	tre Services   wet : Jamos	1NA 118 060 148	
Date In: 8/5/18-17:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008439/24	SAS e-filing		
Veh No: 52 R 7760 G	E-mail (within Shrs, AIC 2hrs)		
D.O.A .: 7/5/18-1950	i-Motor Claim Form	M7/0993540-001	8 5 18 18:23
	I-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
IP Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax: )
TP Particulars: Vch No: 62	1588U . 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%. P: 30-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1	,000()/\$2,000()		
General Remarks:			
( ) Walk-In Customer: Customer's in			
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	- 3	
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / NO( );	Towing Co: (	)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
Remarks and of the partition of the part			
		Dates Title Solipie St.	
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Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
   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.
- 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,	
TO THE RESIDENCE OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	08/05/2018 17:35
Date Of Accident	07/05/2018 19:50
Exact Location Of Accident	BLK 986C BUANGKOK CRESCENT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7760G
Insured/Policyholder	
Name Of Registered Owner	ZYRAZ TECHNOLOGY
Co Reg No	53231076D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL

Are you claiming under your own insurance policy

NO for repair to your vehicle? If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

5095059318 Policy Number

Cover Note Number

Driver

Name of Driver MUHAMMAD RIDWAN BIN MASROHIN

S9007153Z NRIC No 02/03/1990 Date Of Birth INDOOR Occupation 28/06/2012 Date Of Driving Pass

5 YEARS AND 10 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91563701

Fax Number

OFFICE-91563701 Contact Number

EMail Address NOEMAIL Address BLK 815B CHOA CHU KANG AVENUE 7

#07-27

Postcode 682815

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured O

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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

REFER TO 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

GZ1588U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MUHAMMAD NIZAM BIN JUMADI

NRIC/Passport Number

S8702549G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD RIDWAN BIN MASROHIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**NECK & BACK** 

SLR7760G

YES

NO

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false raporting may be referred to the Police for Investigation.
- 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.
- 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:
  - 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:
  - 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.

ZYRAZ TECHNOLOGY 532310760

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.:

986C BUONGKOK Crescent	Rubbish Chute	A: SUR 77 606 B: 621588U
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Suddenly while wai vehicle . When I go	ting , I felt a imp t down of my vel	act on the left side of n hicle , I realised vehicle

532310760 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.:

## SINGAPORE ACCIDENT STATEMENT

# PORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- ÷
- Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	07 MAY 2018	
Time of accident	7:50PM	(HH:MM)
Exact location of accident	BIK 986C Buangkok Crescent	

THE RESERVE THE PARTY OF THE PA	DETAILS OF VEHICLE
Vehicle registration number	3LR7760G
Vehicle make and model	Toyota VIOS
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	ORMATION	
Insurance company	NTUC		
Policy number	5095059318		
Type of policy	Comprehensive	Third party fire & theft	TP only

Name	zyraz technology	Male	Female
NRIC / Fin / Passport number	53231076D		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	MUNAMWAN RIGHT MASTONIN Male Female -
NRIC / Fin / Passport number	390071532
Contact	91963701
Address	BIK 815BCHOOM CHU KOING ROOM AVE 7 #07-27 3(682815)
Email address	was buyz 900 gmail. com
Date of birth	02 March 1990
Occupation	Indoor D Outdoor D
Driving date pass	08 March 2011 28 6 1012

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as othe	r vehicle damaged?	Yes 🗆	No 🗆			
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lame	Muhammad Nizam Bin Jumadi 887025499
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AND THE RESERVE OF THE PARTY OF	THIRD PARTY VEHICLE 2
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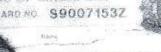
Contact

AND THE PERSON NAMED IN COLUMN	INJURED PERSON 1
Vama	Muhammad Ridwan Bin Masronin
njuries sustained	NCCIL and Back
Which vehicle person in?	SLR7760G
Were seat belts worn?	Yes p No D
Was injured conveyed to	Yes D No D
nospital by ambulance?	
	INJURED PERSON 2
ALL SERVICES OF THE SERVICE OF THE S	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	Yes D No D
Were seat belts worn?	Yes D No D
Was injured conveyed to	162 CL NO CL
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A CONTRACTOR OF THE PARTY OF TH	INJURED PERSON 3
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Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
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	INJURED PERSON 5
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Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	10 20 APP (10 C)

hospital by ambulance?



REFUBLIC OF SINGAPORE IDENTITY CARD NO. \$9007153Z





MUHAMMAD RIDWAN BIN MASROHIN

محمد رطوان بن مدروحين

INDONESIAN Dese of Chris 02-03-1990 M

SINGAPORE

·BEDOFAERA .

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38 due 2012

S / No. 9000168561

NP 428A



04-03-2005

APT BLK 815B CHOA CHU KANG AVENUE 7 #07-27 SINGAPORE 682816

Date: 28)02/2016 NRIG No. S8007153Z



# Certificate of Insurance

* : SLR7760G : MR053HY9305130025 : ZYRAZ TECHNOLOGY : 23 Oct 2017 : 22 Oct 2018
: ZYRAZ TECHNOLOGY : 23 Oct 2017
: 23 Oct 2017
; 22 Oct 2018
1
older's order or with his/her permission.
accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.
and in connection with the Policyholder's or Hirer's business.
peed-testing. es) in connection with any trade or business. for Trade.
f the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
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: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : NO
: \$\$1,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO

Countersigned By:

**Authorised Officer** 

Chief Executive

Policy Search Page 1 of 1



Policy No.	5095059318	Policyholder Name	ZYRAZ TEG	CHNOLOGY	Policyholder NRIC	53231076D	
Address	BLK 182 #16-297 RIVERVALE CRESCENT SINGAPORE 540182						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	23/10/2017	Effective Date	23/10/201	7 00:00	Expiry Date	22/10/2018	23:59
Excess Type		All Claim Excess					
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			Young/Inexperience Driver Excess	
Agent	KENSO LEASING PTE LTD	Agent Tel.	62358283		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 182 #16-297	Addre	ss 2	RIVERVALE CRE	SCENT	Address 3	SINGAPORE 540182
Address 4		Addre	ss Type	Type Singapore address		Post Code	540182
	16-297 Related Policy S095059318 Number 5095059318						
Unit No.							
19500	d Object: SLR7760G						
19500	d Object: SLR7760G						

ccident MT/0993540	202022	F150000146	Pi breaklis	10000000	23.22		
Policy No.	5095059318	Vehicle No.	5LR7760G	GST Registrati		532310760	
folicyholder Name	ZYRAZ TECHNOLOGY			Policyholder N	Policyholder NRIC		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading			
ontact No (Mobile)	0	Contact No.(Office)	0	Contact No.(H	Contact No.(Home)		
mail Address		Special Remark		eCode		No. V	
×	No Yes	TCA	® No ○ Yes	eCode Reason			
20 Protection	No	NCD Entitlement(%)	0	Private Hire		Yes	
Accident Details							
port Date	06/05/2018 18-19	Accident Report Within 24 hrs	Ves			Name of Address	
				Accident Type		Damaged while	z parken
te of Accident	07/05/2018	Time of Accident hh:mm	19:50	Country of Acc	ident	Singapore	
porting Centre		Orange Force		ICM No.			
cident Location	BLK 986C BUANGKOK CRESCENT OPEN SE	PACE CARPARK					
Benefits							
Excess							
n damage Excess	2,900.90	Additional Excess	0	Windscreen Ex	cess	100.00	
named Driver Excess.		Outside Singapore OD Excess	2,000.00				
rd Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Inform		Conside Striggerer 17 Careta	2,300.00				
			CCT Designation Date				
Registered	f90		GST Registration Date GST Status Venfled	No			
Filegistration No.			and melles vermen	TWEE			
diffication History							
Policyholder Mailing Ac	fdress						
		(Washington)	DESERVAÇÃO CARROLLA	204-1-1-1		CHICARES	10193
fress 1	BUK 182 #16-297	Address 2	RIVERVALE CRESCENT	Address 3		SINGAPORE 5	10102
Ireks 4		Address Type	Singapore address	Post Code		540182	
t No.	16-297	Related Policy Number	5095059318				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
lamed driver Name	MUHAMMAD KIDWAN BIN MASE	Driver NR3C	99007153Z	Driver DOB		02/03/1990	
inter Date of Driver License	28/06/2012	Driver Age:	28	Doving Expen	ence	5	
rtact No. (Mobile)	91563701	Contact No.(Office)	0	Contact No.(H	pme)	0	
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		AUDITERS 2	CHOA CHU KANG AVENUE 7				
		Address 2	CHOA CHU KANG AVENUE 7				
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tress 4 t No. ts he own a Singapore patent of an incident of the state	SINGAPORE 682815 07-27  Tres ® No  0 mg  0 mg  SIR77605 / GZ1588U ON 7 May 2018  Ves 08/05/2018 18:23  Jackson	Address Type  Driver Vahicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Lability * Preferend Repair Option Claim Close Date	Singapore address   Yes No  Yes No  ZYRAZ TECHNOLOGY  SLR7760G  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Insured NRIC Centact No.(0 To Mehicle Nur Name of Prefe	ffice) mber rred Workshop	53231076D NIL GZ1588U	
tress 4 t No. ts he own a Singapore patent of an incident of the state	SINGAPORE 682815 07-27  Tres ® No  0 mg  0 mg  SIR7760G / GZ1588U ON 7 May 2018  Ves  Ves  SIR7760G / GZ1588U ON 7 May 2018	Address Type  Driver Vahicle No.  Any Injury?  Insured Name Coreact No.(Home) OI Vehicle Number  Insured Lability * Preference Repair Option Claim Close Date	Singapore address  WYES No  ZYRAZ TECHNOLOGY  SLR7760G  Not at Fault  Preferred Workshop, Name unknown  Save  Submit  004 08/05/2018 18:24	Insured NRIC Centact No. (G TP Vehicle Nur Name of Prefe	mice) inber rred Workshop	532310760 NIL GZ1588U Received 08/05/2018 0	000
tress 4 t No.  Is he own a Singapore patent of Car?  Sanation  Sanation  Sanation  Sanation  Sanation  Salary	SINGAPORE 682815 07-27  Tres ® No  0 mg  0 mg  SIR77605 / GZ1588U ON 7 May 2018  Ves 08/05/2018 18:23  Jackson	Address Type  Driver Vahicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Gaim No. Uplead Date	Singapore address   Yes No  ZYRAZ TECHNOLOGY  SLR7760G  Not at Fault  Preferred Workshop, Name unknown  Oct Octob/2018 18:24 Category *	Insured NRIC Centact No. (C TP Vehicle Num  State Received  Confidency  Confidency	mice) inter med Workshop	532310760 NIL GZ1588U Received 08/05/2018 0	
ress 4 (No. Is he own a Singapore Intered Car?  Iaration  athletyser or Blood Test Inding?  Infication History  Ialim 001 New  In Type 4 Itact No. [Mobins]  Int Address  In Description  Intered Workshop Contact  Iquire Finalisation  In Registered  Intered Workshop Contact  Intered Workshop Contact  Iquire Finalisation  In Registered  Intered Workshop Contact  Intered Workshop Conta	SINGAPORE 682815 07-27  Tres ® No  0 mg  0 mg  SIR77605 / GZ1588U ON 7 May 2018  Ves  Ves  Ves  WT/05931540  Ves  No.	Address Type  Driver Vahicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Lability * Preferend Repair Option Claim Close Date	Singapore address   WYES OND  ZYRAZ TECHNOLOGY  SLR7760G  Not at Fault  Preferred Workshop, Name unknown  Only 06/05/2018 18:24  Category *	Insured NRIC Centact No. (G TP Vehicle Nur Name of Prefe	mice) inber rred Workshop	532310760 NIL GZ1588U Received 08/05/2018 0	000
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♥ Video List	Uploaded By/Date	Folder Date	File Name	9	Source	Action
4	NAC_PAYA_UB1_800801( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:23		Photos	Normal	Photos 2018-5-8	Edi
1	NAC_PAYA_LIB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:27		Photos	Normal	Photos 2018-5-8	Edi
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10	NAC_PAYA_UBI_BDDDD1( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:23		SAS	Normal	SAS 2018-5-8	Edi
Mar.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:24		NRIC/ Driving License	Normal	NRJC/ Driving License 2018-5-8	Edit
Attachment		Uproaded By/Date	Category	Urgency	Description	Msg Sent? Actio (CD)