NATIONAL Assessment Centre Services

Date In: 12/03/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC18004642/13	SAS e-filing		
Veh No: FBL7388Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 22/02/18 1245	i-Motor Claim Form	MT/0984783	
OD / TP / (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (BBDC) Tel: Fax:)

TP Particulars: Veh No: SHB4736D 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

NA1801564

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/03/2018 15:40

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.**
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	12/03/2018 15:19
Date Of Accident	22/02/2018 12:45
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7388Z
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHARINNIZAM BIN HASLIZAN
NRIC No	S9924480A
Date Of Birth	07/08/1999
Occupation	INDOOR
Date Of Driving Pass	22/02/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 856 WOODLANDS ST 83 #04-14
Postcode	730856
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
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?	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)	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

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 Witness 1

Name	NOOR AIN BTE SAZALI
Phone Number	90303504
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4736D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.

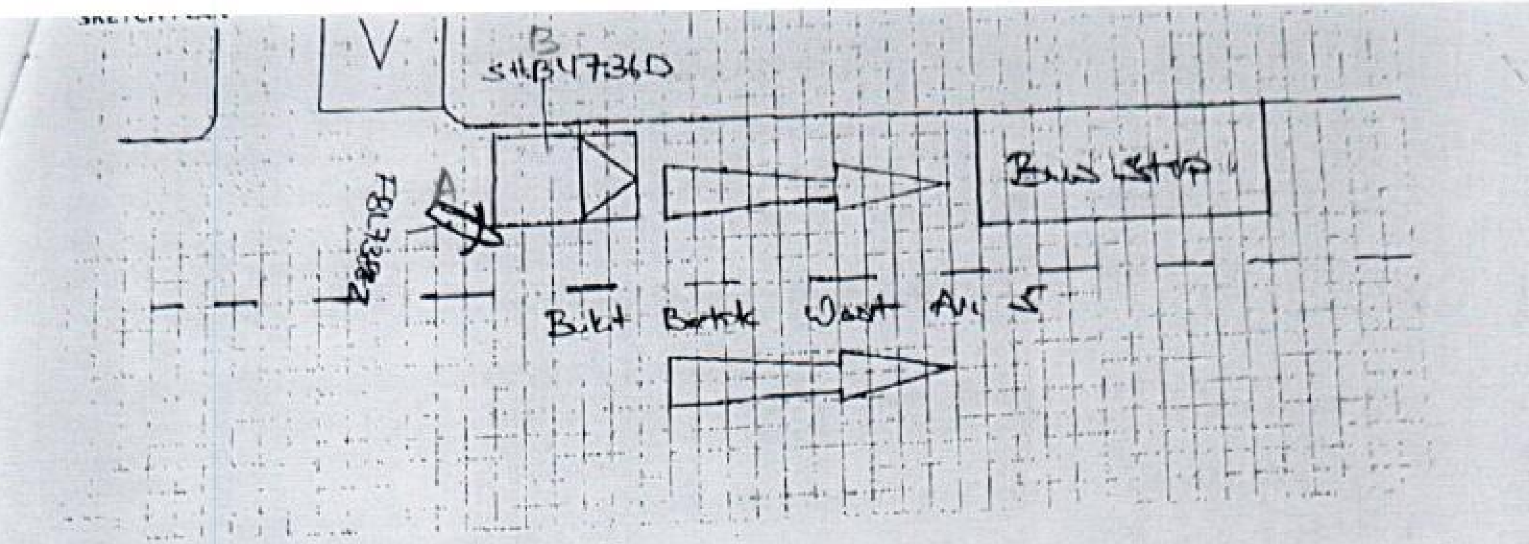
(e) the information so collected under (d) above may be shared / disclosed:

(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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature Date & Time:	Driver's Signature (If Driver is not the policyholder) Date & Time:	12/03/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/2/18 @ 1245pm, we were conducting Road Revision lesson. While travelling along Bukit Batok West Ave 5, a taxi, SHB4736D, which was in front of our group, suddenly stopped to pick up a passenger without signalling. The customer riding bike FBL7388Z reacted late and swing the bike to the right. There was a slight collision resulting in scratches to the taxi (rear right bumper). No one was injured. That is all.

DECLARATION

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

DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777.

Policyholder's Signature
Date & Time:

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

12/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident	Time	Location of Accident
22/2/18	8.45pm	Bukit Batok West Ave 5

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	(66) FBL 7388 Z
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda GLQ25L
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle (circled), Others:
Exact Purpose for which vehicle was being used at the time of accident.	training
Are you claiming under your own insurance policy?	○ Yes ○ No Remarks:
Vehicle category	○ Private ○ Commercial ○ Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	☒ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	☒ Yes ○ No
Policy Number	0073451220
DRIVER	
Name of Driver Muhd. Sharimnizam	Muhd Sharimnizam Bin Hashizam
NRIC/ FIN/ Passport	S9922449?4
Date of Birth	07/08/1999
Occupation	student
Driving Pass Date	
Gender	☒ Male ○ Female
Contact Number	Tel: Hp: 87337165
Address	Woodlands St 83 Blk 855 #04-
Email Address	sharimnizamm07@gmail.com
Was driver an employee of the Insured's Company?	○ Yes ☒ No
If No, relationship of Driver with the Insured.	Trainee
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Rear collision
Weather Conditions	☒ Clear ○ Raining ○ Others:
Road Surface	○ Wet ☒ Dry ○ Others:
Damage Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	☒ No ○ Yes
Was anybody injured in the accident? (Including Witness)	☒ No ○ Yes
Was any other vehicle(s) or property damaged?	○ No ☒ Yes
Was there any camera video footage (in car)?	☒ No ○ Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	☒ No ○ Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	○ No ○ Yes
If Yes, against whom?	

Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle) — Rear left fender scratched.
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name — Atar Ain Bte Ismail
Phone / Email Address — 90303504
Address
NRIC/ FIN/ Passport — S9731556F

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ○ Yes ○ No
Was Injured conveyed to hospital by ambulance? ○ Yes ○ No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ○ Yes ○ No
Was Injured conveyed to Hospital by Ambulance? ○ Yes ○ No

Declaration
I/We declare that the above particulars & information provided above are true in every aspect.

...TOK DRIVING CENTRE LTD
...AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

QUALIFIED DRIVING LICENCE

You (S9924480A) are not a valid Singapore Driving Licence Holder.

PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :	S9924480A
Status of Provisional Driving Licence :	Valid
Class of Provisional Driving Licence :	2B
Expiry Date :	24/04/2018

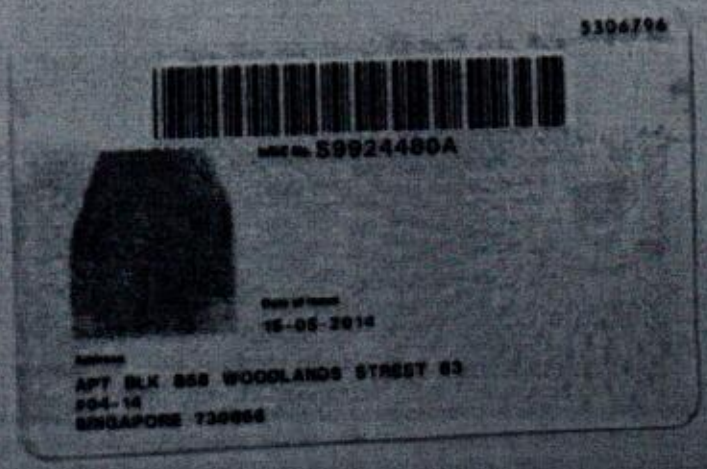
The above information is accurate as at 22/02/2018 12:01 AM.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9924480A

Name
MUHAMMAD SHARINNIZAM BIN HASLIZAM

Race
JAVANESE
Date of birth
07-08-1999
Sex
M
Country/Place of birth
SINGAPORE

S9924480A



5306796

S9924480A

Date of issue
15-05-2014

Address
APT BLK 868 WOODLANDS STREET 83
#04-14
SINGAPORE 730868

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 : 0073451220-14 | **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBL738BZ**
   Chassis Number : JC641000846
2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 01 Jan 2018
4. Expiry Date of Insurance : 31 Dec 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 95 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
EXCESS (THEFT OUTSIDE SINGAPORE)	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NAMED DRIVER (1)	:	N/A
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 : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer | **Chief Executive**

The owner and vehicle particulars for Vehicle No. FBL7388Z as at 23 Feb 2017 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 BUKIT BATOK DRIVING CENTRE SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBL7388Z
8.	Effective Date of Ownership	: 23 Feb 2017
9.	Original Registration Date	: 23 Feb 2017
10.	First Registration Date	: 23 Feb 2017
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: GLR125LWH
18.	Year of Manufacture	: 2017
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000846 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC64E1000840 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 131
28.	Maximum Laden Weight(kg)	: 289
29.	Open Market Value	: $3,475.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: $0.00
33.	IU Label No.	: -
34.	COE No.	: 2016120106000683K
35.	COE Expiry Date	: 22 Feb 2027
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: $6,212.00
38.	Actual Quota Premium/PQP Paid	: $6,212.00
39.	Actual ARF Paid	: $522.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: $64.00
46.	Road Tax Start Date	: 23 Feb 2017
47.	Road Tax End Date	: 22 Feb 2018
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D

Claim Handling

Accident MT/0984783

Policy No.	0073451220-14	Vehicle No.	FBL7388Z	GST Registration No.	M200805321
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/03/2018 18:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	22/02/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5082205146-02		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943506
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBL7388Z	TP Vehicle Number	SHB4736D
Claim Description	FBL7388Z / SHB4736D ON 22 Feb 2018			Name of Preferred Workshop	KIM KEAT
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	12/03/2018 15:56	Claim Close Date		Date Received	12/03/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984783	Claim No.	002
Last Doc. Received	◉ Yes ○ No	Upload Date	12/03/2018 00:00

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	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	

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	SAS	Normal	SAS 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:55	Photos	Normal	Photos 2018-3-12

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading