			- KA-1		
NATIONAL Assessment Centre	e Services	per crease N	TMA 118129399.		
Date In \$110/18 15:52	Jeb description	20	Date & Time Completed	Don	c by
Rel 110 MAI INC 180 18118 / 14.	SAS c-filing			1	
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2110117 03.13	i-Motor W/	O (Within, OD Zhe),			
OD AD' Reporting Only	i-Photo Upl	oaded	ľ		
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Proferred Wksp / INC Assign Wksp / QW; (			THE RESERVE THE PROPERTY OF THE PARTY OF THE	Faox:	MONING THE P
	71. /2/15 0	INC (	)/Non-INC( )		
Owner / Driver: (	JN 6348 R	* 100000	Tel	)	
	iod: (	)	Cover Type: (	)	
*Confirmed by : (		Date:	Time:	)	
	lote-Est. Status (	2616000000000	%; P: 21-79%. P: 80-	100%]	
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Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury :	(		•	TATALLY AND	
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umant's Particulars :-		2) DA : Damage A	sessment (\$100); INC (\$	\$0)	
ver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thr	The second secon	0/\$45 \$120	
ntact No:		5) PT : Follow-Thre	ough Survey (Resurvey) just INC Only (wel 10 Jan 200	\$30	
näged Portion:		6) TR : Re-inspection 7) N1 : Idao DA + 3	on SMRT Survey	\$75 \$160	
Checked by (Engr-In-Charge):			ar/Tpt Allowance	\$5	
END CHISTOPING SOLUTIONS TO THE SOLUTION OF TH		*146; Repair Co- *147; Fost Repair		\$10	
ditors! Comments :	Maria California	*148; DV / Collec	t Excess Coordination	\$3	
J.;		TP (N11): TP (b 0) N12: Idae Mobil	en INC) against INC	30	1
273.		Involve dated	Por Charged		PHONE L
			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 witholding 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. 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.
- 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.

2012年2月1日 · 1000年1月1日 · 1000年1月 · 1000年1日 · 1000年1月 · 1000年1日 · 1000年1日 · 1000年1日 · 1000年1日 · 1000年1日 · 1000年1日 · 1	ACCIDENT STATEMENT	
Date Of Report	05/10/2018 15:52	
Date Of Accident	05/10/2018 05:15	
Exact Location Of Accident	ALONG TPE TWDS PIE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC2971D	
Insured/Policyholder		
Name Of Registered Owner	MIRAGE VISION	

Co Reg No Email Address

Mobile Phone No

Alternative Phone No OFFICE-91814326

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE COMMUTER GL 3.0 A

Exact Purpose for which vehicle was being used at

time of accident

WORKING

53386482L

NOEMAIL

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103649908

Cover Note Number -

Driver

Name of Driver MUHAMMAD HAMZAH BIN AMIR

 NRIC No
 \$8105156I

 Date Of Birth
 24/02/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/12/2008

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91814326

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 606 BEDOK RESERVOIR RD #02-730

Postcode 470606

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

2.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

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 TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SJN6348R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LO JING POH

NRIC/Passport Number

Contact Number 93675868

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name MUHAMMAD HAMZAH BIN AMIR Approximate Age Injuries Sustain BACK Injured person in which vehicle? PC2971D Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

**MIRAGE VISION** 

Reg No: 53386482L

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

1						
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BE CIRCUMSTAN	ICES OF THE ACCIDI	ENT				
Please	Refer	40	Polic	ie	Report	i i
			1			

Red No. 53386482L 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.:





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20181005/2032

1 of 4

REPORT OF A TRAFFIC ACCIDENT

	ime Report Made: Vide Report No.: Station Diary N 2018 11;35					
Informa	nt's Partic	ulars		CONTRACTOR OF STREET		
Name of	Informant:		Address:			
MUHAMMAD HAMZAH BIN AMIR			APT BLK 606 BEDOK RESI SINGAPORE 470606	ERVOIR ROAD #02-730		
ID Type	/ ID No.:		Contact No.:	- 52 B		
NRIC NO	O / S81051	561	Home/Office: Mobile: 91814326			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 24/02/1981	Type of Informant: Driver			
Race: Malay		**	Language: English	Institution / School Name:		
Occupat		u 940 (V	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

General Inform	nation of the Accid	ent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2018 05:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EX	W.	21	e e e	
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
Traffic Flow: One Way	RY St.	Traffic Control: Not Controlled	1472	affic Volume: oderate
Type of Collision Between Movi	on: ng Vehicles - Head	To Rear		nyone conveyed by mbulance:

Details of Vehicle Involved .										
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger				
PC2971D	Bus/Coach/Mi nibus			- 9	Slightly Damaged	0				
SJN6348R	Car				Slightly Damaged	0				

Details of Person Involved	
Any Pedestrian Involved: No	- 10 N M
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20181005/2032

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver	THE STREET					
Name	MUHAMMAD HAMZ	AH BIN AMI	3	ID No	. E.	S8105156I
Related Vehicle	PC2971D (Bus/Coach/Minibus)			Conta	ct No.	91814326
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge NIL		324 0
No. of Days gran	ted Medical Leave	03	Degree of Injury   Slight			
Driver	COLD BY THE			2 2 X		
Name	Lo Jing Poh			ID No.		S9526560Z
Related Vehicle	SJN6348R (Car)			Contact No.		93675868
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	10	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			- 2

### Brief Details.

On the 5/10/2018 at about 5:15am, I was driving (V1: PC2971D) along TPE heading towards PIE at the extreme left lane. Suddenly, I heard screeching sound coming from the back. I made a check from my mirror and as I turned around I saw a vehicle (V2: SJN6348R) coming towards my direction from the first or second lane. I do not recall the exact lane was he coming from.

I saw V2 was trying to avoid a collision from the motorbike in front of him. Thus, he turned his car towards my direction. V2 front left collided with V1 right side of the vehicle.

V1 sustain damages on the right side of the vehicle, there was dents and scratches. V2 left side of the car sustained dents and scratches as well.

The paramedic and Traffic Police came to attend to us, however, no one was conveyed to the hospital. I wish to state that I have sustain back injury and I was given 3 days of medical leave.

Particular of V2 (SJN6348R) owner: S9526560Z Lo Jing Poh Hp: 93675868





T/20181005/2032

3 of 4

Report No. T/20181005/2032

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT





2010100012002

4 of 4

Report No. T/20181005/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

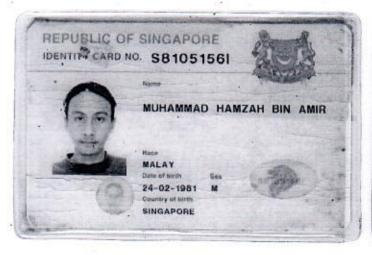
CONTINUATION OF REPORT

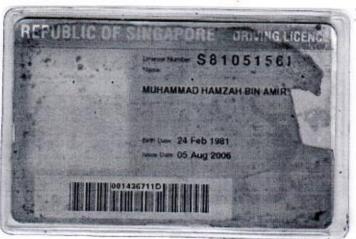
# Sketch Plan

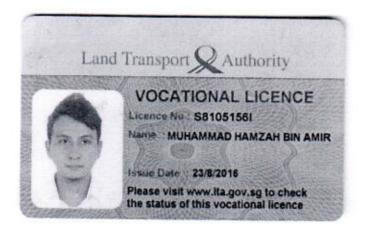
Informant is not able to provide sketch plan

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.

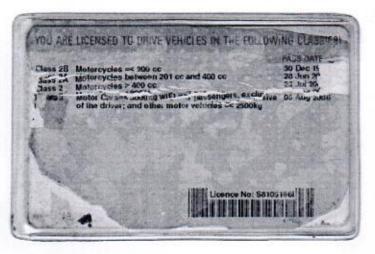
Signature Of Officer Recording The Report: G / Sgt 2 LIM YA HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2018 11:35
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	Jh .











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. Issue Date

Description Type

03

BUS VL BUS ATTENDANT

12/12/2008 12/12/2008



<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			NUMBER OF STREET	CL STATISTICS		• Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Da	te of Accident		05/10/2018	15:49	
	Vehicle	No.(For Motor)	PC297	71D		Ce	rtificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5103649908		MIRAGE VISION	53386482L	GBS	Comprehensive	PC29710	PC2971D	11/09/2018	10/09/2019
						Continu					

### **Claim Handling**

Accident MT/1014489							
Policy No.	5103649908	Vehicle No.	PC2971D		GST Regis	tration No.	
Certificate No.							
Policyholder Name	MIRAGE VISION				Policyhold	er NRIC	53386
Product Code	BUS INSURANCE	Cover Type	Comprehensive		Loading		0
Contact No.(Mobile)	91814326	Contact No.(Office)			Contact N	o.(Home)	
Email Address		Special Remark			eCode		No *
KFK	. NoYes	TCA	· No Yes		eCode Rea	eson	
NCD Protection	No	NCD Entitlement(%)	Ò		Private Hi	re	No
Report Date	05/10/2018 16:35	Accident Report Within 24 hrs	s Yes		Accident 1	ype .	Collisio
Date of Accident	05/10/2018	Time of Accident hh:mm	05:15		Country o	f Accident	Singap
Reporting Centre		Orange Force			ICM No.		
Accident Location	ALONG TPE TWDS PIE						
♥ Excess							
Own damage Excess	2,000:00	Additional Excess			Windscree	n Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess	8				
Third Party Excess	3,000.00	Outside Singapore TP Excess					
→ Benefits							
	tion						
SST Registered	No		GST Regist	tration Date			
SST Registration No.			GST Status	s Verified		No	
Modification History							
♥ Policyholder Mailing Add							
Address 1							
Address 4	BLK 833 #02-26	Address 2	TAMPINES STREET	83	Address 3		TAMPI
Unit No.	SINGAPORE 520833	Address Type	Singapore address		Post Code		52083
OI Driver Info	02-26	Related Policy Number	5103649908				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	MUHAMMAD HAMZAH BIN AMIR	Driver NRIC			Driver DO		24/02
Register Date of Driver License	12/12/2008	Driver Age	581051561				24/02,
Contact No.(Mobile)	91814326	Contact No.(Office)	37		Contact N		9
Address 1	BLK 606 #02-730	Address 2	BEDOK RESERVOIF	2040	Address 3		EUNOS
Address 4	SINGAPORE 470606	Address Type	Singapore address	ROAD	Post Code		47060
Unit No.	02-730		amgapore acuress		Post Code		47000
Does he own a Singapore	Yes = No	Driver Vehicle No.			Driver Ins	urer Company	
Registered car?							
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes 💮 No				
dodification History							
Claim 001 New							
Claim Type •				OD-MX	Insured Name	MIRAGE VISION	
Contact No.(Mobile)					Contact No.	NIL	
				115	(Home)	Section 1	
Email Address					Vehicle Number	PC2971D	
Claim Description				PC2971D / SJN6348R (			
Preferred ,	Lawrend Constant						
Workshop  0	Insured Liability Not at	CIA		1			
Finalisation   res	Repair Preferred Workshop	p, Name unknown report Recei	ived ¥	-	Claim		
Date Registered				05/10/2018 16:41	Close	_	
Report Taken By				LIEW SHAN HUI			
Print AK letter							
			Save Submit				
Attachment							
21.000 S.U. 2020 S.							
♥							
Accident No.	MT/1014489	Claim No.	33	001			

Last Doc. Received

\* Yes No

Path \*

Upload Date

05/10/2018 16:42

Category \*

Urgency \*

Confidential

								200	200
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Choose File	No file chosen			Clear	Please Select	•	NO	v Normal	•
Choose File	No file chosen			Clear	Please Select	•	NO	* Normal	•
Choose File	No file chosen			Clear	Please Select	•	NO	Normal	•
Message Read	d								
	ent List								
Attachmen	nt	Uploaded By/Date	Category	9	Urgency		Des	cription	
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9	NAC_PAYA_UBI_800603[	NATIONAL ASSESSMENT CENTRE SERVICES) 0 05 Oct 2018 16:42	SAS		Normal		SAS	1018-10-5	
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	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) 0 05 Oct 2018 16:42	Photos		Normal		Photos	2018-10-5	
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Uploaded By/Date

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Folder Date

Source

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