

*

NATIONAL Assessment Centre Services			
Date In	30/01/2019 16:05	Job description	Date & Time Completed
Ref No.	NA/INC19001983/K4	SAS e-filing	Done by
Veh No.	YM 9107C	E-mail (w/dun 3hrs, A/C 2hrs)	
D.O.A	29/01/2019 14:00	I-Motor Claim Form	MT/1030262-001 31/1/19 1108
OD	TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	
TP Insurer:		I-Photo Uploaded	
		Assessment/Survey Report	
		Ass't Report by Fax / Hand to Owner	Wksp

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: YN5014H	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: YBS () / 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 () / Non-INC ()	Date	Time Completed	Done by
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1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()				

Injury: _____

Date/Time	Actions

NA1900859	Invoice Preparation Charge	Unit (\$)	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp 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 30		
	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	30/01/2019 16:05
Date Of Accident	29/01/2019 14:00
Exact Location Of Accident	PIE TWDS CHANGI EXIT EUNOS LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM9107C
Insured/Policyholder	
Name Of Registered Owner	KRISHCO SINGAPORE CONSTRUCTION PTE LTD
Co Reg No	199507723R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83378248
Alternative Phone No	OFFICE-83378248
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
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	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	5072723995-03
Cover Note Number	
Driver	
Name of Driver	RAHMAN ASHIQUR
Passport No/FIN	G8469352P
Date Of Birth	09/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83378248
Fax Number	
Contact Number	OTHERS-83378248
E Mail Address	NOEMAIL

Address 170 UPPER BUKIT TIMAH ROAD
#05-35 BUKIT TIMAH SHOPPING CENTRE

Postcode 588179

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 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? 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 YN5014H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 YQ271Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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:

Rang

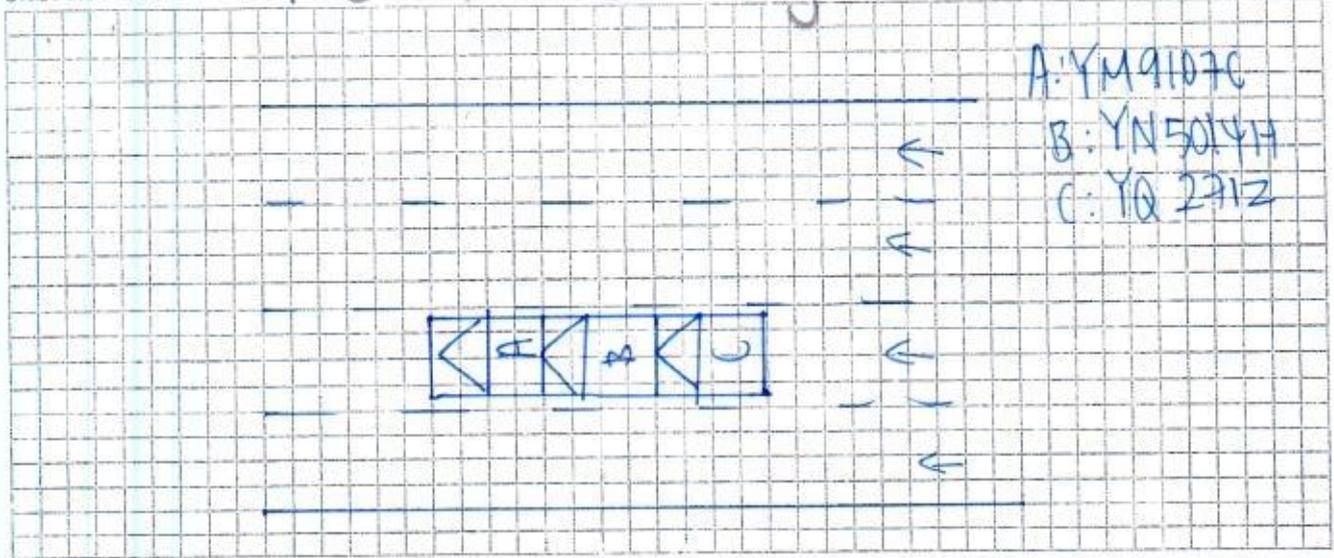
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30/11/2019

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

SKETCH PLAN

PIE towards Changi Exit Ennos Link

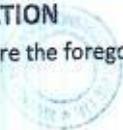


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi exit Ennos link at a normal speed, while I was traveling the car in front of me slowed down so I also slowed down without making any contact with the car in front of me. Suddenly I felt a impact from the rear portion of my vehicle. When I got down of my vehicle, I realised I got into a chain collision

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Ramy

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

[Signature]
30/1/2019

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	29/11/2019	(DD/MM/YY)
Time of accident	2.00pm	(HH:MM)
Exact location of accident	PIE towards Changi exit Funus link	

DETAILS OF VEHICLE

Vehicle registration number	YM9107C		
Vehicle make and model			
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	KRISHCO Singapore Construction Pte Ltd	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	199907723R		
Contact			
Address	170 upper bukit TIMAH Road #05-35 Bukit timah Shopping centre S(588179)		

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	RAHMAN ASHIQUR	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	G8469352P		
Contact	83378248		
Address			
Email address			
Date of birth	9/8/1982		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	17/12/2014		

Email: Teamwork ✓

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	1	(Inclusive of driver)

PASSENGER 1

Name	RAHMAN ASHIQUR	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 2

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 3

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 4

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 5

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 6

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name		

WITNESS 1

Name		
------	--	--

WITNESS 2

Name		
------	--	--

THIRD PARTY VEHICLE 1

Vehicle registration number	YN5014H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 2

Vehicle registration number	YQ271Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
UNITED WORKS PTE. LTD.



Name
RAHMAN ASHIQUR

Work Permit No.
0 63122033

Sector
CONSTRUCTION





K0055637

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **G8469352P**
Name
RAHMAN ASHIQUR

Birth Date **09 Aug 1982**
Issue Date **17 Dec 2014**
Valid Till **16 Dec 2019**



002376777H

VISIT PASS
Immigration Regulations

Name
RAHMAN ASHIQUR



FIN
G8469352P

Date of Birth **09-08-1982** Sex **M**

Nationality
BANGLADESHI

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.

Download SGWorkPass App to check status




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg **17 Dec 2014**



License No: **G8469352P**

NP 428A

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5072723995-03		KRISHCO SINGAPORE CONSTRUCTION PTE LTD	199507723R	GCV	Comprehensive	YM9107C	YM9107C	01/09/2018	31/08/2019

Continue

▼ **Policy Information**

Policy No.	5072723995-03	Policyholder Name	KRISHCO SINGAPORE CONSTR	Policyholder NRIC	199507723R
Certificate No.					
Address	170 UPPER BUKIT TIMAH ROAD #05-35 BUKIT TIMAH SHOPPING CENTRE SINGAPORE 588179				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/07/2018	Effective Date	01/09/2018 00:00	Expiry Date	31/08/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#05-35 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5105920826		

▶ **Insured Object: YM9107C**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1030262

Policy No.	5072723995-03	Vehicle No.	YM9107C	GST Registration No.
Certificate No.				
Policyholder Name	KRISHCO SINGAPORE CONSTRUCTION PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	83378248	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	31/01/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2019	Time of Accident hh:mm	14:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI EXIT EUNOS LINK			

Excess

Own damage Excess	600.00	Additional Excess	Windscreen Excess
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	01/01/20
GST Registration No.	199507723R	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#05-35 BUKIT TIMAH SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105920826	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RAHMAN ASHIQUR	Driver NRIC	G8469352P	Driver DOB
Register Date of Driver License	17/12/2014	Driver Age	36	Driving Experience
Contact No.(Mobile)	83378248	Contact No.(Office)	0	Contact No.(Home)
Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	# BUKIT TIMAH SHOPPING CEN	Address 3
Address 4		Address Type	Singapore address	Post Code
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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KRISHCO
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	YM9107C
Claim Description	YM9107C / YN5014H ON 29 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
		Claim Close Date	31/01/2019 11:09
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1030262 Claim No. 001
 Last Doc. Received Yes No Upload Date 31/01/2019 11:08

- Choose File No file chosen

Message Read

Path *

Category *

Confidential

Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:08	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:07	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 11:03	Photos	Normal	Photos

Video List

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