

# NATIONAL Assessment Centre Services

(Ref: J-100)

Date In: 07/01/2019 17:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000372/K4	SAS e-filing		
Veh No: GBB 3830S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/01/2019 15:00	i-Motor Claim Form	MT/1026775-001	8/1/19 10:20
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

STG 62D

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

## Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
on:		
*N5: Courtesy Car / Tpl 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: Idao Mobile \$0		

Invoice dated

Invoice dated

Fee Charged

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	07/01/2019 17:46
Date Of Accident	06/01/2019 15:00
Exact Location Of Accident	ROBINSON RD INFRONT AIA BUILDING TWDS COLLYER QUAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB3830S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86612239
Alternative Phone No	OFFICE-86612239
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091161451-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN CHI WAH
NRIC No	S2199845A
Date Of Birth	20/06/1969
Occupation	INDOOR
Date Of Driving Pass	10/03/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86612239
Fax Number	
Contact Number	OTHERS-86612239
Email Address	NOEMAIL

Address	BLK 33 JALAN BAHAGIA #02-262
Postcode	320033
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	COLLISION - HEAD TO REAR
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	2
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

PLS REFER TO THE 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	SJG62D
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:

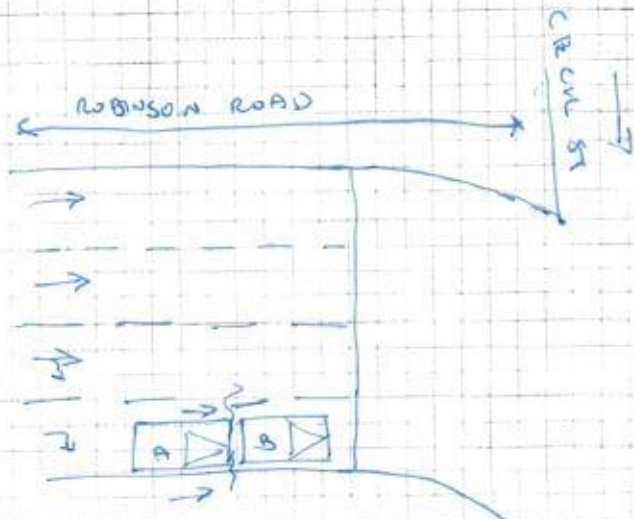
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

7/1/2019

# SKETCH PLAN

Vehicle A - GBB 38305

Vehicle B - SJG 62 D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF ROBINSON RD TOWARD COLLYER QUAY DIRECTION.

WHILE COME TO A COMPLETE STOP BEHIND A VEHICLE AT THE TRAFFIC LIGHT, AND ABOUT 100M OFF WHEN THE TRAFFIC LIGHT TURNED GREEN, BUT I LET GO MY CLUTCH TOO FAST AND CAUSE MY VEHICLE JERK FORWARD, AND HIT ONTO THE REAR OF THE VEHICLE (SJG 62 D).

AUGMENTED AND EXAMINED FOR PARTICULARS AND AGREED TO PROCEED WITH INSURANCE CLAIM.

Vehicle A - GBB 38305

Vehicle B - SJG 62 D

## 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.:

7/1/2019

<b>Vehicle No.</b>	G833T305	<b>Model / Make</b>	TOYOTA DUNIA
<b>Date of Accident</b>	06/01/2019		
<b>Time of Accident</b>	1500	<b>HRS</b>	
<b>Location of Accident</b>	ROBINSON RD INFRONT AIA BUILDING TOWARD		
<b>Exact purpose use during accident</b>	WORKING HOUR		COLLEGE QUART.
<b>Name of Owner</b>	Auto SI LAMIN PIR LTD		
<b>Telephone No.</b>	H/P : 90015345	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	12016329102		
<b>Address</b>	45 JUSMAN INDUSTRIAL STREET 1 #01-05 WIN 5 S(769091)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	JUNE		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5091161451-01		
<b>Name of Driver</b>	As Above If No, TAN CHI WAH		
<b>NRIC</b>	52199845A	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	20 JUN 1969		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	10 MAR 2010		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 86612239	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 33 JALAN BAHAGIA #02-262 S(320033)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SJL 62 D	<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>	FRONT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	NSI AUTOMOTIVE PIR LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@nsi.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2199845A



Name  
**TAN CHI WAH**

Race  
**CHINESE**  
Date of Birth  
**20-06-1969** Sex  
**M**  
Country of Birth  
**MALAYSIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2199845A**

Name  
**TAN CHI WAH**

Birth Date **20 Jun 1969**

Issue Date **10 Mar 2010**



001837334F



3110090

NRIC No. **S2199845A**



Blood Group Date of issue  
**O+ 01-12-1999**

Address  
**APT BLK 33 JALAN BAHAGIA  
#02-262  
SINGAPORE 320033**

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

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg  
Class 4 Heavy motor cars and motor tractors  $>$  2500 kg

PASS DATE  
**10 Mar 2010**  
**11 Apr 2011**

S2199845A

S / No. 9000146158

NP 428A



Licence No: S2199845A



## 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 : 5091161451-01

Cover : Comprehensive

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : GBB3830S  |
| Chassis Number   | : JTFAT35Y50K200346   |
| 2. Name of Policyholder  | : AUTO 51 LEASING PTE LTD   |
| 3. Effective Date of Insurance   | : 24 Sep 2018   |
| 4. Expiry Date of Insurance  | : 23 Sep 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. |   |
| (b) Use for the carriage of passengers or goods 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 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 12 Mar 2018 08:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/01/2019 15:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GBB3830S"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091161451-01		AUTO 51 LEASING PTE LTD	201632910R	GFT	Comprehensive	GBB3830S	GBB3830S	24/09/2018	
<input type="button" value="Continue"/>										

## ▼ Policy Information

Policy No.	5091161451-01	Policyholder Name	AUTO 51 LEASING PTE LTD	Policyholder NRIC	201632910R
Certificate No.					
Address	15 YISHUN INDUSTRIAL STREET 1 #01-05 WIN 5 SINGAPORE 768091				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/03/2018	Effective Date	10/03/2018 00:00	Expiry Date	09/03/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREET1	Address 2	#01-05 WIN 5	Address 3	SINGAPORE 768091
Address 4		Address Type	Singapore address	Post Code	768091
Unit No.	02-06	Related Policy Number	5093489587-01		

## ► Insured Object: GBB3830S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	31/08/2018 00:00	Basic Information Endorsement	000001286893517	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JN1MC2E26Z0009163 31-08-2018 \$732.93 2. JN1MC2E26Z0009165 31-08-2018 \$732.93 3. JN1MC2E26Z0009167 31-08-2018 \$732.93 4. JN1MC2E26Z0009173 31-08-2018 \$732.93 5. JN1MC2E26Z0030495 31-08-2018 \$732.93 In view of this amendment, an additional premium of \$3,664.65 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For

## Claim Handling

Accident MT/1026775

Policy No.	5091161451-01	Vehicle No.	GBB38305	GST Registration No.
Certificate No.				
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	86612239	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	08/01/2019 10:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/01/2019	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ROBINSON RD INFRONT AIA BUILDING TWDS COLLYER QUAY			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-06	Related Policy Number	5093489587-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TAN CHI WAH	Driver NRIC	S2199845A	Driving Experience
Register Date of Driver License	10/03/2010	Driver Age	49	Contact No.(Home)
Contact No.(Mobile)	86612239	Contact No.(Office)	0	Address 3
Address 1	BLK 33 #	Address 2	JALAN BAHAGIA	Post Code
Address 4	SINGAPORE 320033	Address Type	Singapore address	
Unit No.				
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTO 5
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBB38305
Claim Description	GBB38305 / SJG62D ON 6 Jan 2019		
Preferred Workshop	Yes	Insured Liability	Partially at Fault
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	08/01/2019 10:19	Received	
Report Taken By		Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1026775	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/01/2019 10:20
Path *		Category *	
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Choose File No file chosen		Clear	Please Select NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:18	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2019 10:16	Photos	Normal	Photos