

# NATIONAL Assessment Centre Services (ver 1 Jan 2005)

Date In: 26/03/2018 14:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005587/K4	SAS e-illing		
Veh No: SLN 1359T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/03/2018 02:30	I-Motor Claim Form	MT/0987713	26/3/18 16:50
OD TP Reporting Only	I-Motor W/O (within: OD 3hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yeh No: SJT6887U 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

NA1801906	Invoice Breakdown (Credits)	Amount	Amount
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$42		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NTUC Additional Servloos: \$160		
	8) NTUC Additional Servloos:		
	9) NTUC Additional Servloos:		
C. Checked by (Engr-In-Charge):	*N0: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DY / Collect Excess Coordination \$5		
	TP (N1): TP (Run INC) against INC \$20		
	9) N1: Idas Mobile \$0		
	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	26/03/2018 14:56
Date Of Accident	24/03/2018 02:30
Exact Location Of Accident	TAMPINES AVE 7 TWDS TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1359T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR41 PTE. LTD.
Co Reg No	201541640H
Email Address	CKSDAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83666320
Alternative Phone No	OFFICE-83666320

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 8 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091476457
Cover Note Number	

### Driver

Name of Driver	CHIA KAI SEAH
NRIC No	S8070293J
Date Of Birth	08/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83666320
Fax Number	
Contact Number	OTHERS-83666320
Email Address	CKSDAN@HOTMAIL.COM

Address	BLK 203E COMPASSVALE ROAD #15-61
Postcode	545203
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6887U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. LEE
NRIC/Passport Number	S1265722F
Contact Number	97327197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHIA KAI SEAH
------	---------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLN1359T

Were seat belts worn?

YES

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.

X



Policyholder's Signature  
Date & Time:

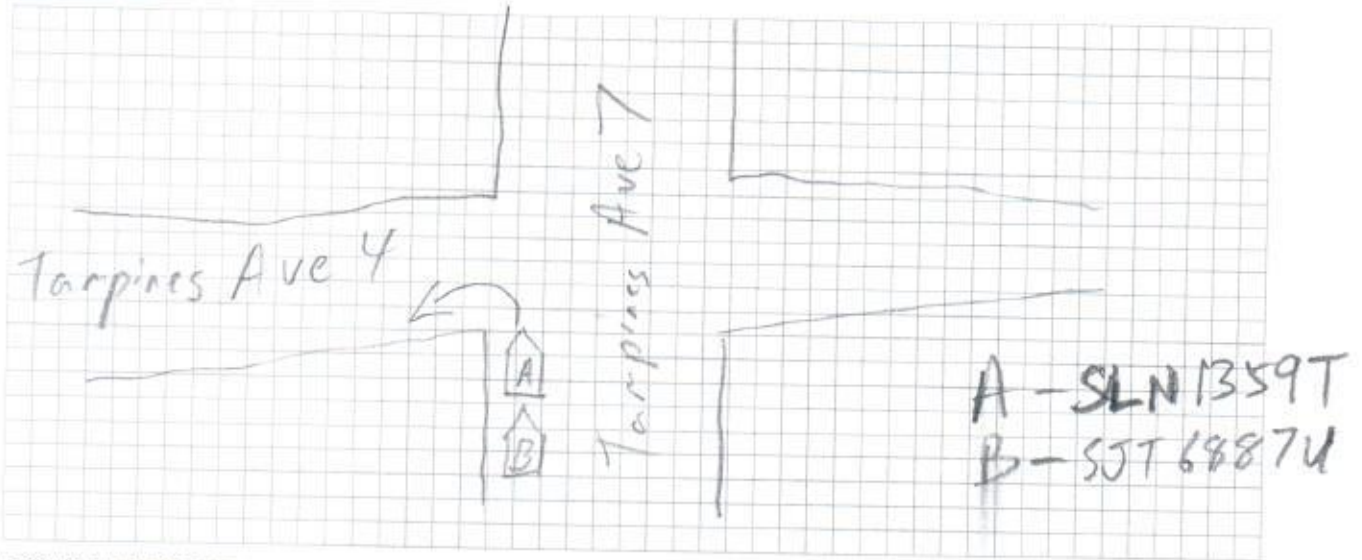
*[Signature]*

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

*[Signature]* - 26/3/2018

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is ~~stopped~~ <sup>already stopped</sup> at cross junction from Tampines Ave 7 waiting to turn to Tampines Ave 4. The traffic Light was in Red at the moment. After a while Vehicle B came and bang into Vehicle A from the back. At that time the traffic light was still in red. Both drivers came down and exchange particulars and took photos of the damages. Driver of Vehicle B did apologise and said that he is not paying attention and didn't notice Vehicle A is stationary there waiting for the red lights to turn green. Vehicle A sustain serious damages at the back of the vehicle including damages to the Boot and back bumper. Vehicle B sustain damages to its front Bumper and Bonnet.

## 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.:



Reported on 24/3/2018  
1410 HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: 24/3/2018 (DD/MM/YYYY), TIME: 02:30 AM (HH:MM)

LOCATION: Tampines Ave 7 towards Tampines Ave 4.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 1359 T  
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: 83666320  
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) HIRE  
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) slight

7. a) REPORTED TO POLICE (YES / NO) \_\_\_\_\_  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJT 6887U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Mr. Lee  
c) NRIC/FIN/PASSPORT: S1265722F CONTACT: 99327197

### 9. THIRD PARTY VEHICLE

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

email = cksdan@hotmail.com

fax = cksdan@hotmail.com ✓

Waiting for Company Chop?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8070293J



Name  
**CHIA KAI SEAH**  
谢 铠 旭  
Race  
**CHINESE**  
Date of birth  
**08-01-1980** Sex  
**M**  
Country of birth  
**MALAYSIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8070293J  
Name:  
**CHIA KAI SEAH**

Birth Date: 08 Jan 1980  
Issue Date: 11 Jul 2003



4604601



NRIC No. S8070293J



Date of issue  
**20-07-2010**

Address  
**APT BLK 203E COMPASSVALE ROAD  
#15-61  
SINGAPORE 545203**

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

CLASS DATE  
**11 Jul 2000**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

License No. S8070293J



N° 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: 5091476457

Cover : drive CLASSIC

1. Index/mark and Registration Number of Vehicle : SLN1359T  
Chassis Number : JTEGD52MX07077235
2. Name of Policyholder : CAR41 PTE. LTD.
3. Effective Date of Insurance : 01 Jun 2017
4. Expiry Date of Insurance : 31 May 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 31 May 2017 16:23 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091476457	CAR41 PTE. LTD.	201541640H	GPC	drivo CLASSIC	SLN1359T	SLN1359T	01/06/2017	31/05/2018

Continue



## ▼ Policy Information

Policy No.	5091476457	Policyholder Name	CAR41 PTE. LTD.	Policyholder NRIC	201541640H
Address	67 UBI ROAD 1 #09-08 OXLEY BIZHUB SINGAPORE 408730				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/05/2017	Effective Date	01/06/2017 00:00	Expiry Date	31/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	67 UBI ROAD 1	Address 2	#09-08 OXLEY BIZHUB	Address 3	SINGAPORE 408730
Address 4		Address Type	Singapore address	Post Code	408730
Unit No.	05-03	Related Policy Number	5076230393-02		

## ▶ Insured Object: SLN1359T

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0987713

Policy No.	5091476457	Vehicle No.	SLN1359T	GST Registration No.	
Policyholder Name	CAR41 PTE. LTD.			Policyholder NRIC	201/
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83666320	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 checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	26/03/2018 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	24/03/2018	Time of Accident hh:mm	02:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 7 TWDS TAMPINES AVE 4				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	67 UBI ROAD 1	Address 2	#09-08 OXLEY BIZHUB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	05-03	Related Policy Number	5076230393-02		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIA KAI SEAH	Driver NRIC	S8070293J	Driver DOB	08/0
Register Date of Driver License	11/07/2000	Driver Age	38	Driving Experience	17
Contact No.(Mobile)	83666320	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 203E	Address 2	COMPASSVALE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	545
Unit No.	#15-61				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CAR41 PTE. LTD.	Insured NRIC	201/
Contact No.(Mobile)	91441766	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLN1359T	TP Vehicle Number	SJT6
Claim Description	SLN1359T / SJT6887U ON 24 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Pen
Date Registered	26/03/2018 16:55	Claim Close Date		Date Received	26/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



3/26/2018

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

Accident No.

MT/0987713

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

26/03/2018 16:50

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	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:55	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:53	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:53	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 16:52	Photos	Normal	Photos 2018

## Video List

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

Scan and uploading