

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA 118056653

| | | | | |
|-------------|--------------------|--|-----------------------|---------------|
| Date In | 30/4/18 16:47 | Job description | Date & Time Completed | Done by |
| Ref No: | MA/INC 18007926/h4 | SAS e-filing | | |
| Veh No: | SLW 43572 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A | 27/4/18 22:30 | i-Motor Claim Form | MT/0992470-001 | 30/4/18 17:53 |
| 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: STE 5282A | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---|---|---|----------------------------------|
| <p>MA 1802716</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Pat 1:</p> <p>Pat 2/3:</p> | <p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services -</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p> | <p>Am't (\$)</p> <p>1st Bill</p> <p>30.00</p> | <p>Am't (\$)</p> <p>Add Bill</p> |
| | 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 | 30/04/2018 16:47 |
| Date Of Accident | 27/04/2018 22:30 |
| Exact Location Of Accident | PIE TWDS TUAS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLW9357Z |
| Insured/Policyholder | |
| Name Of Registered Owner | RITZ LEASING |
| Co Reg No | 53365663W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62556118 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | ACCORD |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5099104243 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KOH YONG JIE |
| NRIC No | S9329460B |
| Date Of Birth | 12/08/1993 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/08/2016 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83233020 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 92 HENDERSON RD #10-186 |
| Postcode | 150092 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | AFTER RAINED |
| Road Surface | WET |

Other Information

| | |
|---|----------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JPW2915 (MOTORCYCLE) |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 2 |
| Passenger 1 | NAME: : JIMSON GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 | SJE5282A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHUA PEI WEN |
| NRIC/Passport Number | S9542084B |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJL2021U

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJU7630L

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

JPW2915

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.


RITZ LEASING

Reg No. 53365663W

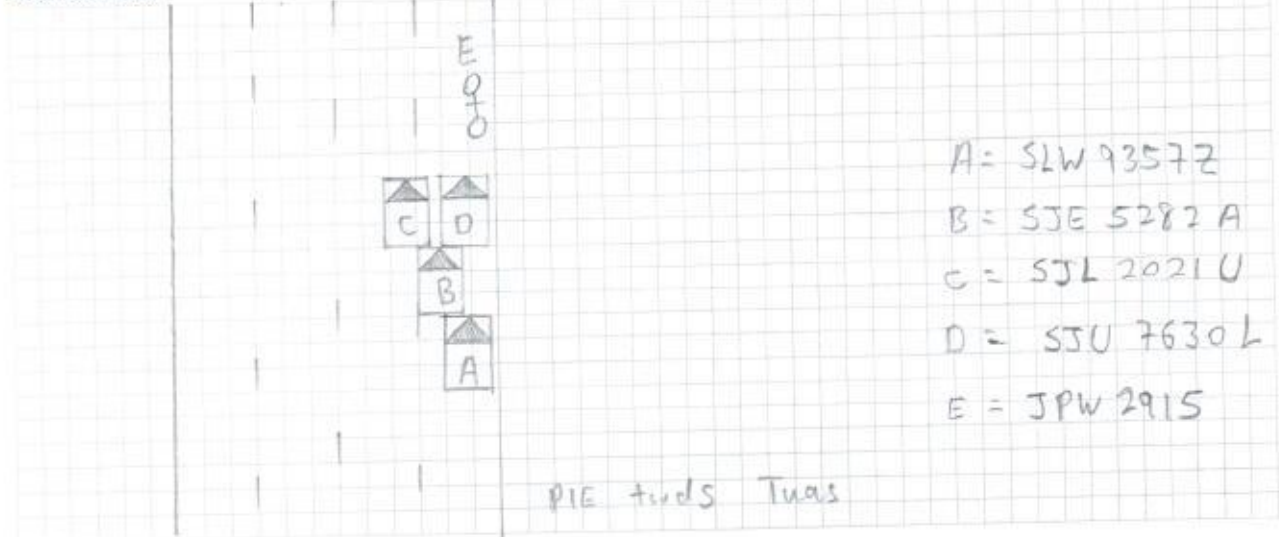
7, Yishun Industrial Street 1, #01-31
Northspring Bizhub, Singapore 768162
Tel : 6255 6118 Fax : 6255 0118

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

Please Refer to Police Report

DECLARATION

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

RITZ LEASING
Reg No. 53365663W
7, Yishun Industrial Street 1, #01-31
Northspring Bizhub, Singapore 768162
Tel: 62556118 Fax: 62550118

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

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



SINGAPORE POLICE FORCE



T/20180428/2015

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180428/2015

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 28/04/2018 02:21 | Vide Report No.: E/20180427/0185 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| | | | |
|--|------------|--|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: KOH YONG JIE | | Address: APT BLK 92 HENDERSON RD #10-186 SINGAPORE 150092 | |
| ID Type / ID No.: NRIC NO / S9329460B | | Contact No.: Home/Office: Mobile: 83233020 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 24 | Date of Birth: 12/08/1993 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: INTERIOR DESIGNER | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| | | | | |
|--|---------------------------------|-----------------------|--|-------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 27/04/2018 22:25 | Type of Location: |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: Yes | |

| | | | | | | |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLW9357Z | Car | | | | | 1 |



**SINGAPORE
POLICE FORCE**



T/20180428/2015

2 of 3

Report No. T/20180428/2015

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS ON THE EXTREME RIGHT LANE WHEN I SAW THAT THE CAR INFRONT BRAKING AND INCHING TO THE 2ND LANE. THE FRONT OF THE CAR WAS SLIGHTLY IN THE 2ND LANE BUT THE BACK OF THE CAR WAS IN THE 1ST LANE. I STARTED TO BRAKE ABOUT 3 CARLENGTH AWAY FROM THE CAR BUT STILL COULD NOT STOP IN TIME. THE ROAD CONDITION WAS WET. THE FRONT LEFT OF MY CAR COLLIDED INTO THE BACK RIGHT OF THE CAR INFRONT. AMBULANCE AND POLICE CAME. BOTH MY PASSENGER AND I WERE BOTH UNIJURED AT THAT TIME.



**SINGAPORE
POLICE FORCE**



T/20180428/2015

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi, Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180428/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/04/2018 02:21

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

LICENCE NUMBER: **S9329460B**

Name: **KOH YONG JIE**

Birth Date: **12 Aug 1993**

Issue Date: **19 Aug 2016**

Barcode: **U026005796**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9329460B**

Portrait photo of a man.

Name: **KOH YONG JIE**

許 永 傑

Race: **CHINESE**

Date of birth: **12-08-1993**

Sex: **M**

Country of birth: **SINGAPORE**

Small circular photo.

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

| | | EFFECTIVE DATE | |
|----------|---|----------------|---|
| Class 2B | Motorcycles <= 200 CC | 07 Aug 2017 | 5 |
| Class 3 | Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 19 Aug 2016 | |

S9329460B

S / No. 9000269573

Licence No: S9329460B

NP 428A

4266267

Barcode

NRIC No. **S9329460B**

Fingerprint

Date of issue: **19-08-2008**

Address: **APT BLK 92 HENDERSON ROAD
#10-186
SINGAPORE 150092**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

27/04/2018 16:39

Vehicle No. (For Motor)

SLW9357Z

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5099104243 | RITZ LEASING | 53365663W | GPC | drivo CLASSIC | SLW9357Z | SLW9357Z | 20/03/2018 | 01/01/2019 |

Claim Handling

Accident MT/0992470

| | | | | | |
|---|--|-------------------------------|--|------------------------|------------------|
| Policy No. | 5099104243 | Vehicle No. | SLW9357Z | GST Registration No. | |
| Policyholder Name | RITZ LEASING | Cover Type | drive CLASSIC | Policyholder NRIC | 53365663W |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 62556118 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KPK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Yes |
| Accident Details | | | | | |
| Report Date | 30/04/2018 17:44 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 27/04/2018 | Time of Accident hh:mm | 22:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE TWDS TUAS | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 1,500.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 1,500.00 | | |
| 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 | No | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 7 YISHUN INDUSTRIAL STREET | Address 2 | #01-31 NORTH SPRING BIZHUB | Address 3 | SINGAPORE 768162 |
| Address 4 | | Address Type | Singapore address | Post Code | 768162 |
| Unit No. | 01-31 | Related Policy Number | 5100365996 | | |
| 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 12/08/1993 |
| Unnamed driver Name | KOH YONG JIE | Driver NRIC | S9329460B | Driving Experience | 1 |
| Register Date of Driver License | 19/08/2016 | Driver Age | 24 | Contact No.(Home) | |
| Contact No.(Mobile) | 83233020 | Contact No.(Office) | | Address 3 | SINGAPORE 150092 |
| Address 1 | BLK 92 #10-186 | Address 2 | HENDERSON ROAD | Post Code | 150092 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 10-186 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | Yes <input type="radio"/> No <input type="radio"/> | | |
| Modification History | | | | | |

Claim 001 New

| | | | | | |
|--|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | DD-MX | Insured Name | RITZ LEASING | Insured NRIC | 53365663W |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 65544346 |
| Email Address | | 01 Vehicle Number | SLW9357Z | TP Vehicle Number | SJC5282A |
| Claim Description | SLW9357Z / SJC5282A ON 27 Apr 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Partially at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 30/04/2018 00:00 |
| Date Registered | 30/04/2018 17:51 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input type="checkbox"/> Print AK letter | | | | | |
| <div>Save</div> <div>Submit</div> | | | | | |

Attachment

| | | | | | | |
|--------------------|---|-------------|------------------|-----------|--------|--|
| Accident No. | MT/0992470 | Claim No. | 001 | | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/04/2018 17:53 | | | |
| Path * | | | | | | |
| Choose File | No file chosen | 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 30 Apr 2018 17:53 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:53 | SAS | Normal | SAS 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:53 | Photos | Normal | Photos 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:53 | Photos | Normal | Photos 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:52 | Photos | Normal | Photos 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:52 | Photos | Normal | Photos 2018-4-30 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:51 | Photos | Normal | Photos 2018-4-30 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:51 | Photos | Normal | Photos 2018-4-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 17:51 | Photos | Normal | Photos 2018-4-30 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading