NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118081996

	Job description	Date & Time Completed	Done by
Date In: 25/6/18 - 19:04			
Ref No: NA/INC180/1551/24	SAS e-filing		
Veh No: SGL835M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/6/18 - 07:35	i-Motor Claim Form	M7/1000438-001	26/6/18 19:08
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: SP5074B 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

NA 1804007

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
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	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

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 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.
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	25/06/2018 19:04
Date Of Accident	25/06/2018 07:35
Exact Location Of Accident	PUNGGOL EAST BEFORE SLIP RD LOR HALUS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL8351M
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98575910
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086951265-01
Cover Note Number	
Driver	
Name of Driver	SULAIMAN BIN MANSOR
NRIC No	S1390651C
Date Of Birth	10/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92313694
Fax Number	
Contact Number	OFFICE-92313694
EMail Address	NOEMAIL

Address	BLK 351B CANBERRA ROAD #02-299
Postcode	752351
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP5074B
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)	2
Passenger 1	NAME: :
	GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name	SULAIMAN BIN MANSOR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGL8351M
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:

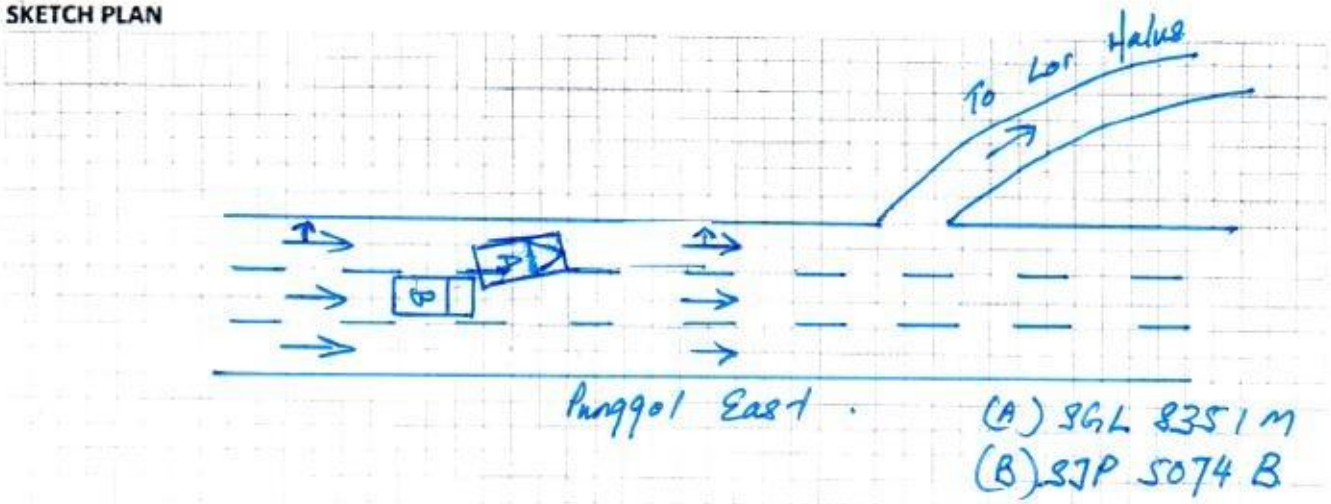
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

SHIN-HAN LIMO SERVICES Reg No 53315973-C

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

On 25/06/18 at @ 0735 hrs; I was travelling in my vehicle (SGL 8351 M) along Punggol East towards upper Serangoon direction on the centre lane before the slip road to Lor Halus. I check the traffic was clear and on my signal to change lane to the extreme left. While changing lane to the left, the vehicle infront brake due to traffic jammed ahead and I slow down and stopped too. Suddenly, a vehicle (SJP 5074B) travelling on the centre lane collided onto the rear right portion of my vehicle.

DECLARATION

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

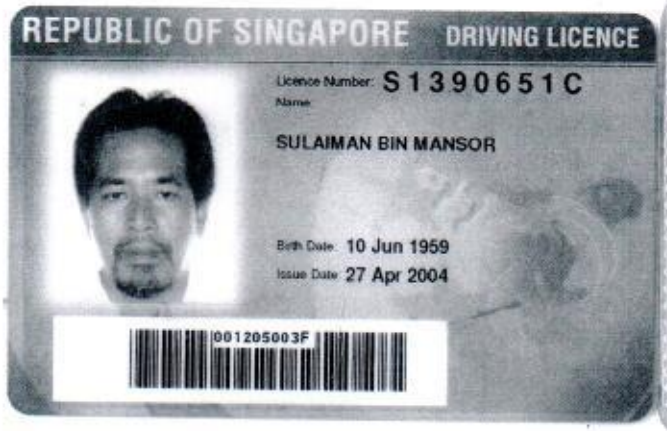
Policyholder's Signature
Date & Time:

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

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

Vehicle No.	SGL 8351 M · Model / Make Toyota AHCS ·
Date of Accident	25/06/18 ·
Time of Accident	0735 HRS
Location of Accident	Punggol East towards Upper Serangoon before slip road to Lor Halus ·
Exact purpose use during accident	Chauffeur ·
Name of Owner	Shin-han Limo Services ·
Telephone No.	H/P : 98575910 Home : Office :
NRIC	53315973/C ·
Address	43, Springside Walk (S) 786628 ·
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC ·
Type of Coverage	(Comprehensive) Third Party Third Party / Fire /Theft
Policy No.	5086951265 ·
Name of Driver	As Above If No, Sulaiman Bin Mansor ·
NRIC	S1390651C · Any Passengers : 01 (F) ·
Date of birth	10/06/1959 ·
Occupation	(Outdoor) / Indoor
Driving License Pass Date	17/09/1997 ·
Gender	(Male) / Female
Contact No.	H/P : 9231 3694 · Home : Office :
Address	BLK 351B, Canberra Road #02-299 (S) 752351
Driver have any own vehicle	(No), If yes, Reg No.
Relationship	Employee, If no, state Hired
Weather condition	Clear (Raining) Other
Road Surface	Dry (Wet) Other
Any Injuries	No, (If Yes, Who?)
Name And Contact No.	Sulaiman Bin Mansor (H/P: 9231 3694) ·
Name And Contact No.	
Police Report	(No), If Yes, Where?
Vehicle B No.	SJP 5074B · Any Passengers : 01 (F) ·
Name of Driver	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	N.A. Witness Contact :
Accident Portion	Rear right portion ·
Camera Recorder	(Yes) / No
Email Address	sulaiman195951@gmail.com ·
PARTICULAR WORKSHOP	Turncar ·
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin ·
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg

Driver



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1390651C

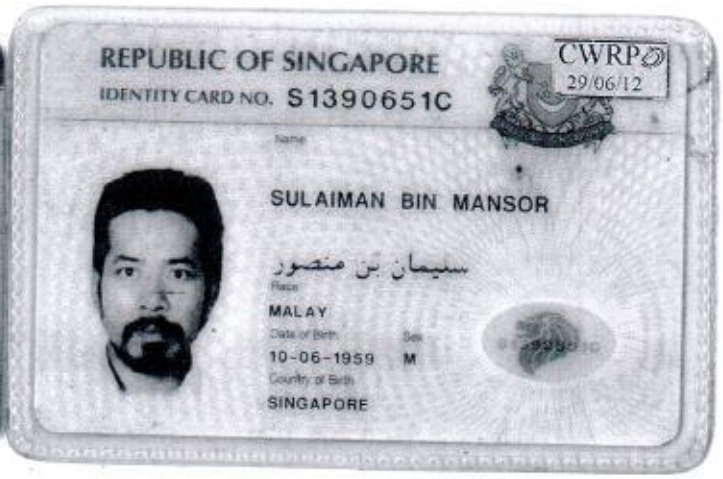
Name:

SULAIMAN BIN MANSOR

Birth Date: 10 Jun 1959

Issue Date: 27 Apr 2004

001205003F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1390651C

CWRP 29/06/12

Name

SULAIMAN BIN MANSOR

سليمان بن منصور

Race

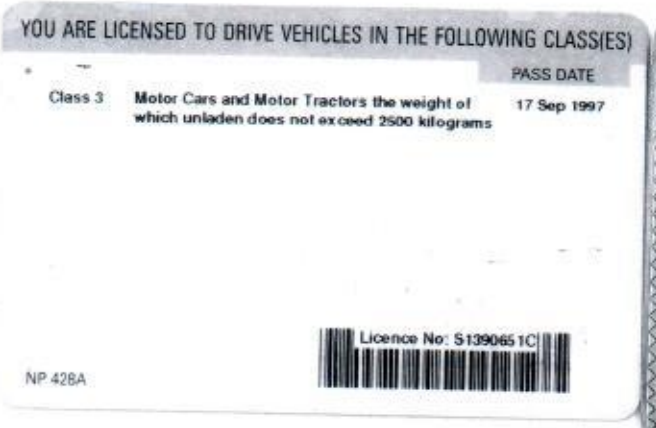
MALAY

Date of Birth: 10-06-1959

Sex: M

Country of Birth

SINGAPORE



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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Sep 1997

Licence No: S1390651C

NP 428A

2246486

NRIC No. S1390651C

Blood Group: A+

Date of issue: 06-08-1994

APT BLK 351B CANBERRA ROAD #02-299

SINGAPORE 752351

NRIC No. S1390651C

Date: 31-05-2000 (R) No:

income
made different

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: 5086951265 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGL8351M**
   Chassis Number : MR053ZEC107130718
2. Name of Policyholder : SHIN-HAN LIMO SERVICES
3. Effective Date of Insurance : 28 Sep 2017
4. Expiry Date of Insurance : 27 Sep 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	: LIAN HONG PRIVATE LIMITED
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 : HOBBES INSURANCE AGENCY (00000572363)
Date of Issue : 15 Dec 2016 08:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 25/06/2018 07:35

Vehicle No.(For Motor) SGL8351M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5086951265-01	SHIN-HAN LIMO SERVICES	53315973C	GFT	drivo CLASSIC	SGL8351M	SGL8351M	18/10/2017	

Continue

Policy Information

Policy No.	5086951265-01	Policyholder Name	SHIN-HAN LIMO SERVICES	Policyholder NRIC	53315973C
Address	43 SPRINGSIDE WALK SINGAPORE 786628				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/10/2017	Effective Date	18/10/2017 00:00	Expiry Date	17/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		Young/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5097882815		

Insured Object: SGL8351M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/10/2017 00:00	Basic Information Endorsement	000001286678644	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6713U 24-10-2017 $1,307.09 In view of this amendment, an additional premium of $1,307.09 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	08/11/2017 00:00	Basic Information Endorsement	000001286688324	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF468J 09-11-2017 $1,248.84 In view of this amendment, an additional premium of $1,248.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would

Claim Handling · Exit

Accident MT/1000438

Policy No.	S086951265-01	Vehicle No.	SGL8351M	GST Registration No.	
Policyholder Name	SHIN-HAN LIMO SERVICES			Policyholder NRIC	53315973C
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98575910	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	(●) No ( ) Yes	TCA	(●) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	26/06/2018 19:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/06/2018	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL EAST BEFORE SLIP RD LOR HALUS				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
Address 4		Address Type	Singapore address	Post Code	786628
Unit No.		Related Policy Number	5097882815		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SULAIMAN BIN MANSOR	Driver NRIC	S1390651C	Driver DOB	10/06/1959
Register Date of Driver License	17/09/1997	Driver Age	59	Driving Experience	20
Contact No.(Mobile)	92313694	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 351B	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 752351
Address 4		Address Type	Singapore address	Post Code	752351
Unit No.	02-299				
Does he own a Singapore Registered car?	( ) Yes (●) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(●) Yes ( ) No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SHIN-HAN LIMO SERVICES	Insured NRIC	53315973C
Contact No.(Mobile)	98575910	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGL8351M	TP Vehicle Number	SJP5074B
Claim Description	SGL8351M / SJP5074B ON 25 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/06/2018 19:08	Claim Close Date		Date Received	26/06/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1000438	Claim No.	001
Last Doc. Received	(●) Yes ( ) No	Upload Date	26/06/2018 19:10

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Upload Files

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	SAS	Normal	SAS 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jun 2018 19:09	Photos	Normal	Photos 2018-6-26		Edit
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