

NATIONAL Assessment Centre Services

Date In: 12/01/2019 09:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000720/K4	SAS e-filing		
Veh No: SLD 7230T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 11/01/2019 20:35	i-Motor Claim Form	MT/10274810-001	12/1/19 12:34
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: SHC 304 M	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

NA1900332	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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: Idno Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Addit'ns Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	12/01/2019 09:20
Date Of Accident	11/01/2019 20:35
Exact Location Of Accident	PIE TWDS CHANGI AFTER EUNOS EXIT B4 EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7230T
Insured/Policyholder	
Name Of Registered Owner	HSU CHUEN SING
NRIC No	S2648990C
Email Address	WYMANHSU@HOTMAIL.COM.HK
Mobile Phone No	(LOCAL) +65-90231986
Alternative Phone No	OTHERS-90231986

Vehicle Particulars

Manufacturer	HOLDEN
Model	VEZEL 1.5X A
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081283637-02
Cover Note Number	

Driver

Name of Driver	HSU MAN ON
NRIC No	S8671808A
Date Of Birth	13/12/1986
Occupation	INDOOR
Date Of Driving Pass	03/12/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98585630
Fax Number	
Contact Number	OTHERS-98585630
EMail Address	WYMANHSU@HOTMAIL.COM.HK

Address	BLK 440 TAMPINES STREET 43 #09-193
Postcode	520440
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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	SHC304M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SGM3241A
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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 INJURED PERSON 1

Name

HSU MAN ON

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLD7230T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

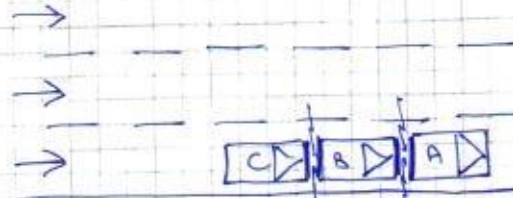

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

12/1/2019

SKETCH PLAN

VEHICLE A - SLD 7230 T
 VEHICLE B - SHC 304 M
 VEHICLE C - SGM 3241 A

PIB TOWARD CHANGI
 AFTER EUNOS EXIT, BEFORE EUNOS FLYOVER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIB TOWARD CHANGI DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, AND DUE TO THE VEHICLE IN FRONT WAS STOPPED DUE TO ACCIDENT, I THEN APPLIED BRAKE AND MANAGED TO STOP IN TIME. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SHC 304 M) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SLD 7230 T
 VEHICLE B - SHC 304 M
 VEHICLE C - SGM 3241 A

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.:

12/1/2019


Vehicle No.	SLD 7230 T	Model / Make	H / VE 22L
Date of Accident	11 / 1 / 2019		
Time of Accident	8:37 pm HRS		
Location of Accident	PIE TOWARDS CHANGI BEFORE KUNAS FLYOVER		
Exact purpose use during accident	GOING HOME		
Name of Owner	HSU CHUEN SING		
Telephone No.	H/P: 90231986	Home :	Office :
NRIC	S2649990C		
Address	BLK 440 TAMPINES ST 43 #09-193 S(520440)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5081283637-02		
Name of Driver	As Above If No, Hsu Man On		
NRIC	S8671608 A	Any Passengers: NIL	
Date of birth	13 / 12 / 1986		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	3 / 12 / 2010		
Gender	Male / Female		
Contact No.	H/P: 9858 5630	Home :	Office :
Address	BLK 446, TAMPINES ST 43, #09-193		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state SON		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who? MONITORING		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SHC 304M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SGM 3241 A	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E No.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / <u>No</u>		
Email Address	Wymanhsw@hotmail.com.hk		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nfi.com.sg		

OWNER

9114266



NRIC No. **S2648990C**



Nationality
CHINESE

Date of issue
30-12-2010

Address
**APT BLK 440 TAMPINES STREET 43
#09-193
SINGAPORE 520440**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2648990C**



Name
HSU CHUEN SING

許 俊 成

Race
CHINESE

Date of birth
05-05-1954

Sex
M

Country of birth
INDONESIA



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8671808A



Name
HSU MAN ON

许文安

Race
CHINESE

Date of birth
13-12-1986

Country/Place of birth
HONG KONG

Sex
M

202710000

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8671808A

Name: HSU MAN ON

Birth Date: 13 Dec 1986

Issue Date: 03 Dec 2010

001916059B

Driver

9429980

NRIC No. S8671808A

Nationality
BR NAT. OVERSEAS

Date of issue
20-01-2017

Address
APT BLK 440 TAMPINES STREET 43
#09-193
SINGAPORE 520440

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

EFFECTIVE DATE

- | | | |
|---------|---|-------------|
| Class 3 | Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 03 Dec 2010 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 03 Dec 2010 |
| | *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | |

NP 428A





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: S081283637-02

Cover : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SLD7230T |
| Chassis Number | : RU11113757 |
| 2. Name of Policyholder | : HSU CHUEN SING |
| 3. Effective Date of Insurance | : 27 Jun 2018 |
| 4. Expiry Date of Insurance | : 26 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HSU CHUEN SING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 23 May 2018 15:21 hrs
Reprint : 23 May 2018 15:22 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="11/01/2019 20:35"/>
Vehicle No.(For Motor)	<input type="text" value="SLD7230T"/>	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"/>	5081283637-02		HSU CHUEN SING	S2648990C	GPC	drivo CLASSIC	SLD7230T	SLD7230T	27/06/2018	26/06/2019

▼ Policy Information

Policy No.	5081283637-02	Policyholder Name	HSU CHUEN SING	Policyholder NRIC	S2648990C
Certificate No.					
Address	BLK 440 #09-193 TAMPINES STREET 43 SINGAPORE 520440				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/05/2018	Effective Date	27/06/2018 00:00	Expiry Date	26/06/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 440 #09-193	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 520440
Address 4		Address Type	Singapore address	Post Code	520440
Unit No.		Related Policy Number	5081283637-02		

► Insured Object: SLD7230T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1027480

Policy No.	S081283637-02	Vehicle No.	SLD7230T	GST Registration No.
Certificate No.				
Policyholder Name	HSU CHUEN SING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90231986	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	12/01/2019 12:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/01/2019	Time of Accident hh:mm	20:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGE AFTER EUNOS EXIT B4 EUNOS FLYOVER			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 440 #09-193	Address 2	TAMPINES STREET 43	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S081283637-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	HSU MAN ON	Driver NRIC	S8671808A	Driver DOB
Register Date of Driver License	03/12/2010	Driver Age	32	Driving Experience
Contact No.(Mobile)	98585630	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 440 #	Address 2	TAMPINES STREET 43	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	HSU CHUEN SING
Contact No.(Mobile)	90231986	Contact No.(Home)	678121
Email Address		OI Vehicle Number	SLD7230T
Claim Description	SLD7230T / SHC304M ON 11 Jan 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contract No. Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	12/01/2019 12:51	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1027480

Claim No. 001

Last Doc. Received Yes No

Upload Date 12/01/2019 12:45

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

Choose File No file chosen

Clear

Clear

Clear

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Clear

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Please Select

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NO

NO

NO

NO

NO

NO

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:50	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:48	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 12:47	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name