

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 118136947

Date In: 22/10/18 15:31	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18019135/64	SAS e-filing		
Veh No: GBE 9148 2	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/10/18 02:00	i-Motor Claim Form	MT/1016670-001	22/10/18 19:36
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: 5LE 55930 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MMA 1806767		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	INC (\$80)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);			
Contact No:		3) TP: 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: Idao DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		9) N12: Idao Mobile	30		
		*N5: Courtesy Car / Tpl Allowance	\$3		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$3		
		TP (N11): TP (Non INC) against INC	\$20		
		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	22/10/2018 15:31
Date Of Accident	21/10/2018 02:00
Exact Location Of Accident	KEPPEL RD JUNC WITH CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9148Z
Insured/Policyholder	
Name Of Registered Owner	SOON HOCK SPRINKLER SYSTEM PTE LTD
Co Reg No	201434665R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481308

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5090069636-01
Cover Note Number	-

Driver

Name of Driver	SARKER MOHSIN
NRIC No	G7303033T
Date Of Birth	23/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83351426
Fax Number	(LOCAL) +65-83890435
Contact Number	
Email Address	NOEMAIL

Address	C/O 71 KAKI BUKIT INDUSTRIAL TERRACE
Postcode	416151
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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

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	SLE5593D
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.



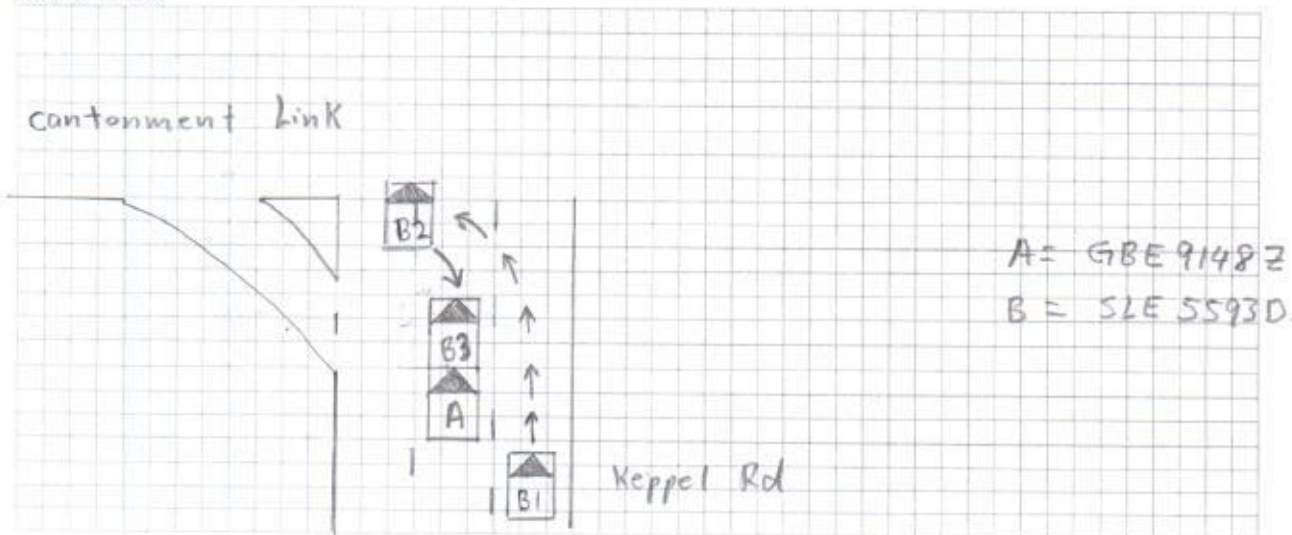
Policyholder's Signature
Date & Time:

Mohsin

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:

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

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



SINGAPORE POLICE FORCE



T/20181021/2012

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

1 of 3

Report No. T/20181021/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2018 03:53		Vide Report No.: A/20181021/0024		Station Diary No.:	
Informant's Particulars					
Name of Informant: SARRKER MOHSIN			Address: C/O 71 KAKI BUKIT INDUSTRIAL TERRACE SINGAPORE 416151		
ID Type / ID No.: FIN NO / G7303033T			Contact No.: Home/Office: 83890435 Mobile: 83351426		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 40	Date of Birth: 23/02/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			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: 21/10/2018 02:00	Type of Location:
Location: Along Road 1 KEPPEL ROAD CONTONMENT LINK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9148Z	Lorry		VEZEL 1.5X CVT			0
SLE5593D	Car		DYNA 3.0 M			0



**SINGAPORE
POLICE FORCE**



T/20181021/2012

2 of 3

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

Report No. T/20181021/2012

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 21 OCTOBER 2018 AT ABOUT 0200HRS, I WAS TRAVELLING ALONG KEPPEL ROAD CENTER OF 3 LANE ROAD. UPON REACHING THE JUNCTION A CAR(SLE5593D) SPEEDING FROM REAR RIGHT TO FRONT RIGHT AND MAKE THE SUDDEN LANE CHANGING FROM THE EXTREME RIGHT TOWARDS THE EXTREME LEFT AND STOP IN BETWEEN OF CENTER WHILE I SLOWING DOWN AND TO A BRAKE AT THE CENTER LANE. AFTER THAT THE CAR(SLE5593D) MAKE A REVERSE AND COLLIDED ONTO FRONT PORTION OF MY VEHICLE WITH REAR PORTION OF HIS VEHICLE. AFTER THAT, THE OTHER PARTY CAME DOWN OF VEHICLE AND SHOUTED AT ME SAID THAT : WHY YOU HIT ON BACK OF MY VEHICLE. AFTER THAT I TOLD THE OTHER PARTY I WANT TO CALL FOR POLICE AND THE OTHER PARTY RAN OFF. AFTER THAT, I CALLED FOR POLICE..

WITNESS : GOVIN//SECURITY - HP//83002258



**SINGAPORE
POLICE FORCE**



T/20181021/2012

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

3 of 3

Report No. T/20181021/2012

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 /
TAN KOK RAY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LEE MING CAI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:

Mottsin

Date/Time:
21/10/2018 03:53

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____



T/20181022/2081

1 of 3

Report No. T/20181022/2081

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20181021/2012

Report Number T/20181022/2081

Vide Report Number T/20181021/2012

Date/Time of Report Made 22/10/2018 14:29

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant SARRKER MOHSIN

ID Type / ID No. FIN NO / G7303033T

Home/Office

Mobile 83351426

Email

Type of Accident Non-Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 21/10/2018 02:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9148Z	Lorry		DYNA 3.0 M			0
SLE5593D	Car		VEZEL 1.5X CVT			2

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



T/20181022/2081

2 of 3

Report No. T/20181022/2081

Continuation of CSF For NP168

Driver			
Name	SARRKER MOHSIN	ID No.	G7303033T
Related Vehicle	NIL	Contact No.	83351426
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 Facts.

REFER TO REPORT NUMBER T/20181021/2012 FOR BRIEF FACTS.
THATS ALL



T/20181022/2081

3 of 3

Report No. T/20181022/2081

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / LEE MING CAI
Classification of Case	1) NON-INJURY / ATTENDED BY POLICE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G7303033T**

Name **SARKER MOHSIN**

Birth Date: **23 Feb 1978**
Issue Date: **03 Jul 2017**
Valid Till: **01.08/2022**

002699493F



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

Employer
SOON HOCK SPRINKLER SYSTEM PTE. LTD.

Sector: **CONSTRUCTION**

Name
SARKER MOHSIN

Occupation
SITE SUPERVISOR

S Pass No.
O 61974180

Date of Application
17-03-2017

Date of Issue
18-04-2017

Date of Expiry
25-04-2019

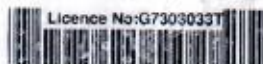


L7844074

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

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 $\leq 2500\text{kg}$ **02 Aug 2017**



Licence No: G7303033T

NP 428A

VISIT PASS
Immigration Regulations

Name
SARKER MOHSIN

Date of Birth **23-02-1978** Sex **M** Nationality **BANGLADESHI**

FIN **G7303033T** Date of Issue **18-04-2017** Date of Expiry **25-04-2019**

MULTIPLE JOURNEY VISA ISSUED

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



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 : 5090069636-01

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : GBE9148Z |
| Chassis Number | : KDY2318023979 |
| 2. Name of Policyholder | : SOON HOCK SPRINKLER SYSTEM PTE LTD |
| 3. Effective Date of Insurance | : 03 May 2018 |
| 4. Expiry Date of Insurance | : 02 May 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TOH SOON HUAT CO PTE LTD (00000614289)

Date of Issue : 27 Apr 2018 13:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

TOH SOON HUAT CO PTE. LTD.
18 UBI ROAD 4
#01-10 UBI CAR MALL
SINGAPORE 408616
TEL: 6291 0088

Claim Handling

Accident MT/1016670

Policy No.	5090059636-01	Vehicle No.	GBE9148Z	GST Registration No.	20143
Certificate No.					
Policyholder Name	SOON HOCK SPRINKLER SYSTEM PTE LTD			Policyholder NRIC	20143
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67481308	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	22/10/2018 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	21/10/2018	Time of Accident hh:mm	02:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KEPPEL RD JUNC WITH CANTONMENT LINK				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	20/11/2014		
GST Registration No.	201434665R	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	71 KAKI BUKIT INDUSTRIAL TER	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.		Related Policy Number	5070493583-03		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SARKER MOHSIN	Driver NRIC	G7303033T	Driver DOB	23/02/
Register Date of Driver License	02/08/2007	Driver Age	40	Driving Experience	11
Contact No.(Mobile)	83351426	Contact No.(Office)		Contact No.(Home)	
Address 1	71 # KAKI BUKIT INDUSTRIAL T	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SOON HOCK SPRINKLER SYSTE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI	
Claim Description		Vehicle Number	GBE9148Z
Preferred Workshop	0	Insured Liability	Not at Fault
Bonsite No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1016670	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

22/10/2018 19:36

Path *

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

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NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	SAS	Normal	SAS 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Oct 2018 19:36	Photos	Normal	Photos 2018-10-22

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading