NATIONAL Assessment Centre Services [wef 1 Jan'05] MWA1181341 99.

Date In: 16/10/18 09:55	Job description	Date & Time Completed	Done by
Ref No: NAINC1801871814.	SAS e-filing		
Veh No: SGE 5228T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/9/18 20:30.	i-Motor Claim Form	MT/1015092-002	16/10/18 13:22.
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: SJ JNW 7335. 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

NA1806593

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

1st 1:

1st 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/10/2018 10:06

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.
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	16/10/2018 09:55
Date Of Accident	23/09/2018 20:30
Exact Location Of Accident	KULAI HENDAK TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE5228T
Insured/Policyholder	
Name Of Registered Owner	WONG SOW KANG
NRIC No	S7964651B
Email Address	SOWKANG5228@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82825961
Alternative Phone No	OFFICE-82825961
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	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	5078407196-02
Cover Note Number	-
Driver	
Name of Driver	WONG SOW KANG
NRIC No	S7964651B
Date Of Birth	09/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82825961
Fax Number	
Contact Number	OFFICE-82825961
EMail Address	SOWKANG5228@GMAIL.COM

Address	BLK 523 BEDOK NORTH ST 3 #13-362
Postcode	460523
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNW7335 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 [OTHER]	TRAFIK KULAIJAYA
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	JNW7335
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

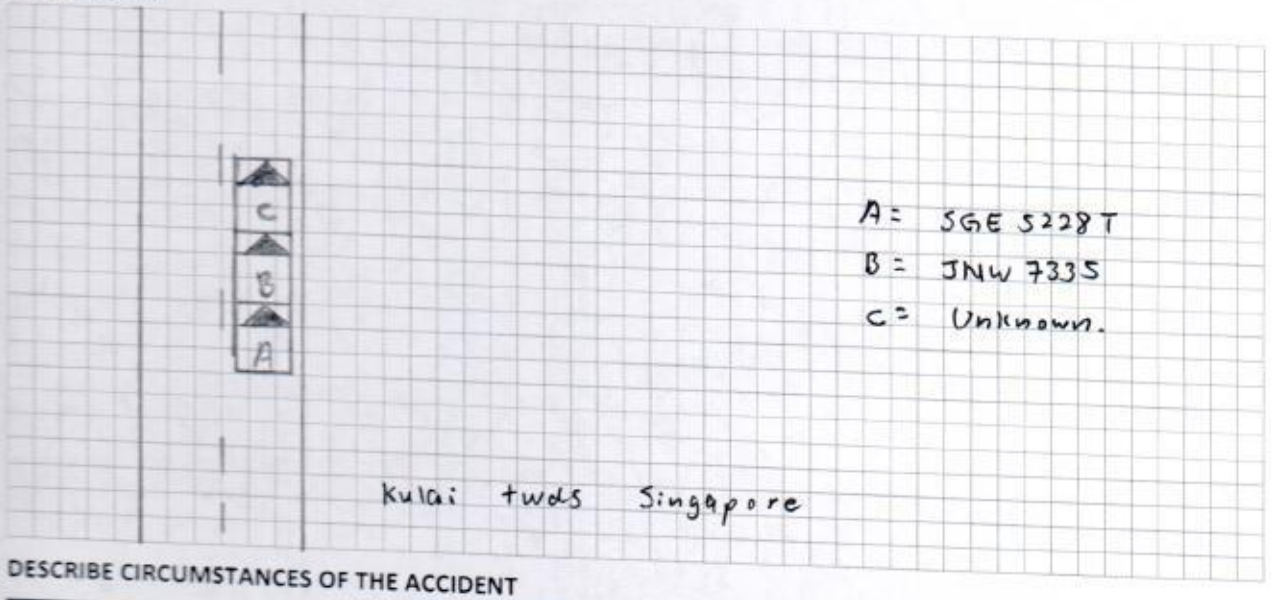
   (ii) for complying with requirements under any regulations, laws or court orders.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

GIRRMC SketchPlanForm_V3

ON THE 23/09/2018 AROUND 2030HRS, I WAS DRIVING ALONG KULAI TOWARDS SINGAPORE. WHEN ON THE 27.5KM LEBUHRAYA UTARA SELANTAN. SUDDENLY THE VEH (BEARING NO JNW7335) JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE:(23 / 9 / 18)(DD/MM/YYYY), TIME:(20 : 30)(HH:MM)

LOCATION: Kulai Hendak twds Singapore.

1. **DETAILS OF VEHICLE**
   a)VEHICLE NUMBER: SGE 5228T
   b)INSURANCE COMPANY:
   c)POLICY NUMBER:
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL:
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Private Use
   i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A)NAME: Wong Sow Kang. (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT: 82825961
   c)ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. **DRIVER**
   a)NAME: As Above. (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT:
   c)ADDRESS:

   *d)DATE OF BIRTH: (____/____/____)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS Nil)
   b)ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a)REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: Trafik Kulai Jaya.
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: JNW 7335 MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: Unknown. MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

working photo.

email = SowKang5228@gmail.com.

fax =

VIDEO = No.

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK KULAIJAYA
Daerah : KULAIJAYA
Kontinjen : JOHOR
No Repot : TRAFIK KULAIJAYA/008954/18
Tarikh : 23/09/2018
Waktu : 2148 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : G22914
No Repot Bersangkut : TRAFIK KULAIJAYA/008952/18

Butir-butir Penerima Repot
Nama : MOHD ALIEF BIN SAMAT
No Personel : R193588
Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera: ---

Butir-butir Pengadu
Nama : WONG SOW KANG
No K/P (Baru) : 790409015865
No Polis/Tentera : ---
No Paspot : ---
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 09/04/1979
Umur : 39 tahun 5 bulan
Keturunan : Cina
Warganegara : Malaysia
Pekerjaan : SWASTA
Alamat Tempat Tinggal : 121 KAMPUNG TERATAI JEMENTAH, JEMENTAH, 85200, JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
No Tel (Fejabat) : ---
No Tel (HP) : 6582825961
Email : ---

Pengadu Menyatakan:-

PADA 23/09/2018 JAM LEBIH KURANG 2030HRS SAYA MEMANDU M/KAR NO. SGE5228T JENIS H/CIVIC DARI KULAI HENDAK KE SINGAPURA. PADA KETIKA ITU, SEMASA BERADA DI LORONG KM 27.5 LEBUHRAYA UTARA-SELATAN(S) TIBA-TIBA SEBUAH MPV NO. JNW7335 JENIS P/EXORA (MILIK KEMENTERIAN KESIHATAN MALAYSIA) TELAH BREK MENGEJUT. SAYA BREK DAN CUBA ELAK TETAPI TERLANGGAR JUGA BAHAGIAN BELAKANG MPV ITU. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN BUMPER, BONET, PANEL, SET LAMPU, TANGKI AIR/AIRCOND, MUDGUARD DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SAYA BUAT LAPORAN UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN. SEKIAN LAPORAN SAYA.

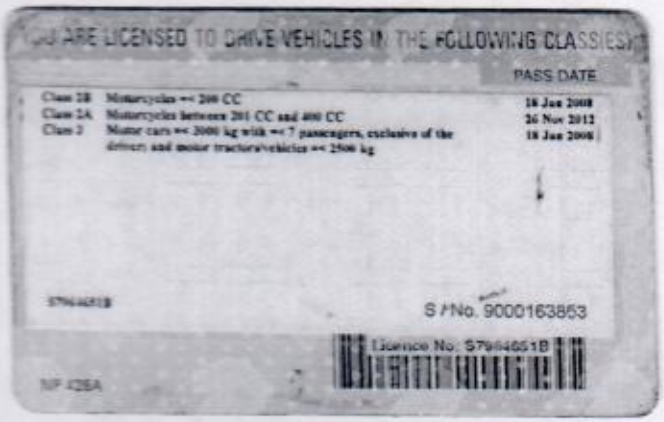
Tandatangan Pengadu: _____

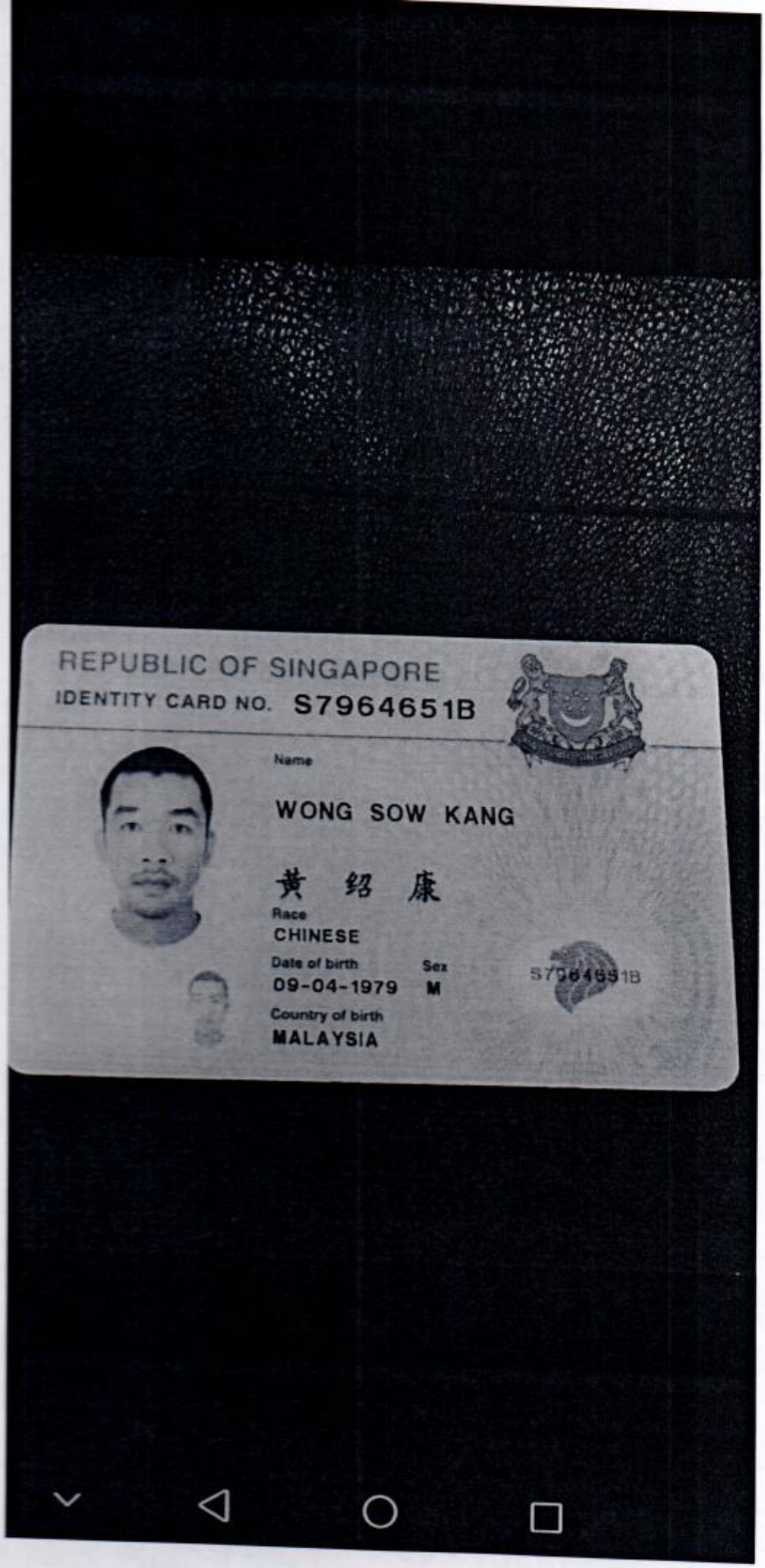
Tandatangan Jurubahasa(Jika ada) : _____

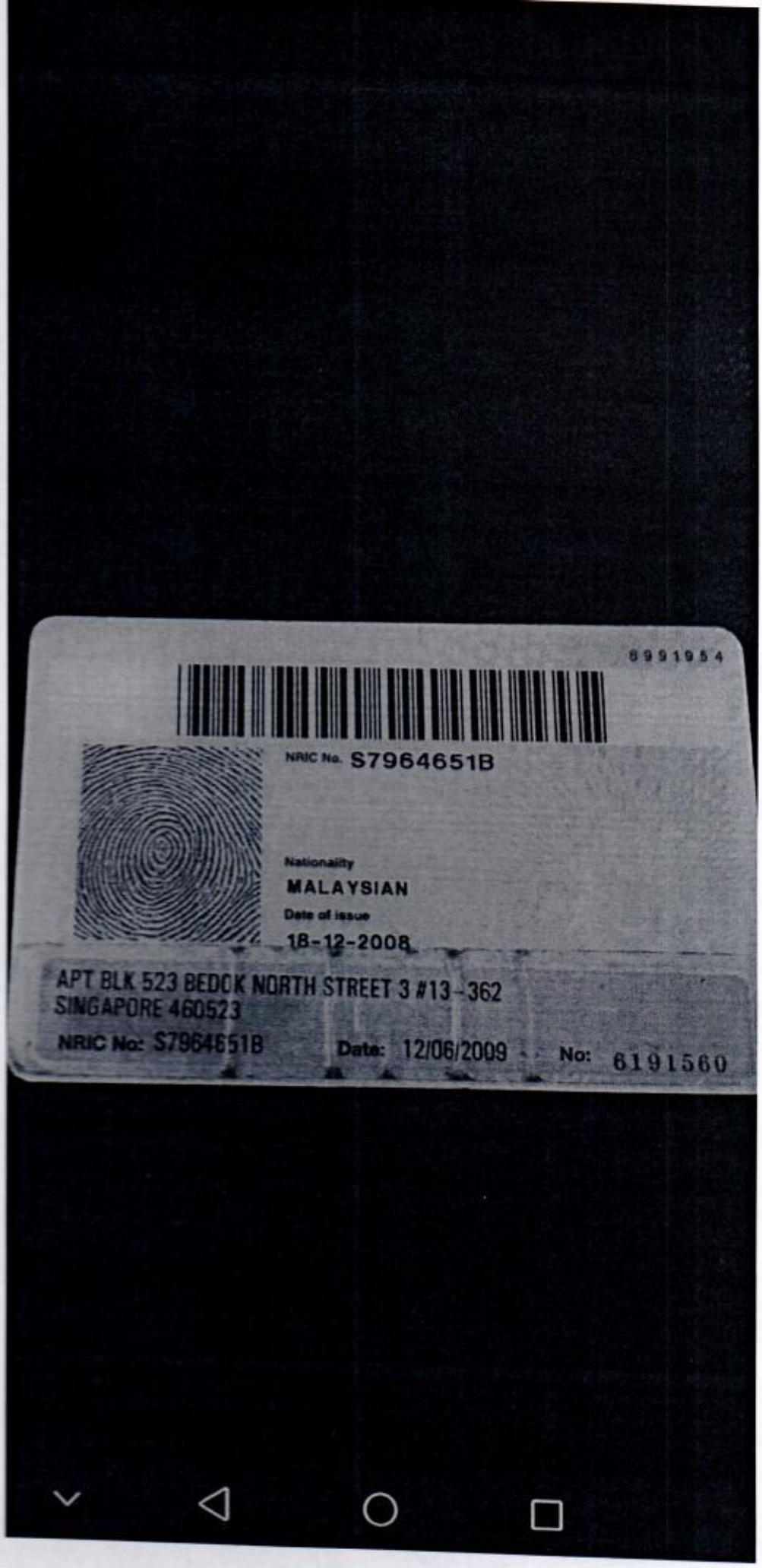
Tandatangan Penerima Repot: _____

ID Pencetak | Tarikh @ Masa Cetak : R193588 | 23/09/2018 09:56:25 PM


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S7964651B
Name
WONG SOW KANG
Birth Date 09 Apr 1979
Issue Date 21 Jan 2010
001823502K


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 2B Motorcycles =< 200 CC 18 Jan 2008
Class 2A Motorcycles between 201 CC and 400 CC 26 Nov 2012
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg 18 Jan 2008
S7964651B
S/No. 9000163853
Licence No. S7964651B
NF 428A


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7964651B
Name
WONG SOW KANG
黄 绍 康
Race
CHINESE
Date of birth
09-04-1979
Sex
M
Country of birth
MALAYSIA
S7964651B


6991954
NRIC No. S7964651B
Nationality
MALAYSIAN
Date of issue
18-12-2008
APT BLK 523 BEDOK NORTH STREET 3 #13-362
SINGAPORE 460523
NRIC No: S7964651B
Date: 12/06/2009
No: 6191560

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SGE5228T

Date of Accident 23/09/2018 09:02

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5078407196-02		WONG SOW KANG	S7964651B	GPC	drivo CLASSIC	SGE5228T	SGE5228T	20/03/2018	19/03/2019

Continue

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH KULAIJAYA,
81000, KULAI
076632222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu	: WONG SOW KANG
No Kad Pengenalan / Paspot	: 790409015865
No Repot Polis	: TRAFIK KULAIJAYA/008954/18
Tarikh @ Masa Repot Polis	: 23/09/2018 @ 21:48
Pengesahan Penerimaan Repot	:

PEJABAT PERTANYAAN TRAFIK
KETUA BAHAGIAN SIASATAN &
PENGUATKUASAAN TRAFIK
81000 IPD KULAI, JOHOR.

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat	: (G22914) INSP/P SHARUL HAFIZU BIN ABD WAHAB
Tempat Tugas	: JOHOR , KULAIJAYA
No Telefon Pejabat	: **No Telefon Bimbit** : 013-7186546 01111012279
Tarikh @ masa Perjumpaan	: .....
Pengesahan Penerimaan Repot	:

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 04:30 Petang
Jumaat :
08:00 Pagi - 12:15 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. **Salinan Repot Polis** ☐
2. **Gambar Kenderaan** ☐
3. **Rajah Kasar Kemalangan** ☐
4. **Keputusan Siasatan** ☐
5. **Lain-lain Dokumen** ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Claim Handling

Accident MT/1015092

Policy No.	5078407196-02	Vehicle No.	SGE5228T	GST Registration No.	
Certificate No.					
Policyholder Name	WONG SOW KANG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S7964
Contact No.(Mobile)	NA	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	○ No ○ Yes	TCA	◉ No ○ Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	Not av

Accident Details

Report Date	10/10/2018 12:35	Accident Report Within 24 hrs	Yes	Accident Type	Unkno
Date of Accident	23/09/2018	Time of Accident hh:mm	00:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 523 #13-362	Address 2	BEDOK NORTH STREET 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46052
Unit No.		Related Policy Number	5078407196-02		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			
Register Date of Driver License		Driver Age		Driver DOB	
Contact No.(Mobile)		Contact No.(Office)		Driving Experience	
Address 1		Address 2		Contact No.(Home)	
Address 4		Address Type	Foreign address	Address 3	
Unit No.				Post Code	
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.			
				Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *: OD-MX

Insured Name: WONG SOW KANG

Contact No.(Mobile):

Contact No. (Home):

Email Address:

OI Vehicle Number: SGE5228T

Claim Description: SGE5228T / JNW7335 ON 23 Sept 2018

Preferred Workshop:

Insured Liability: Fully at Fault

Finalization: Yes

Repair Option: Preferred Workshop, Name unknown

GIA report: Received

Date Registered: 16/10/2018 13:21

Claim Close Date:

Report Taken By: LIEW SHAN HUI

Print All letter

Save Submit

Attachment

Accident No.: MT/1015092

Last Doc. Received: ◉ Yes ○ No

Claim No.: 002

Upload Date: 16/10/2018 13:22

Choose File No file chosen

Path *

Clear

Category *: Please Select

Confidential: NO

Urgency *: Normal

Choose File No file chosen Clear Please Select ▾ NO ▾ Normal ▾

Choose File No file chosen Clear Please Select ▾ NO ▾ Normal ▾

Choose File No file chosen Clear Please Select ▾ NO ▾ Normal ▾

Choose File No file chosen Clear Please Select ▾ NO ▾ Normal ▾

Choose File No file chosen Clear Please Select ▾ NO ▾ Normal ▾

Message Read

▾ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	SAS	Normal	SAS 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	Photos	Normal	Photos 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	Photos	Normal	Photos 2018-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2018 13:22	Photos	Normal	Photos 2018-10-16
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