

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 26/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013622/13	SAS e-filing		
Veh No: SLG76254	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/18 1120	i-Motor Claim Form	MT/1004748-001	
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: SLP86775	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: 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

NA1804715	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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			
	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):	Q1)*			
	*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 26/07/2018 15:26
 Date Of Accident 26/07/2018 11:20
 Exact Location Of Accident ALONG JALAN ADAT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG7625Y
Insured/Policyholder
 Name Of Registered Owner VOULEZ CARS
 Co Reg No 53350846X
 Email Address MERVIN.PAN@BLAZEMOTORING.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-91449265

Vehicle Particulars

Manufacturer TOYOTA
 Model AXIO
 Exact Purpose for which vehicle was being used at time of accident GRAB
 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 5097296239
 Cover Note Number

Driver

Name of Driver PANG SU FANG
 NRIC No S1673835B
 Date Of Birth 25/12/1964
 Occupation OUTDOOR
 Date Of Driving Pass 30/03/1990
 Driving Experience 28 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98737713
 Fax Number
 Contact Number
 EMail Address FLORENCE_PANG2003@YAHOO.COM

Address	BLK 33 BEDOK SOUTH AVE 2 #12-351
Postcode	460033
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2084

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	SJP8677S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS WONG SHIAO YUN
NRIC/Passport Number	S1382042B
Contact Number	96747100
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PANG SU FANG

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SLG7625Y

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.

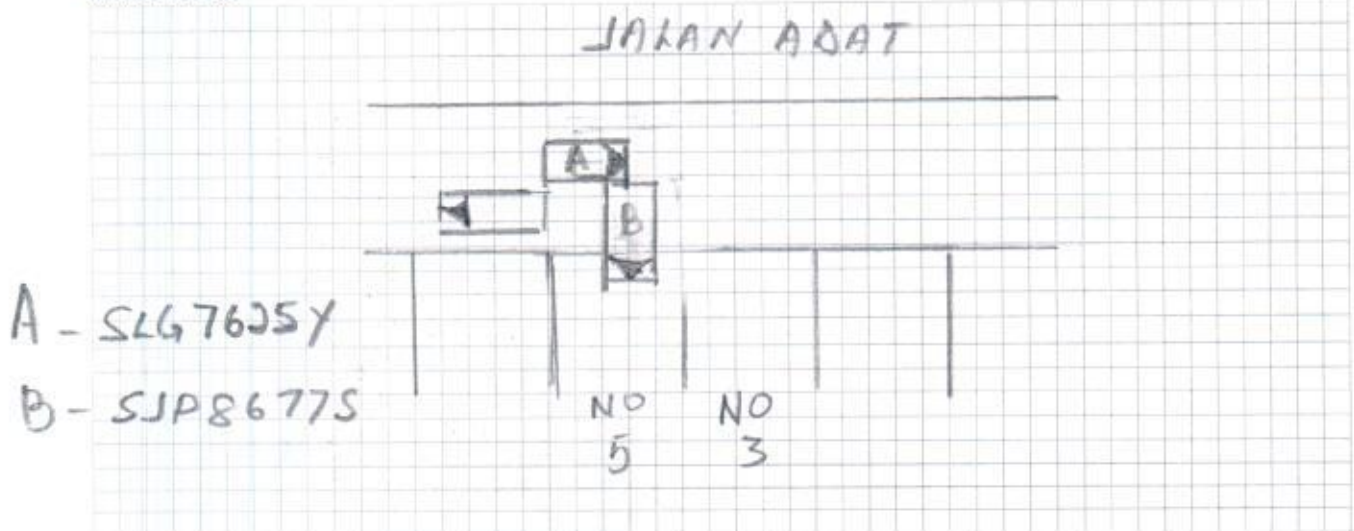


Policyholder's Signature
Date & Time:

 26 July 2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

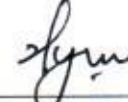
P/s refer to the police report: T/20180726/2084

DECLARATION

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


Policyholder's Signature
Date & Time:

 26 July 2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180726/2084

1 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20180726/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 14:13	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars			
Name of Informant: PANG SU FANG		Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #12-351 SINGAPORE 460033	
ID Type / ID No.: NRIC NO / S1673835B		Contact No.: Home/Office: Mobile: 98737713	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 53	Date of Birth: 25/12/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 JALAN ADAT Along Jalan Adat				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8677S	Car					1
SLG7625Y	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180726/2084

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

2 of 3

Report No. T/20180726/2084

CONTINUATION OF REPORT

Driver			
Name	PANG SU FANG	ID No.	S1673835B
Related Vehicle	SLG7625Y (Car)	Contact No.	98737713
Hospital/Clinic	BEDOK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I am a GRAB Car driver driving a silver in color Toyota Corolla Axio with bearing plate number SLG7625Y.

On 26/7/2018 at about 1120hrs, I was driving the said vehicle along Jalan Adat and was about to pick up a female passenger residing at 11 Jalan Adat. After I picked up the said female passenger at the said location, I then made a three point turn to exit and was on the way driving out to University Road.

Suddenly, a silver in color Lexus with bearing plate number SJP8677S reversed out recklessly from 5 Jalan Adat and collided on to my front portion of my vehicle. I did not see the said vehicle coming out from the said unit as there was a white in color Nissan vehicle with bearing plate number SJD3335A that was parked in front of 7 Jalan Adat on the right which block my view.

After the accident occurred, I managed to exchange particulars with the Lexus driver. The Lexus driver is one Mrs Wong Shiao Yun, S1382042B, residing at 5 Jalan Adat, c/n: 96747100. My vehicle's damages were front portion of the vehicle damaged.

When the accident occurred, Traffic Police and Ambulance were not at scene. After I exchanged particulars with the Lexus driver and was on the way to my vehicle workshop, I then started to felt pain on my rear neck portion thus I headed down to BEDOK MEDICAL CENTRE located at Blk 18 Bedok South Road #01-57 to seek for medical assistance. I was then given 7 days of medical leave starting from 26/7/2018 till 1/8/2018.

I would like to state that I do not have a built-in cctv inside my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180726/2084

3 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20180726/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt GOH QI FAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/07/2018 14:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1673835B



Name
PANG SU FANG
馮素芳
Race
CHINESE
Date of Birth
25-12-1964
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE


Identification Number: S1673835B

Name
PANG SU FANG

Birth Date: 25 Dec 1964
Issue Date: 10 May 2003




1042351



NPIC No: S1673835B



Blood Group: A+ Date of issue: 19-06-1993


Address
APT BLK 33 BEDOK SOUTH AVENUE 2
#12-351
SINGAPORE 1646

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

Class	Description	PASS DATE
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Mar 1990

NP 428A

Licence No: S1673835B



Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S1673835B**

Name : **PANG SU FANG**

Issue Date : **4/10/2016**

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	04/10/2016



Certificate of Insurance

(CV)

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: 5097296239

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG7625Y**
Chassis Number : NRE1610021717
2. Name of Policyholder : VOULEZ CARS
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)	: S\$1,500
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	: TECK WEI CREDIT PTE LTD
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 09 Jan 2018 16:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1004748

Policy No.	5097296239	Vehicle No.	SLG7625Y	GST Registration No.	
Policyholder Name	VOULEZ CARS			Policyholder NRIC	53350846X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No *
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	26/07/2018 16:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/07/2018	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN ADAT				
▼ Benefits					
▼ Excess					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5097296239		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PANG SU FANG	Driver NRIC	S16738358	Driver DOB	25/12/1964
Register Date of Driver License	30/03/1990	Driver Age	53	Driving Experience	28
Contact No.(Mobile)	98737713	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 33	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460033
Address 4		Address Type	Singapore address	Post Code	460033
Unit No.	#12-351				
Does he own a Singapore Registered car?	<input checked="" 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	VOULEZ CARS	Insured NRIC	53350846X
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		OI Vehicle Number	SLG7625Y	TP Vehicle Number	SJP8677S
Claim Description	SLG7625Y / SJP8677S ON 26 Jul 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	26/07/2018 16:31	Claim Close Date		Date Received	26/07/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.	MT/1004748	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/07/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO ▼	Normal ▼	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO ▼	Normal ▼	
		<input type="button" value="Clear"/>			

7/26/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Please Select Clear Please Select Clear Please Select Clear Please Select

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	SAS	Normal	SAS 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jul 2018 16:31	Photos	Normal	Photos 2018-7-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading