

# NATIONAL Assessment Centre Services

(Ref: 133-63)

Date In: 22/03/18	Job description	Date & Time Completed	Done by
Ref No: NM/INC18005387/13	SAS e-filing		
Veh No: FBC6666A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/03/18 2020	i-Motor Claim Form	MT/0987245	
OD: TR (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: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: ( ) 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


NA1801816 Invoice Preparation Checklist

Claimant's Particulars:- 1) AR: Accident Reporting (\$30);

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

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments:- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2/3: 8) NTUC Additional Services:-

9) N12: Idac Mobile \$30

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	22/03/2018 15:13
Date Of Accident	19/03/2018 20:20
Exact Location Of Accident	'S' COURSE IN BBDC CIRCUIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6666A
<b>Insured/Policyholder</b>	
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	MSX125
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	NADIAH BINTI HASHIM
NRIC No	S9005282I
Date Of Birth	18/02/1990
Occupation	INDOOR
Date Of Driving Pass	19/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 810A CHOA CHU KANG AVE 7 #18-507
Postcode	681810
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
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



## 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.

BUKIT BATOK DRIVING CENTRE LTD  
815 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 680005  
TEL: 6561 1233 FAX: 6563 0777

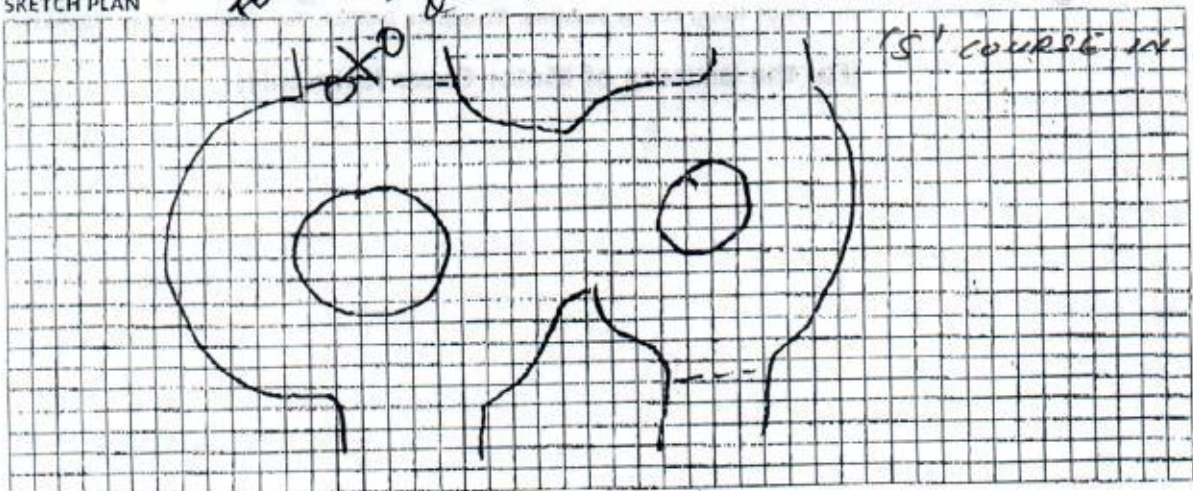
Policyholder's Signature  
Date & Time:

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

MISS NADIAT BINTI HASTIM TAG NO. 3 fail to pick up enough speed on 1st gear and she change up to 2nd gear which result the bike to stall engine. She fell and the bike FBC 6666A crash bar hit her left foot.

BUKIT BATOK DRIVING CENTRE LTD  
310 DECARATION WEST AVENUE 5  
SINGAPORE 658015

I/We declare the foregoing particulars are true in every respect.  
TEL: 6581 1233 FAX: 6588 0777

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.:

GIARMC SketchPlanForm\_V3



RP

☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

19/03/18

2020 HRS

3' COURSE in BBDC CIRCUIT

## INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBC 2666 A

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

MBX 125

Honda

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus Motorcycle, Others:

Exact Purpose for which vehicle was being used at the time of accident.

Are you claiming under your own insurance policy?

☐ Yes☐ No

Remarks:

Vehicle category

☐ Private☐ Commercial☐ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☒ Comprehensive☐ TP Fire & Theft☐ Third party

Fleet Policy

☒ Yes☐ No

Policy Number

## DRIVER

Name of Driver

NADIAH BINTI HASHIM

NRIC/ FIN/ Passport

990052821

Date of Birth

18-02-1990

Occupation

Driving Pass Date

Gender

☐ Male☒ Female

Contact Number

Tel:

Hp:

Address

B1K 810A CHIA CHIAK KAN AVE 7 #18-504 S/G 81610

Email Address

Was driver an employee of the Insured's Company?

☐ Yes☒ No

If No, relationship of Driver with the Insured

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)

☒ Clear☐ Raining☐ Others:

Weather Conditions

☐ Wet☒ Dry☐ Others:

Road Surface

Damage Area

NIL

Approximate Speed

10km/h

## 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 FOR POLICE ACTION

Was the accident reported to the Police?

☒ No☐ Yes

If Yes, please state which police station &amp; Report No.

Was notice of Intended Prosecution given?

☒ No☐ Yes

If Yes, against whom?



# OWN VEHICLE REGISTRATION NUMBER

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE A)

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

### 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

Phone / Email Address

Address

NRIC/ FIN/ Passport

## 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?

Was Injured conveyed to hospital by ambulance?

## 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?

Was Injured conveyed to Hospital by Ambulance?

NIADIAH BUSTI HASHIM

990052821

BLK 810A CHIA CHU EING AVE T #18-507 964810

28

TOP OF LEFT FOOT SCALDED

☐ Yes

☐ No

☐ Yes

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

## Declaration

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

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0773

Signature of Policy Holder  
(Company Chop if applicable)

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

Date & Time

Date & Time



IDENTITY CARD NO. S90052821



Name

NADIAH BINTI HASHIM

Race

MALAY

Date of birth

18-02-1990

Sex

F

Country of birth

SINGAPORE

S90052821

3651503



NRIC No. S90052821



Date of issue

01-03-2005

APT BLK 81DA CHOA CHU KANG AVENUE 7 #18-507 (681810)





## 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 : 0073451220-14

Cover : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBC6666A                       |
| Chassis Number  | : MLHJC61A4G5302701              |
| 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

(FOR THE PURPOSES OF MOTOR VEHICLE INSURANCE)

NTUC INCOME INSURANCE (SINGAPORE) PTE LTD



The owner and vehicle particulars for Vehicle No. FBC6666A as at 25 Jan 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	: FBC6666A
7. Vehicle No.	: 25 Jan 2017
8. Effective Date of Ownership	: 25 Jan 2017
9. Original Registration Date	: 25 Jan 2017
10. First Registration Date	: P00 - Passenger Motorcycle/Autocycle/Moped
11. Vehicle Type	: Normal
12. Vehicle Scheme	: No Attachment
13. Attachment 1	:
14. Attachment 2	:
15. Attachment 3	: HONDA
16. Vehicle Make	: MSX125
17. Vehicle Model	: 2016
18. Year of Manufacture	: Red
19. Primary Colour	:
20. Secondary Colour	: 1
21. Passenger Capacity	: MLHJC61A4G5302701 / -
22. Chassis/Trailer Chassis No.	: Petrol / Euro III
23. Propellant/Emission Standard	: JC61E2306486 / -
24. Engine No./Motor No.	: 125 / -
25. Engine Capacity(cc)/Power Rating(kW)	: - / -
26. Maximum Power Output(kW/bhp)	: 104
27. Unladen Weight(kg)	: 258
28. Maximum Laden Weight(kg)	: \$2,456.00
29. Open Market Value	: No
30. PARF Eligibility	:
31. PARF Eligibility Expiry Date	: \$0.00
32. Minimum PARF Benefit	:
33. IU Label No.	: 2016120106000674H
34. COE No.	: 24 Jan 2027
35. COE Expiry Date	: D - Motorcycle
36. COE Category	: \$6,212.00
37. Quota Premium/Prevailing Quota Premium	: \$6,212.00
38. Actual Quota Premium/PQP Paid	: \$369.00
39. Actual ARF Paid	:
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	: \$64.00
45. Road Tax Amount	: 25 Jan 2017
46. Road Tax Start Date	: 24 Jan 2018
47. Road Tax End Date	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.
48. Remarks	:



## Claim Handling

Accident MT/0987245

Policy No.	0073451220-14	Vehicle No.	FBC6666A	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)	0	Contact No.(Office)	64633167	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(%)	0	Private Hire	No

▼ Accident Details	
Report Date	22/03/2018 16:58
Date of Accident	19/03/2018
Reporting Centre	
Accident Location	S' COURSE IN 880C CIRCUIT
Accident Report Within 24 hrs	Yes
Time of Accident hh:mm	20:20
Orange Force	
Accident Type	Others
Country of Accident	Singapore
ICM No.	

▼ Benefits	
▼ Excess	
Own damage Excess	0.00
Unnamed Driver Excess	
Third Party Excess	0.00
Additional Excess	
Outside Singapore OD Excess	
Outside Singapore TP Excess	
▼ GST Registered Information	
GST Registered	Yes
GST Registration No.	M200805321
Modification History	
GST Registration Date	01/04/1994
GST Status Verified	Yes

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

▼ OI Driver Info	
Driver Name	Unnamed Driver
Unnamed driver Name	NADIAH BINTI HASHIM
Register Date of Driver License	19/03/2018
Contact No.(Mobile)	0
Address 1	BLK 810A
Address 4	SINGAPORE 681810
Unit No.	#18-507
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Driver Type	Unnamed Driver
Driver NRIC	S90052821
Driver Age	28
Contact No.(Office)	0
Address 2	CHOA CHU KANG AVENUE 7
Address Type	Singapore address
Driver DOB	18/02/1990
Driving Experience	0
Contact No.(Home)	0
Address 3	KEAT HONG COLOURS
Post Code	681810
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	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943506
Email Address	RACHEL@BBDG.SG	OI Vehicle Number	FBC6666A	TP Vehicle Number	
Claim Description	FBC6666A ON 19 Mar 2018	Name of Preferred Workshop	KIM KEAT		
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	22/03/2018 00:00
Date Registered	22/03/2018 17:04	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987245	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 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

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:04	Photos	Normal	Photos 2018-3-22

Video List

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