

NATIONAL Assessment Centre Services

| | | | |
|-----------------------------------|-------------------------------------------------|-------------------------|---------|
| Date In 31/05/18 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC18009802/13 | SAS e-filing | | |
| Veh No GBF42217 | E-mail (within 8hrs, MP 2hrs) | | |
| D.O.A 30/05/18 1225 | i-Motor Claim Form | MT/0996670 - 001 | |
| OD TP Repairing Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

| | | |
|-----------------------------------------------------------|----------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (TWINCAR) | Tel: | Fax: |
| TP Particulars: | Veh No: SHC76195 | 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 |
|-----------|---------|
| | |
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| | |
| | |
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| | |
| | |

| | | | |
|----------------------------------------|-------------------------------------------------|-----------------------------|-----------------------------|
| NA1803373 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| 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) RT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services - | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | 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 | 31/05/2018 09:37 |
| Date Of Accident | 30/05/2018 12:25 |
| Exact Location Of Accident | ALONG BEDOK RESERVOIR RD TWDS EUNOS LINK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------------|
| Vehicle Registration Number | GBF4221Y |
| Insured/Policyholder | |
| Name Of Registered Owner | SIN HOE AIR-CON REFRIGERATION SERVICE |
| Co Reg No | 53039805B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-84848844 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5094491189 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | TEY CHENG HOE(ZHENG QINGHE) |
| NRIC No | S7215169J |
| Date Of Birth | 03/05/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/11/1999 |
| Driving Experience | 18 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84848844 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 442 FAJAR ROAD #04-486 |
| Postcode | 670442 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | SHC7619J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHUA KEE LAM |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-----------------------------|
| Name | TEY CHENG HOE(ZHENG QINGHE) |
|------|-----------------------------|

| | |
|-----------------------------------------------------|----------|
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | GBF4221Y |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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.



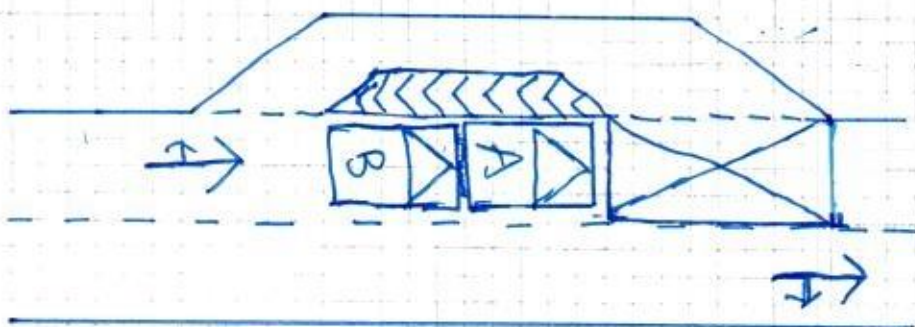
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Bedok Reservoir Road



A - GBF 4221 Y
B - SHC 7619 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along bedok reservoir road on 30/5/18 at 1225hrs while I was waiting for the traffic light to turn Green, I felt a sudden Impact from the rear of my vehicle (A). I alighted my vehicle to check and I realised that vehicle (B) collided onto the rear portion of my vehicle (A) so both of us exchanged particulars and took photos of my vehicle (A).

Vehicle A - GBF 4221 Y
Vehicle B - SHC 7619 J

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:


[Handwritten signature]

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

[Handwritten signature] 21/05/18

| | | | |
|-----------------------------------|-----------------------------------------------------|----------------------|----------------------------|
| Vehicle No. | GBF 4221Y | Model / Make | TOYOTA HIACE |
| Date of Accident | 30/5/18 | | |
| Time of Accident | 1225 | HRS | |
| Location of Accident | Along Bedok Reservoir Road towards Eunos Link | | |
| Exact purpose use during accident | | | |
| Name of Owner | SIN HOE AIR-CON REFRIGERATION SERVICE | | |
| Telephone No. | H/P : | Home : | Office : |
| NRIC | 53039805B | | |
| Address | 14 MARZLING INDUSTRIAL ESTATE ROAD 1 #01-25 S739278 | | |
| Claim type | OD | <u>THIRD PARTY</u> | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | <u>Comprehensive</u> | Third Party | Third Party / Fire / Theft |
| Policy No. | 5094491189 | | |
| Name of Driver | As Above If No, TEY CHENG HOE | | |
| NRIC | S7215169J | Any Passengers : NIL | |
| Date of birth | 3/5/1972 | | |
| Occupation | <u>Outdoor</u> | / | Indoor |
| Driving License Pass Date | 16/11/1999 | | |
| Gender | <u>Male</u> | / | Female |
| Contact No. | H/P : 84848844 | Home : | Office : |
| Address | BLK 442 FAJAR ROAD #04-486 Singapore 670442 | | |
| Driver have any own vehicle | <u>No</u> | If yes, Reg No. | |
| Relationship | <u>Employee,</u> | If no, state | |
| Weather condition | <u>Clear</u> | Raining | Other |
| Road Surface | <u>Dry</u> | Wet | Other |
| Any Injuries | No, | <u>If Yes, Who?</u> | |
| Name And Contact No. | TEY CHENG HOE 84848844 | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> | If Yes, Where? | |
| Vehicle B No. | SHC7619J | Any Passengers : NIL | |
| Name of Driver | CHUA KEE LAM | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | Rear Portion | | |
| Camera Recorder | Yes / <u>No</u> | | |
| Email Address | | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | Twincar Automotive PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Jinhao | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | Sales @ n51.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD-NO: S7215169J




Name
TEY CHENG HOE
(ZHENG QINGHE)
郑清和

Race
CHINESE

Date of Birth
03-05-1972

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No: S7215169J

Name
TEY CHENG HOE
(ZHENG QINGHE)

Birth Date: 03 May 1972

Issue Date: 22 Sep 2001



AD 13



NRIC No: S7215169J




Blood Group: O+ Date of issue: 08-05-2002

Address
APT BLK 442 FAJAR ROAD
#04-486
SINGAPORE 670442

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE: 16/11/1999

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



4284

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 : 5094491189

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
Chassis Number

GBF4221Y
ITFHT02P700207545

2. Name of Policyholder

SIN HOE AIR-CON REFRIGERATION SERVICE

3. Effective Date of Insurance

10 Oct 2017

4. Expiry Date of Insurance

09 Oct 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

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 : SAFE HARBOUR ENSURANCE (00000573456)

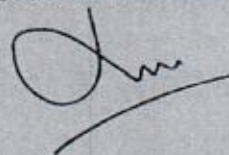
Date of Issue : 26 Sep 2017 11:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIM



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0996670

| | | | | | |
|-----------------------------------------|----------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|--------------------------|
| Policy No. | 5094491189 | Vehicle No. | GBF4221Y | GST Registration No. | |
| Policyholder Name | SIN HOE AIR-CON REFRIGERATION SERVICE | Cover Type | Comprehensive | Policyholder NRIC | 530398058 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 84848844 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No ▼ |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 31/05/2018 15:54 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 30/05/2018 | Time of Accident hh:mm | 12:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG BEDOK RESERVOIR RD TWDS EUNOS LINK | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 14 #01-27 | Address 2 | MARSILING INDUSTRIES ESTAT | Address 3 | SINGAPORE 739278 |
| Address 4 | | Address Type | Singapore address | Post Code | 739278 |
| Unit No. | | Related Policy Number | 5094491189 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 03/05/1972 |
| Unnamed driver Name | TEY CHENG HOE(ZHENG QINGH | Driver NRIC | S7215169J | Driving Experience | 18 |
| Register Date of Driver License | 16/11/1999 | Driver Age | 46 | Contact No.(Home) | 00 |
| Contact No.(Mobile) | 84848844 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 670442 |
| Address 1 | BLK 442 | Address 2 | FAJAR ROAD | Post Code | 670442 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #04-486 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 OD-MX

New

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|---------------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX ▼ | Insured Name | SIN HOE AIR-CON REFRIGERATION SERVICE | Insured NRIC | 530398058 |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | GBF4221Y | TP Vehicle Number | SHC7619J |
| Claim Description | GBF4221Y / SHC7619J ON 30 May 2018 | | | Name of Preferred Workshop | TWINCAR |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault ▼ | | |
| Require Finalisation | Yes ▼ | Preferred Repair Option | Preferred Workshop (refer below) ▼ | GIA report | Received |
| Date Registered | 31/05/2018 15:59 | Claim Close Date | | Date Received | 31/05/2018 00:00 |
| Report Taken By | ROSJINDA | Workshop Repairer | | Total Loss but Repaired | |

☒ Print AK letter

Save Submit

Attachment



| | | | | | |
|--------------------|---------------------------------------------------------------|-----------------------|------------------|-----------|-------|
| Accident No. | MT/0996670 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 31/05/2018 00:00 | | |
| 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 31 May 2018 15:59 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-31 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:59 | SAS | Normal | SAS 2018-5-31 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:59 | Photos | Normal | Photos 2018-5-31 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:59 | Photos | Normal | Photos 2018-5-31 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:59 | Photos | Normal | Photos 2018-5-31 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:59 | Photos | Normal | Photos 2018-5-31 |
| Video List | | | | |
| Uploaded By/Date | Folder Date | File Name | Source | |
| Display in New Window Scan and uploading | | | | |