

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 27/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013674/13	SAS e-filing		
Veh No: SKG2755A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/18 1355	i-Motor Claim Form	MT/1004806-001	
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SJR 9683G	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

NA1804730	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		
QC Checked by (Engr-In-Charge):	5) FT: 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:-			
	ON*			
	*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		
	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	27/07/2018 09:42
Date Of Accident	26/07/2018 13:55
Exact Location Of Accident	JLN ANAK BUKIT TWDS PIE(CHANGI)JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2755A
Insured/Policyholder	
Name Of Registered Owner	LEE LAY KHIM
NRIC No	S0216374H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396279
Alternative Phone No	OTHERS-83396279

Vehicle Particulars

Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096855109
Cover Note Number	

Driver

Name of Driver	KOH HOCK KEE
NRIC No	S0277489E
Date Of Birth	03/11/1947
Occupation	INDOOR
Date Of Driving Pass	26/03/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96645930
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 UPPER BUKIT TIMAH VIEW #03-02
Postcode	588132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2116

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR9683G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUSRI BIN MUHAMAD
NRIC/Passport Number	S6806107E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH HOCK KEE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG2755A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

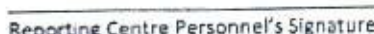
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

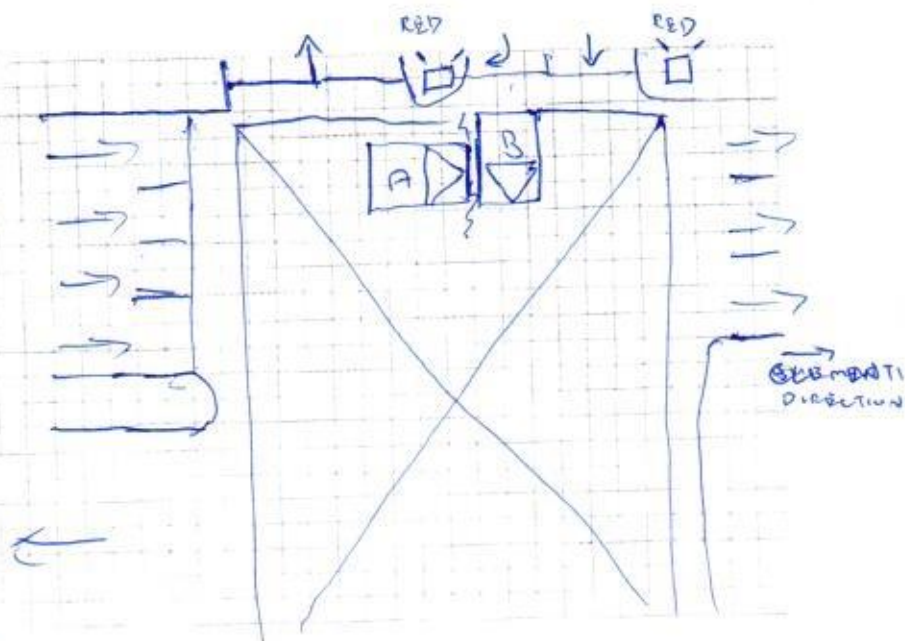

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

UBM1C42 A - SKG 2755A

VEHICLE B - SJR 96534



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

POLICE REPORT NO.

T/20180726/2116

U2H1C2 A - SKG 2755 A

VEHICLE B - SJR 9683 G

VIDEO FOOTAGE WAS FROM SJR 9683 G VEHICLE, AND
CLEARLY SHOWN, VEHICLE SJR 9683 G BEATING (RED) TRAFFIC LIGHT

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.:



SINGAPORE POLICE FORCE



T/20180726/2116

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180726/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 16:34		Vide Report No.: J/20180726/0157		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH HOCK KEE			Address: APT BLK 1 UPPER BUKIT TIMAH VIEW #03-02 BUKIT REGENCY SINGAPORE 588132		
ID Type / ID No.: NRIC NO / S0277489E			Contact No.: Home/Office: Mobile: 96645930		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 03/11/1947	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2018 13:55	Type of Location: X-Junction
Location: Along Road 1 JALAN ANAK BUKIT JALAN ANAK BUKIT TOWARDS PIE(CHANGI) JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9683G	Car				Seriously Damaged	1
SKG2755A	Car				Seriously Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20180726/2116

CONTINUATION OF REPORT

Name	PASSENGER		ID No.	NIL
Related Vehicle	SJR9683G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	YUSRI BIN MUHAMAD		ID No.	S6806107E
Related Vehicle	SJR9683G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	KOH HOCK KEE		ID No.	S0277489E
Related Vehicle	SKG2755A (Car)		Contact No.	96645930
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

26/07/2018 @1355HRS (JALAN ANAK BUKIT TOWARDS PIE(CHANGI) JUNCTION)

I WAS DRIVING ALONG JALAN ANAK BUKIT, THE ROAD SURFACE WAS DRY AND THE TRAFFIC FLOW WAS NORMAL. I STOP MY VEHICLE AT THE JUNCTION AS THE TRAFFIC LIGHT WAS RED, WHEN THE TRAFFIC LIGHT TURN GREEN AND I PROCEEDED TO DRIVE FORWARD. AS I WAS TRAVELLING FOR FORWARD. A CAR EXITING FROM THE PIE AND HE BEAT THE RED LIGHT AND CUT INFRONT OF MY VEHICLE AND WE COLLIDED. I QUICKLY EXITED MY CAR AS THERE WAS SMOKE COME OUT OF MY CAR, THE PASSENGER CAME OUT OF THE OTHER VEHICLE AND TURN AGRESSIVE TO BOTH DRIVERS. I KEEP MY COOL AND LATER ON CALLED FOR THE TRAFFIC POLICE AND THE AMBULANCE, THEN WE WAITED FOR THE TRAFFIC POLICE TO ARRIVED.



**SINGAPORE
POLICE FORCE**



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20180726/2116

CONTINUATION OF REPORT

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180726/2116

4 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180726/2116

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/07/2018 16:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Vehicle No.	SK4 2755A	Model / Make	BMW X1
Date of Accident	26/07/2014		
Time of Accident	1355	HRS	
Location of Accident	JALAN ANAK BUKIT TUDANGS DIR (CHANGI) JUNCTION		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MDM LEE LAY KHAM.		
Telephone No.	H/P: 96645930	Home:	Office: 83396279
NRIC	S0216374 H		
Address	BLK 1 UPPER BUKIT TIMAH VIEW #03-02 BUKIT REGENCY S(588132)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, KOH HOCK KEE		
NRIC	S0277489E	Any Passengers:	NIL
Date of birth	03/11/1947		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	26 MAR 1979		
Gender	Male / Female		
Contact No.	H/P: 96645930	Home:	Office:
Address	BLK 1 UPPER BUKIT TIMAH VIEW #03-02 BUKIT REGENCY S(588132)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	Spouse
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MR KOH HOCK KEE - 96645930		
Name And Contact No.			
Police Report	No,	If Yes, Where?	TP HQ DIVISION
Vehicle B No.	SJK 9683 H	Any Passengers:	
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	Witness Contact:		
Accident Portion	FRONT.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0277489E



Name:

KOH HOCK KEE

Race:

CHINESE

Date of birth:

03-11-1947

Sex:

M

Country/Place of birth:

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0277489E

Name:

KOH HOCK KEE

Birth Date: 03 Nov 1947

Issue Date: 07 Feb 2003



5588779



NRIC No. S0277489E



Date of issue:

18-04-2015

Address:

1 UPPER BUKIT TIMAH VIEW
#03-02
SINGAPORE 588132

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

26 Mar 1979

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/07/2018 13:55

Vehicle No.(For Motor)

SKG2755A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096855109		LEE LAY KHIM	S0216374H	GPC	drive CLASSIC	SKG2755A	SKG2755A	22/12/2017	21/12/2018

Continue

Claim Handling

Accident MT/1004806

Policy No.	5096855109	Vehicle No.	SKG2755A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE LAY KHIM			Policyholder NRIC	50211
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83396279	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	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	27/07/2018 10:12	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	26/07/2018	Time of Accident hh:mm	13:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN ANAK BUKIT TWDS PIE(CHANGI)JUNC				
▼ Benefits					
Coverage			Sum Insured		
Accessory			2000		
▼ Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ GST Registered Information					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	1 UPPER BUKIT TIMAH VIEW	Address 2	#03-02 BUKIT REGENCY	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5881
Unit No.		Related Policy Number	5096855109		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH HOCK KEE	Driver NRIC	S0277489E	Driver DOB	03/11
Register Date of Driver License	26/03/1979	Driver Age	70	Driving Experience	39
Contact No.(Mobile)	96645930	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	1 UPPER BUKIT TIMAH VIEW	Address 2	BUKIT REGENCY	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5881
Unit No.	#03-02				
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	LEE LAY KHIM
Contact No.(Mobile)	83396279	Contact No. (Home)	NIL
Email Address	angelakohlee@yahoo.com.sg	OI Vehicle Number	SKG2755A
Claim Description	SKG2755A / SJR9683G ON 26 Jul 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	27/07/2018 10:19	Preferred Repair Option	Preferred Workshop (refer below)
Report Taken By	ROSINDA	GIA report	Received
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	
		Workshop Repairer	
<div>Save Submit</div>			

▼

Accident No. MT/1004806

Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 27/07/2018 00:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:19	SAS	Normal	SAS 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:19	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 10:17	Photos	Normal	Photos 2018-7-27

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading