

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 06/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018123/13	SAS e-filing		
Veh No: SFX2174	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 05/10/18 1245	i-Motor Claim Form	MT/1014524-	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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: GZ1101R	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

NA1806349	Invoice Preparation Checklist	Am't (\$) for 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) iFT: Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 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 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.
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	06/10/2018 09:44
Date Of Accident	05/10/2018 12:45
Exact Location Of Accident	NO 11-71 TAMPINES IND AVE 5(T5 @ TAMPINES)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX217U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5101294101
Cover Note Number	

### Driver

Name of Driver	YUSRI BIN ABDUL RAHMAN
NRIC No	S7403658I
Date Of Birth	17/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90075797
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 656 WOODLANDS RING RD #10-362
Postcode	730656
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ON A SINGLE LANE DRIVEWAY, IN THE ESTATE OF T5@TAMPINES. WHILE DRIVING STRAIGHT AHEAD, SUDDENLY A VEH ON MY LEFT SWING OUT HIS DOOR AND THUS HIT ONTO THE LEFT SIDE PORTION OF MY VEH. AS THE SWINGING OUT OF THE DOOR WAS TOO SUDDEN THAT I DOESN'T HAVE TIME TO REACT AND AVOID. ALIGHTED FROM VEH AND REALIZED A VEH B STOPPED HIS VEH AT THE SIDE DIDN'T CHECK ON THE BLIND SPOT AND JUST OPENED THE DOOR AND CAUSES THE COLLISION. THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

#### 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	GZ1101R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

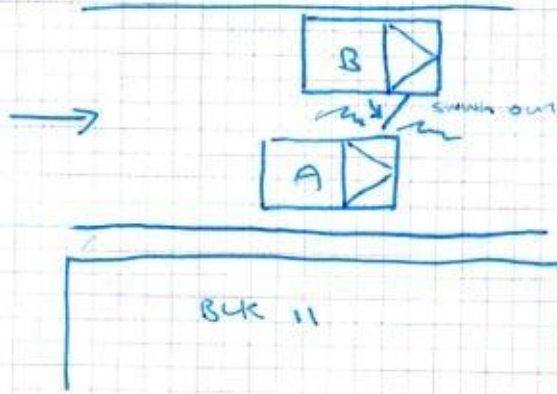
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

VEHICLE A - SFX 2174

VEHICLE B - GZ 1101 R



NO 11-71 TAMPINES IND AVE 5  
(T5 @ TAMPINES)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON A SINGLE LANE DRIVE WAY, IN THE  
DIRECTION OF T5 @ TAMPINES.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY A VEHICLE ON  
MY LEFT SWING OUT HIS DOOR AND THUS HIT GIRD  
THE LEFT SIDE OF MY VEHICLE.

AS THE SWINGING OUT OF THE DOOR WAS TOO SUDDEN  
THAT I DIDN'T HAVE TIME TO REACT AND AVOID.

ALIGHTED FROM VEHICLE AND OBSERVED A VEHICLE  
WITH LICENSE PLATE NUMBER (GZ 1101 R) STOPPED  
HIS VEHICLE AT THE SIDE, DIDN'T CHECK ON THE BLIND  
SPOT AND JUST OPENED THE DOOR, AND CAUSED THE  
COLLISION BETWEEN BOTH OF OUR VEHICLES.

THE ACCIDENT LOCATION WAS CAPTURED BY MY IN-CAR  
CAMERA.

VEHICLE A - SFX 2174

VEHICLE B - GZ 1101 R

## 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

Report Centre Personnel's Signature  
Name:   
Date & Time: 06/10/18

<b>Vehicle No.</b>	SF X 217 U	<b>Model / Make</b>	TOYOTA WISH
<b>Date of Accident</b>	5 / 10 / 2018		
<b>Time of Accident</b>	12 45	HRS	
<b>Location of Accident</b>	NO. 11-71 TAMPAVES IND AVE 5, TS @ TAMPAVES. (INSIDE DRIVE ESTATE)		
<b>Exact purpose use during accident</b>	PRIVATE WORK		
<b>Name of Owner</b>	BASIC CAR LOANING PTE LTD		
<b>Telephone No.</b>	H/P : 9363 9899	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	20181123212		
<b>Address</b>	421 TAGORE IND AVE, # 01-20 TAGORE 8 S(787905)		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NONE		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5101294101		
<b>Name of Driver</b>	As Above If <u>No</u> , JUSRI BIN ABDUL RAHMAN		
<b>NRIC</b>	5740 3658 I	<b>Any Passengers :</b>	
<b>Date of birth</b>	17 / 02 / 1974		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	20 JUL 1994		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P : 9007 5797	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 656 WOODLANDS LINK ROAD #10-362 S(730656)		
<b>Driver have any own vehicle</b>	<u>No</u>	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <u>RENTAL / LESSOR</u>	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	<u>No</u>	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	G2 1101 R	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	<u>LEFT SIDE OF VEHICLE</u>		
<b>Camera Recorder</b>	<u>Yes</u> / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	<u>THUNDER AUTOMOTIVE PTE LTD</u>		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	<u>IAN</u>		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S74036581**

Name: **YUSRI BIN ABDUL RAHMAN**

Birth Date: **17 Feb 1974**

Issue Date: **03 Jun 2003**

1000539203A



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S74036581**



Name: **YUSRI BIN ABDUL RAHMAN**

يوسري بن عبدالرحمن

Race: **MALAY**

Date of birth: **17-02-1974**

Sex: **M**

Country of birth: **SINGAPORE**

S74036581

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Jul 1995
Class 2A	Motorcycles between 201 cc and 400 cc	03 Dec 1996
Class 2	Motorcycles exceeding 400 cc	02 Jul 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Jul 1994

Licence No: **S74036581**



NP 428A

3528403



NRIC No: **S74036581**



Date of issue: **04-05-2004**

Address: **APT BLK 656 WOODLANDS RING ROAD #10-362 SINGAPORE 730656**

NRIC No: **S74036581** Date: **25/04/2011** No: **6137059**



**VOCATIONAL LICENCE**

Licence No : S74036581

Name : YUSRI BIN ABDUL RAHMAN

Issue Date : 11/1/2012

Please visit [www.lta.gov.sg](http://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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	27/01/2005
02	TAXI VL	06/12/2005
04	BUS ATTENDANT	27/01/2005



**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5101294101

**Cover :** Third Party

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SFX217U                  |
| Chassis Number  | : JTDER12W003002333        |
| 2. Name of Policyholder   | : EPIC CAR LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 08 Jun 2018              |
| 4. Expiry Date of Insurance   | : 07 Jun 2019              |
| 5. Persons or Classes of Persons entitled to drive#   |                            |
| (a) The Policyholder.   |                            |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                            |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                            |
| 6. Limitations as to Use#   |                            |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                            |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)


Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 07 Jun 2018 17:41 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/1014524

Policy No.	5101294101	Vehicle No.	SFX217U	GST Registration No.
Certificate No.				
Policyholder Name	EPIC CAR LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93639889	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	06/10/2018 10:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/10/2018	Time of Accident hh:mm	12:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NO 11-71 TAMPINES IND AVE 5(T5 @ TAMPINES)			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-20	Related Policy Number	5104264258	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YUSRI BIN ABDUL RAHMAN	Driver NRIC	S74036581	Driver DOB
Register Date of Driver License	20/07/1994	Driver Age	44	Driving Experience
Contact No.(Mobile)	90075797	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 656	Address 2	WOODLANDS RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-362			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	EPIC C/
Contact No.(Mobile)	93639889	Contact No.(Home)	
Email Address		OI Vehicle Number	SFX217
Claim Description	SFX217U / GZ1101R ON 5 Oct 2018		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Preferred Repair Option	Preferred	Preferred Workshop (refer below)	
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	06/10/2018 10:28
Report Taken By		Workshop Repairer	ROSINDA

☒ Print AK letter

Save

Submit

Attachment

✕

Accident No. MT/1014524

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 06/10/2018 00:00

Path \*

Category \*

Confidential

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

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:28	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:28	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:28	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 10:27	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading