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	6) TR : Re-i	aspection	\$160
Contact No:	Sypr. Follo	ow-Through Survey (Resurvey) ing against INC Only (wof 10 Jan 20	230
Oriver/Owner: .	3) TF : Tow 4) FT : Folio	ow-Through Survey	\$120
Claimant's Particulars :- (1)	2) DA : Dan	nege Assessment (\$100); INC (	\$80) 40/\$45
	4 F 2 8 0 2	ident Reporting (530);	30.00
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	en en esta campiona Vendegrande I. D. V		
Injury:			
3) Upload Resurvey Photo [Repair Cost>\$30	000] ( )		
2) QC Check / Post Repair Inspection	( -)		
	urtesy Car ( )		
(Cemarks): (187: 160)(6: 6799 6616); ;		( at Dieseland Colories at	Donoby
Drive-In ( ) / Towed-In ( ); Invoice:		; Towing Co: (	AND MENTAL PROPERTY.
( ) Total Loss Case : to e-mail Insurer		3 44 1 3	
( ) Walk-In Customer : Customer's Inform	nation strictly Confidential &	Strictly NO refer of repairer	
General Remarks	ANTERSE SERVICES	<b>。在社会公司的</b>	STATE STATE OF THE
Excess: (\$ ) Loading: \$1,000	AND DESCRIPTION OF THE PERSON	nto all visioni de la	
	arranty: YES ( )/NO (	)	
Insured/Driver Liability: ( %) [No		0-20%; P: 21-79%. P: 80-	100%]
Confirmed by : (	Date:	Time:	)
Policy No: ( ) Perio	od: (	) Cover Type: (	,
Owner / Driver: (		Tel:	)
	cerb. INC	C( )/Non-INC( )	
Proferred Wksp / INC Assign Wksp / QW: (	7	Tol:	Fax:
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TD Large	Assessment/Survey Repor	rt j	
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DOA 29 112 118 93:30 .	i-Motor Claim Form	MT11025692-001	29/12/18 17/38-
Veh No: SLT 2581D.	E-mail (within Shes, AIG 2hes	The state of the s	
Ref No: NAI INC 18 0 23 2971 h4.	SAS c-filing		
Date in: 29 112118 09:32	Jeb description	Date &Time Completed	Done of
NATIONAL Assessment Centre	Services. poet + Janeos	The second secon	Done by

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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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.

- Any false reporting may be referred to the Police for investigation.
   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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	29/12/2018 09:32
Date Of Accident	29/12/2018 03:30
Exact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2581D
Insured/Policyholder	
Name Of Registered Owner	KONG FATT
NRIC No	S0837106G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81381104
Alternative Phone No	OFFICE-81381104
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	5103965854
Cover Note Number	
Driver	
Name of Driver	WONG CHANG YEW JONATHAN
NRIC No	S9401219H
Date Of Birth	09/01/1994
Occupation	INDOOR
Date Of Driving Pass	28/06/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293487
Fax Number	
Contact Number	
	Population and

NOEMAIL

Address BLK 414 EUNOS RD 5 #03-60

Postcode 400414

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - GRANDSON

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**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 ALONG CTE TOWARDS PIE, I ACCIDENTALLY HIT ONTO THE RIGHT SIDE KERB. NO DAMAGE TO THE KERB.

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

Vehicle Make/Model/Colour KERB

**Details Of Properties** 

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

## IMPORTANT NOTICE

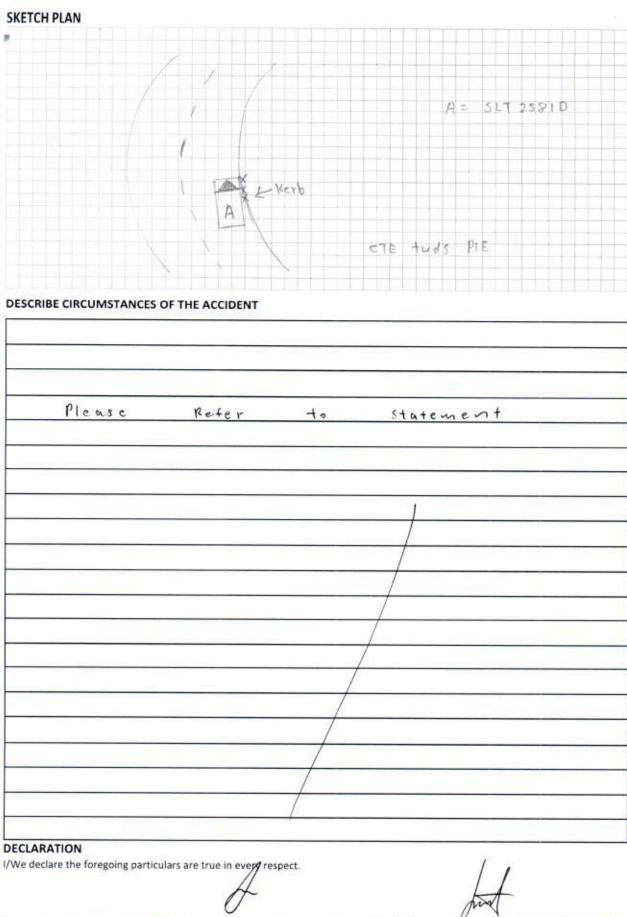
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time:

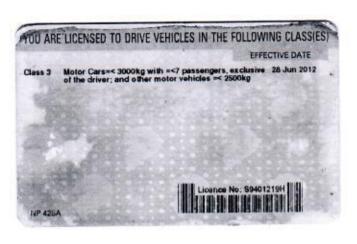
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









' <b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	00601			THE RESERVOIR STATES			• Chang	e Languag	e • Chan	ge Password	• Log Ou
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	Vo.			100	Date	of Accident		29/12/2018	09:31	
	Vehicle	No.(For Motor)	SLT258	81D		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5103965854		KONG FATT	S0837106G	GPC	drivo CLASSIC	SLT2581D	SLT2581D	24/10/2018	23/10/2019
		3203303034		NONG PATE	-	Continue		SL125810	SL12581D	24/10/2018	23/10/

Pelicy No.   \$10,996,954   Wenkie No.   \$12,591   GST Registration No.	Claim Handling						
Continue for   Content	AND A COLUMN TO COMPANY AND ADDRESS.	5103965854	Vehicle No.	SLT2581D		GST Registration No.	
Product Code	Certificate No.						
Product Code   Prod	Policyholder Name	KONG FATT				Policyholder NRIC	5083
Content No.	Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	
March   Marc	Contact No.(Mobile)	81381104	Contact No.(Office)				- 83
No.	Email Address		Special Remark			eCode	No 1
### Accident Rapes   101/2018   17394	KFK	■ No □ Yes	TCA	No Yes		eCode Reason	
Accident Name	NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Date of Accident	▼ Accident Details						
Application   CTE 1905 PTS	Report Date	29/12/2018 17:34	Accident Report Within 24 hrs	Yes		Accident Type	Other
Content Number   Cont	Date of Accident	29/12/2018	Time of Accident hh:mm	03:30		Country of Accident	Singa
Decision			Orange Force			ICM No.	
Constanting   Excess   \$0.00   Additional Excess   \$0.00   Variable Stress   Variable Stress		CTE TWDS PIE					
Unramed Driver Ecoses	▽ Excess						
They Party Excess		600.00	Additional Excess	0		Windscreen Excess	100.0
## 1		2,500.00	Outside Singapore OD Excess		600.00		
## 2617 Registered Information  2617 Registered Information  1607 Register		0.00	Outside Singapore TP Excess		0.00		
Marie   Mari		75%					
SST Registration No.		2002					
### Policyholder Malling Address   BLK 411 #11-118		No				Some or an artist of the same	
### Policyholder Malling Address ###   BLK 411 #11-118				GST Status	Verified	Vers	
Address 1 BLK 414 F11-118 Address 2 BLNGS ROAD S Address 3 STING Address 4 Address 5 Top Singapore address 6 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 5103965544 Post Code 40041 Months No. Rated Policy Number 510396574 Post Code 40041 Months No. Rated Policy Number 510396574 Post Code 40041 Months No. Rated Policy Number 510396574 Post Code 40041 Months No. Rated No. R	Tourist Thatsay						
Address Type Singapore address Post Code 40041  Related Palcy Number 5133965554  Post Code 40041  Related Palcy Number 5133965554  Post Code 40041  Priver Rype Unnamed Driver Unnamed Driver Unnamed Driver State Worker State Sta		Iress					
Address Type Singapore address Post Code 40041  Related Palcy Number 5133965554  Post Code 40041  Related Palcy Number 5133965554  Post Code 40041  Priver Rype Unnamed Driver Unnamed Driver Unnamed Driver State Worker State Sta			Address 2	ELIAIDS BOAD S		Address 7	
Unit No. O' O' D'Orivar Info  O'Ner Name  Unisamed Driver  WOND CHANG VEW JONATHAN  Driver NBIC  Sede12139H  Driver Dos 09/01  Address 2  EUNOS ROAD 5  Address 3  SINGL Address 2  EUNOS ROAD 5  Address 3  SINGL Address 4  Ves x No  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  These  Contact No. (Mobile)  New Year Address 3  Any Injury?  Ves x No  Driver Insurer Company  These  Contact No. (Mobile)  New Year No  Driver Insurer Liability  Perferred South So		5070-011.0.170707					
Univaried Driver Info	Unit No.					rost cade	40041
Unvaried driver Name  WONG CHANG YEW JONATHAN  Driver PRIC  \$406(23)991  Driver PRIC  \$406(23)991  Driver PRIC  \$406(23)991  Driver PRIC  \$400(23)997  Contact No. (Office)  Contact No. (Office)  Contact No. (Office)  Address 3  SINGLAND S ROAD 5  Address 3 SINGLAND S ROAD 5  Address 1 Singland S ROAD 5  A	→ OI Driver Info						
Register Date of Driver License  28/06/2012 Driver Age 24 Driving Experience 6  Contact No. (Mobile) 90293487 Contact No. (Office) Contact No. (Mobile) 90293487 Contact No. (Office) Contact No. (Mobile) 90293487 Contact No. (Office) Contact No. (Mobile) No. Address 3 SINGU Address 4 Address 3 Address 5 Post Code 40041 Address 6 Address 7 Post Code 40041 No. No. Post Code 40041 No. Post Code	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Register Diese of Driver License  Contact No. (Mobile)  90233487  Contact No. (Mobile)  90233487  Contact No. (Mobile)  90233487  Contact No. (Mobile)  103-60  Address 2  EUNOS ROAD 5  Address 3  SINGA  Address 1/pe  Singapore address  Post Code  40041  Address 1/pe  Fresh No  Driver Insurer Company  President No. (Mobile)  Contact No. (Mobile)  Fresh No  Contact No. (Mobile)  Fresh No  Singapore address  Driver Insurer Company  President No. (Mobile)  Fresh No  Contact No. (Mobile)  Fresh No  Contact No. (Mobile)  Fresh No  Singapore address  Driver Insurer Company  Fresh No  Contact No. (Mobile)  Fresh No  Contact No. (Mobile)  Fresh No  Contact No. (Mobile)  Fresh No  Singapore address  Driver Insurer Company  Fresh No  Contact No. (Mobile)	Unnamed driver Name	WONG CHANG YEW JONATHAN	Driver NRIC	59401219H		Driver DOS	09/01
Contact No. (Mobile)  9.0293487  Contact No. (Office)  8LX 414 # 20-50  Address 2  EUNOS ROAD 5  Address 3  SINGLA Address 3  Address 3  Address 4  Address 5/pe  Singapore address  Post Code  400s1  Driver Insurer Company  Pres * No  Driver Venicle No.  Driver Venicle No.  Driver Venicle No.  Driver Venicle No.  Driver Insurer Company  Pres * No  Claim 001  Max  Claim 001  Max  Claim 001  Max  Claim 005  Pres * No  Driver Venicle No.  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Company  Confident  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Insured Company  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Name  Claim OD-MX  Name  Driver Insurer Company  Pres * No  OD-MX  Name  Contact No. (Mobile)  Driver Insurer Company  Pres * No  OD-MX  Name  OD-MX  Name  Driver Insurer Company  Pres * No  OD-MX  Name  Driver Insurer Company  No  Name  Driver Insurer Company  No  Name  Driver Insurer Company  No  Name  Driver Insurer Company	Register Date of Driver License	28/06/2012	Driver Age	24		Driving Experience	
Address 2 EUNOS ROAD 5 Address 3 STROM Address 4 Address 7 Per Singapore address 3 STROM Address 7 Per Singapore address 7 Post Code Address 7 Pos	Contact No.(Mobile)	90293487	Contact No.(Office)				
Address Type Singapore address Post Code 40041  Does he own a Singapore Rood Repaired Car?  Yes x No Driver Vehicle No. Driver Insurer Company  Pediaration  Pediaration  Any injury?  Ves x No  Onex Vehicle No. Driver No.  Claim 001 Next  Claim 1/9e *  Contact No. (Mobile)  Image Address Type Singapore address  OD-MX Driver Insurer Company  Preservably year or Blood Test  Contact No. (Mobile)  Image Any injury?  OD-MX Nome  Frequency  Claim 1/9e *  Contact No. (Mobile)  Image Any injury?  OD-MX Nome  Frequency  Contact No. (Mobile)  Image Any injury?  OD-MX Nome  Frequency  Fre	Address 1	BLK 414 #03-60	Address 2	EUNOS ROAD 5			SING
Does he own a Singapore Registered car?  Yes a No Driver Vehicle No. Driver Insurer Company  Presentablyser or Blood Test O mg  Any Injury?  Yes a No  OP-MX  Insured Rooding Type *  Claim 1996 *  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Test on the contact No. (No. 1)  Substitute Type Type Test on the contact No. (No. 1)  Substitute Type Type Type Type Test on the contact No. (No. 1)  Substitute Type Type Type Type Type Type Type Typ	Address 4		Address Type	Singapore address		Post Code	40041
Registered car?  Tes & No  Driver Insurer Company  Driver Insurer Company  Preferred  Any Injury?  Yes & No  OD-MX  Insured  FONG FATT  Name  Gr443180  Contact No. (Mobile)  Se962432  No.  Gr443180  (Home)  Venture  SLT2581D / KERB ON 29 Dec 2018  Freferred  Insured Liability  Perfailly at Fault  Teleform Option  Freferred  Option  Preferred Workshop, Name unknown  Preferred  Option  Save Submit  Save Submit		03-60					
Any injury? Yes * No	Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.			Driver Insurer Company	
Anv injury? Yes is No  Modification History  Claim 1/20 * OD-MX	Declaration						
Colaim 7ype *  Contact No. (Mobile)  Contact		***	2000				
Contact No. (Mobile)    Separation   Separat	Modification History						
Contact No. (Mobile)    P6962432	Claim Type •				OD-MX •	Insured KONG FATT	
Email Address  Claim Description  Claim Description  Preferred Workshop 0 Preferred Workshop, Name unknown Teport Received  Preferred Workshop Name unknown Teport Received  Preferred Workshop, Name unknown Teport Received  Preferred Workshop, Name unknown Teport Received  29/12/2018 17:37 Claim Clai	Contact No.(Mobile)				province and the second	Contact	
Vehicle   Number   SLT2581D   KERB ON 29 Dec 2018					P0702-432	(Home)	
Claim Description  Preferred Norkshop Description  Preferred Norkshop Preferred Workshop, Name unknown Teport Received  Date Registered  Description  Preferred Workshop, Name unknown Teport Received  Preferred Workshop, Name unknown Teport Received  29/12/2018 17:37  Claim Description  Claim C	mail Address					Vehicle SLT2581D	
Norteshop 0	Jaim Description				SLT2581D / KERB ON 29 Dec 20		
Determination of the preferred workshop, Name unknown very glar report 29/12/2018 17:37 Claim 29/12/2018 17:37 Cla	Vorkshop in	Insured Liability Constaller	44 Eurill			Sec.	
Date Registered  29/12/2018 17:37 Close Date  Date  LIEW SHAN HUI  Save Submit	inalisation Yes	Repair Preferred Workshop,	Name unknown W GIA Books of				
LIEW SHAN HUI  ✓ Print AK letter  Save Submit		Option	(spare		29/12/2018 17:37		
Print AK letter  Save Submit	eport Taken By				LIEW SHAN HUI	Date	
A Marithman and A Marin and A	Print AK letter						
Attachment				Save Submit			
	Attachment						

Claim No.

001

MT/1025692

Accident No.

Last Doc. Received

e Yes No

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NAC\_PAYA\_UBJ\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Dec 2018 17:37

Folder Date

Upload Date

29/12/2018 17:38

Category •

Confidential

Photos 2018-12-29

Photos 2018-12-29

Photos 2018-12-29

Source

9

Urgency \*

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Display in New Window Scan and uploading

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