Primary Colour:	Black
Year of Manufacture:	2008
Maximum Laden Weight:	1755 kg
Unladen Weight:	1370 kg
No. Of Axles:	2
Engine No.:	R18A1768092
Chassis No.:	RN61061033
Engine Capacity:	1799 cc
Maximum Power Output:	103.0 kW (138 bhp)
Propellant:	Petrol
Passenger Capacity:	6
Original Registration Date:	03 Oct 2008
First Registration Date:	03 Oct 2008
Open Market Value:	\$20,344.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$20,344.00
PARF Eligibility:	Yes
Minimum PARF Benefit:	\$10,172.00
PARF Eligibility Expiry Date:	02 Oct 2018
COE No.:	2008080107000807E
COE Category:	E - Open Category
COE Expiry Date:	02 Oct 2018
Quota Premium (QP):	\$15,661.00
QP Paid:	\$15,661.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$15,661.00
CO2 Emission:	-



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/0985403

Policy No.	509157771	Vehicle No.	SKC8365Z	GST Registration No.	
Policyholder Name	ENTERPRISE CAR RENTAL PTE. LTD.			Policyholder NRIC	201701215C
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93639889	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	09/03/2018 14:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/03/2018	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS B4 KPE/GEYLANG BAHRU EXIT				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	103 DEFU LANE 10	Address 2	#01-05 FNA GROUP BUILDING	Address 3	SINGAPORE 539223
Address 4		Address Type	Singapore address	Post Code	539223
Unit No.	02-12	Related Policy Number	509157771		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/08/1972
Unnamed driver Name	ROS LI BIN HABIT	Driver NRIC	57228432A	Driving Experience	17
Register Date of Driver License	06/05/2000	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	96997935	Contact No.(Office)		Address 3	SINGAPORE 640865
Address 1	BLK 865 #02-569	Address 2	JURONG WEST STREET B1	Post Code	640865
Address 4		Address Type	Singapore address		
Unit No.	02-569			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ENTERPRISE CAR RENTAL PTE. LTD.	Insured NRIC	201701215C
Contact No.(Mobile)	93639889	Contact No.(Home)		Contact No.(Office)	
Email Address	currenting101@gmail.com	OI Vehicle Number	SKC8365Z	TP Vehicle Number	SGP9990R
Claim Description	SKC8365Z / SGP9990R ON 8 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/03/2018 00:00
Date Registered	09/03/2018 14:08	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0985403	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2018 14:09		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

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 ▼	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:09	SAS	Normal	SAS 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:09	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:09	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:09	Photos	Normal	Photos 2018-3-9
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 14:08	Photos	Normal	Photos 2018-3-9

## Video List

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