

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 09/07/18	Job description	Date & Time Completed	Done by
Ref No NA/INC18012429/13	SAS e-filing		
Veh No SJM16807	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 06/07/18 1825	i-Motor Claim Form	MT/1002171-002	
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: (ZERO GRAVITY)	Tel:	Fax:
TP Particulars:	Veh No: SLD1118A	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

NA1804299	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	09/07/2018 14:05
Date Of Accident	06/07/2018 18:25
Exact Location Of Accident	CTE AMK B4 AMK AVE 3 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM1680T
Insured/Policyholder	
Name Of Registered Owner	ZG PTE LTD
Co Reg No	201317155Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92258636
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5090736767-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ASYIDIK BIN SAIDI
NRIC No	S8134511B
Date Of Birth	01/11/1981
Occupation	INDOOR
Date Of Driving Pass	26/08/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92258636
Fax Number	
Contact Number	
EMail Address	SHIDIK@HOTMAIL.COM

Address	BLK 706 YISHUN AVE 5 #03-180
Postcode	760706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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: : HAROZIANA BINTE HAMZAH 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

PLS REFER TO THE ATTACHED STATEMENT.

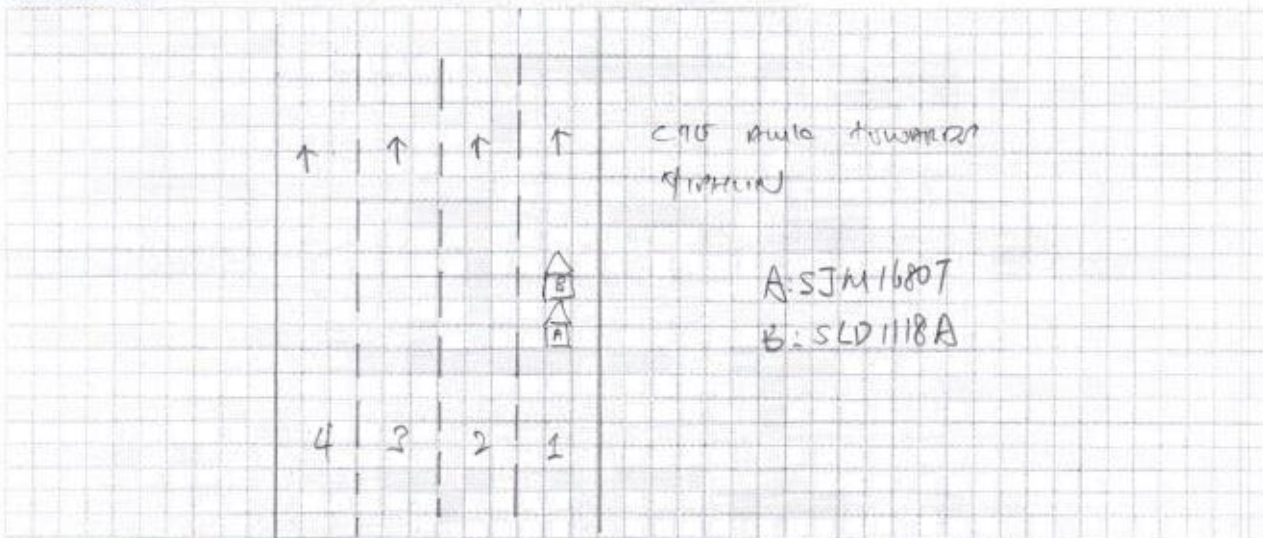
Attachment(s)

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	SLD1118A
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN PENG
NRIC/Passport Number	S7229652D
Contact Number	97324625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along C705 Aute heading towards Yaman, when Car B suddenly jammed brake and I hit his rear.

DECLARATION

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

Policyholder's Signature
Date & Time: 9/7/18



Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/07/18

Reporting Centre Personnel's Signature
Name: fym
NRIC/FIN No.: 09/07/18

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: 9/7/18



09/07/18

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



09/07/18

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

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident * ☒ COLLISION FRONT TO REAR
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☐ No ☒

Details of Injured Persons

Name *
Address *
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☒
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☒
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * ☒ PLO 1118 A
Vehicle Make / Model / Colour ☒ TOYOTA HARRIER (BLACK)
Detail Of Properties
Name of Driver * LIM KIAN PENG
NRIC/Passport Number ☒ P72296520
Contact Number * 97354625
Email Address
Address
Insurance Company Name
Nature of Damage

Details Of Witness

Name
Phone Number
Email Address

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 06/07/18 Time 1825 Hrs
 Exact Location Of Accident * CTE AVE BEFORE AVE AVE 3 EXIT

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * STM 1680 T
 Insured Policyholder
 Name of Registered Owner * MUHAMMAD AMYIOK BIN YAHYI
 NRIC/FIN/Passport Number * SP045118

Vehicle Particulars
 Manufacturer * MITSUBISHI LANCER
 Model
 Exact Purpose for which vehicle was being used at time of accident
 * Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others
 If No, please state action to be taken
 * Third Party Claim ☐ Reporting Only ☒
 Vehicle Category
 * Private ☐ Commercial ☒ Motorcycle ☐

Insurance
 Name of Insurance Company * NRIC
 Type of Coverage * THIRD PARTY
 Fleet Policy Yes ☐ No ☐
 Policy Number * 5090736767-02
 Cover Note Number

Driver
 Name of Driver * MUHAMMAD AMYIOK BIN YAHYI
 NRIC/FIN/Passport Number * SP045118
 Date of Birth * 01/11/1981
 Occupation * SUPERVISOR
 Date of Driving Pass * 26/08/2003
 Gender * Male ☒ Female ☐
 Mobile Number * 92258676
 Address * BLK 706 YAN LIAO AVE 5 #03-180
 S(760706)
 Email Address * shidie@hotmail.com
 Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured * RENTAL

SAS 1

HARIZIANA BINTI HANZAFI

DRIVER come with w/clop

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8134511B**

Name: **MUHAMMAD ASYIDIK BIN SAIDI**

Birth Date: **01 Nov 1981**

Issue Date: **12 Feb 2011**

001936368C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8134511B**



Name: **MUHAMMAD ASYIDIK BIN SAIDI**

Race: **BOYANESE**

Date of birth: **01-11-1981**

Country of birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	22 Aug 2002
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	26 Aug 2003
Class 4 Heavy motor cars and motor tractors > 2500 kg	04 Feb 2014

S8134511B

S / No. **9000202019**

NP 428A

Licence No: **S8134511B**

4792505

NRIC No. **S8134511B**

Date of issue: **12-11-2011**

APT BLK 706 YISHUN AVENUE 5 #03-180
SINGAPORE 760706

NRIC No: **S8134511B**

Date: **18/04/2014**



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: S090736767-02

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJM1680T |
| Chassis Number | : JMYSNCY4A9U000209 |
| 2. Name of Policyholder | : ZG PTE LTD |
| 3. Effective Date of Insurance | : 29 Jun 2018 |
| 4. Expiry Date of Insurance | : 28 Jun 2019 |
| 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 28 Jun 2018 15:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The owner and vehicle particulars for Vehicle No. SJM1680T as at 27 Dec 2017 are as follows:

1.	Name	: ZG PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201317155Z
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SJM1680T
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 19 Dec 2017
8.	Original Registration Date	: 23 Dec 2008
9.	First Registration Date	: 23 Dec 2008
10.	Vehicle Type	: R10 - Private Hire (Self-Drive) Motor Car
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: MITSUBISHI
16.	Vehicle Model	: LANCER 2.0L MIVEC GT 5M/T ABS D/AB HID
17.	Year of Manufacture	: 2008
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: JMYSNCY4A9U000209 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: 4B11CA3822 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1998 / -
25.	Maximum Power Output(kW/bhp)	: 114.0 / 152
26.	Unladen Weight(kg)	: 1397
27.	Maximum Laden Weight(kg)	: 1850
28.	Open Market Value	: \$23,779.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 22 Dec 2018
31.	Minimum PARF Benefit	: \$11,889.00
32.	No. of Transfers	: 2
33.	IU Label No.	: 1122669386
34.	COE No.	: 2009010103001694H
35.	COE Expiry Date	: 22 Dec 2018
36.	COE Category	: B - Car (1601cc & above)
37.	Quota Premium/Prevailing Quota Premium	: \$2,656.00
38.	Actual Quota Premium/PQP Paid	: \$2,656.00
39.	Actual ARF Paid	: \$23,779.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Nett Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Claim Handling

The premium on this policy has not been collected.

Accident MT/1002171

Policy No.	S090736767-02	Vehicle No.	SJM1680T	GST Registration No.	NA
Policyholder Name	ZG PTE LTD			Policyholder NRIC	201317155Z
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
▼ Accident Details					
Report Date	09/07/2018 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/07/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	.CTE TOWARDS SLE (BEFORE AMK AVE 3 EXIT)				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	NA	GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-25 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	S090736767-02		
▼ OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	ZG PTE LTD	Insured NRIC	201317155Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67412845
Email Address		OI Vehicle Number	SJM1680T	TP Vehicle Number	SLD1118A
Claim Description	SJM1680T / SLD1118A ON 6 Jul 2018			Name of Preferred Workshop	ZERO GRAVITY
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	09/07/2018 00:00
Date Registered	09/07/2018 17:52	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1002171	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 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	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	Clear			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	SAS		Normal	SAS 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:50	Photos		Normal	Photos 2018-7-9
Video List					
Uploaded By/Date	Folder Date	File Name		Source	

Display in New Window

Scan and uploading