

NATIONAL Assessment Centre Services

Date In: 02/10/2018 17:30	Job description	Date & Time Completed	Done by
Ref No NA/INC18017863/44	SAS e-filing		
Veh No: SJX7987L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/10/2018 05:40	i-Motor Claim Form	MT/1014085-001	3/10/18 09:45
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: WUW4307	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 repaler.

() 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

NA1806268	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	02/10/2018 17:30
Date Of Accident	02/10/2018 05:40
Exact Location Of Accident	W'LANDS CTR RD IN W'LANDS CHECKPOINT21W'LANDSCROS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7987L
Insured/Policyholder	
Name Of Registered Owner	AUTOLINK HOLDINGS PTE LTD
Co Reg No	200501881C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98574499
Alternative Phone No	OFFICE-98574499

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097518945
Cover Note Number	

Driver

Name of Driver	LEE GEN CI
Passport No/FIN	G3291038L
Date Of Birth	24/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98574499
Fax Number	
Contact Number	OTHERS-98574499
E-Mail Address	NOEMAIL

Address	KENSETSU INTERNATIONAL (S) PTE LTD
Postcode	
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?	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: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181002/2010

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	WUW4307
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEE LONG
NRIC/Passport Number	
Contact Number	97757883
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



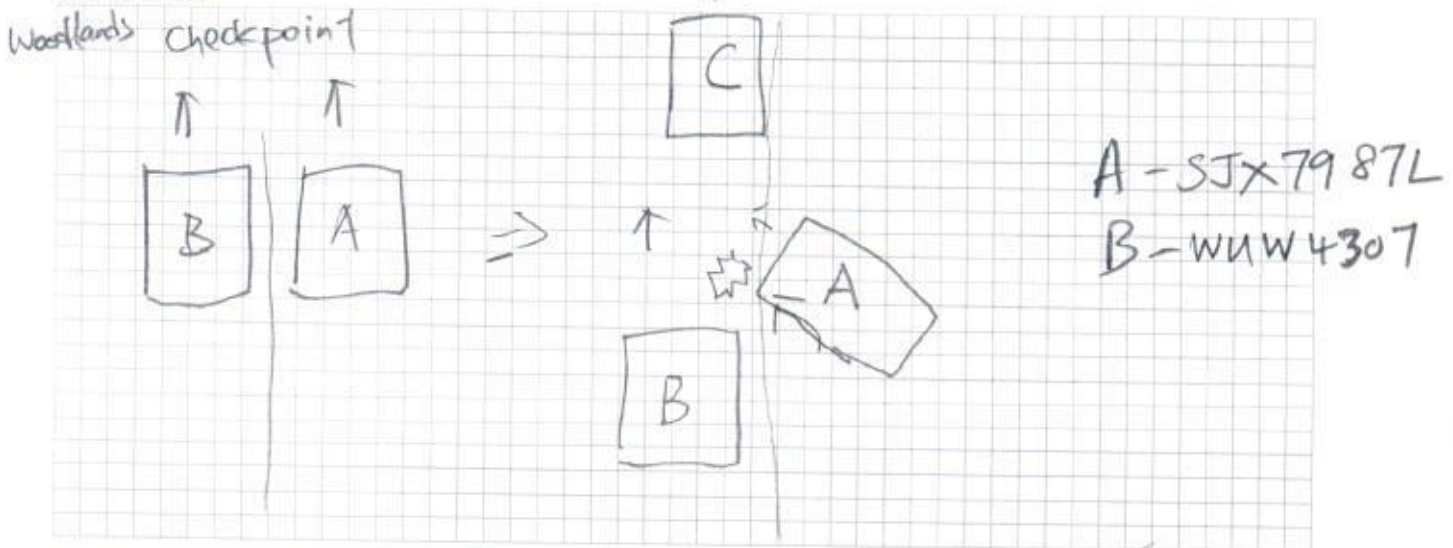
Policyholder's Signature
Date & Time:

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

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

2/10/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report T/20181002/2010

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.:

2/10/2018



SINGAPORE POLICE FORCE



T/20181002/2010

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20181002/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 07:21	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars				
Name of Informant: LEE GEN CI		Address: APT BLK 670 CHOA CHU KANG CRESCENT #11-509 SINGAPORE 680670		
ID Type / ID No.: FIN NO / G3291038L		Contact No.: Home/Office: Mobile: 98574499		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 26	Date of Birth: 24/07/1992	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/10/2018 05:40	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD In Woodlands Checkpoint, 21 Woodlands Crossing				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX7987L	Car	VOLKSWAGO N	POLO	Red	Slightly Damaged	1
WUW4307	Car	TOYOTA	INNOVA	Silver	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20181002/2010

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20181002/2010

CONTINUATION OF REPORT

Passenger			
Name	LEONG CHEE HUAN	ID No.	S8984954C
Related Vehicle	SJX7987L (Car)	Contact No.	85235759
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	LEE GEN CI	ID No.	G3291038L
Related Vehicle	SJX7987L (Car)	Contact No.	98574499
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	TAN WEE LONG	ID No.	921121016719
Related Vehicle	WUW4307 (Car)	Contact No.	97757883
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

Brief Details.

On the above mentioned date, time and location, I was driving a Singapore rental vehicle, SJX7987L when I met with an accident while returning back to Singapore. I wish to state that, I'll driven it into Malaysia, 01/10/2018 at about 1800hrs for revisiting back in Malaysia. I wish to state that the accident happened somewhere within the boundary of the Woodlands Checkpoint's vehicle clearance counter when I attempted to over take a Malaysian Vehicle, WUW4307 (Toyota Innova) on my left. While attempting to overtake the Malaysian vehicle, I am not sure whether the driver was aware of my intention to overtake into his lane thus my vehicle's frontal left area collided to the right frontal side (Driver side) of his vehicle. The accident happened too quickly thus I was not sure if the Malaysian vehicle continued to move even after the collision which caused a long stretch of scratches across the right side of the vehicle (all the way to the rear passenger door area).



**SINGAPORE
POLICE FORCE**



T/20181002/2010

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181002/2010

CONTINUATION OF REPORT

Both parties alighted to assess the accident, when I identified the driver as Tan Wee Long, Tel: 97757883 while I also noticed he had a male passenger onboard. The driver claimed that I was at fault for overtaking his vehicle along a single continuous white line on his right side. I was certain that overtaking can be done for single continuous white line thus I did the overtaking. The Malaysian driver was not willing to settle the matter privately thus I was advised by the ICA / Police at the Woodlands Checkpoint area to lodge a Traffic Accident Report for investigation purposes. I wish to state that no parties claimed injuries. This is the first time such incident happened. There is no in-car camera installed on my rental vehicle.



**SINGAPORE
POLICE FORCE**



T/20181002/2010

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Report No. T/20181002/2010

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J /

Staff Sgt LOH YOU CONG, HARRY

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

02/10/2018 07:21

Officer In Charge Of Case:

TP / AEIT /

SSL2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

Authentication Stamp

NP168

Classification Of Case:

Singapore Police Force

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employed by
KENSETSU INTERNATIONAL (S) PTE. LTD.

Name
LEE GEN CI

FIN
G3291038L



 **K0247825**

VISIT PASS
Immigration Regulations

06-04-2018

Name
LEE GEN CI

FIN
G3291038L

Date of Birth
24-07-1992

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number
G3291038L

Name
LEE GEN CI

Birth Date: **24 Jul 1992**

Issue Date: **24 Apr 2018**

Valid Till **23/04/2023**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	24 Apr 2018

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/10/2018 05:40"/>
Vehicle No.(For Motor)	<input type="text" value="SJX7987L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097518945		AUTOLINK HOLDINGS PTE LTD	200501881C	GFT	drivo CLASSIC	SJX7987L	SJX7987L	02/05/2018	

▼ Policy Information

Policy No.	5097518945	Policyholder Name	AUTOLINK HOLDINGS PTE LTD	Policyholder NRIC	200501881C
Certificate No.					
Address	210 TURF CLUB ROAD LOT C1 TURF CITY AUTO EMPORIUM SINGAPORE 287995				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/01/2018	Effective Date	18/01/2018 00:00	Expiry Date	26/01/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	LOT C1	Address 3	TURF CITY AUTO EMPORIUM
Address 4	SINGAPORE 287995	Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5101791114		

► Insured Object: SJX7987L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/01/2018 00:00	Basic Information Endorsement	000001286806829	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJX7987L 02-05-2018 \$1,153.70 In view of this amendment, an additional premium of \$1,153.70 (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.

Claim Handling

Accident MT/1014085

Policy No.	5097518945	Vehicle No.	SJX7987L	GST Registration No.	2005
Certificate No.					
Policyholder Name	AUTOLINK HOLDINGS PTE LTD			Policyholder NRIC	2005
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98574499	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	No

Accident Details

Report Date	03/10/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	02/10/2018	Time of Accident hh:mm	05:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	W'LANDS CTR RD IN W'LANDS CHECKPOINT21W'LANDSCROS				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2005
GST Registration No.	200501881C	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	LOT C1	Address 3	TURF
Address 4	SINGAPORE 287995	Address Type	Singapore address	Post Code	2879
Unit No.		Related Policy Number	5101791114		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE GEN CI	Driver NRIC	G3291038L	Driver DOB	24/0
Register Date of Driver License	24/04/2018	Driver Age	26	Driving Experience	0
Contact No.(Mobile)	98574499	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	KENSETSU INTERNATIONAL (S)	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTOLINK HOLDINGS PTE LTD	Insured NRIC	2005
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6346
Email Address		OI Vehicle Number	SJX7987L	TP Vehicle Number	WUW
Claim Description	SJX7987L / WUW4307 ON 2 Oct 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	03/10/2018 09:46	Claim Close Date		Date Received	03/1
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1014085	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

03/10/2018 09:45

Path *

Category *
























Confidential

Urgency *

	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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:45	SAS	Normal	SAS 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:44	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Oct 2018 09:43	Photos	Normal	Photos 2018-10-3
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
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