

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MUA 119014 972.

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------------|
| Date In: 31/1/19 16:33 | Job description | Date & Time Completed | Done by |
| Ref No: NA11MCL9002084164 | SAS e-filing | | |
| Veh No: GA 9844A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 30/1/19 10:30 | I-Motor Claim Form | M7/1030377-021 | 31/1/19 16:58 |
| 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:

STU 3556P.

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

)

Loading: \$1,000 (

)/\$2,000 (

)

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() 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

NA1900873

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref 1:

Ref 2/3:

Invoice Breakdown Checklist

Amc (\$)

Amc (\$)

add bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100);

INC (\$80)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) PT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-Inspection

\$75

7) N1: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpt 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

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 | 31/01/2019 16:33 |
| Date Of Accident | 30/01/2019 10:30 |
| Exact Location Of Accident | AMK BLK 449 CARPARK(CARPARK NO AMA37) |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GQ9844A |
| Insured/Policyholder | |
| Name Of Registered Owner | SONG KWANG ELECTRIC SERVICE |
| Co Reg No | 07098300C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63839761 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | DYNA 150 D |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 0081697131-15 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | HOI KUM POR |
| NRIC No | S1809386C |
| Date Of Birth | 07/10/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/03/1995 |
| Driving Experience | 23 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91146966 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|-----------------------------------|
| Address | BLK 508C WELLINGTON CIRCLE #12-03 |
| Postcode | 753508 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 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

PLEASE REFER TO 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 | SJU3556P |
| 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.

SONG KWANG ELECTRIC SERVICE

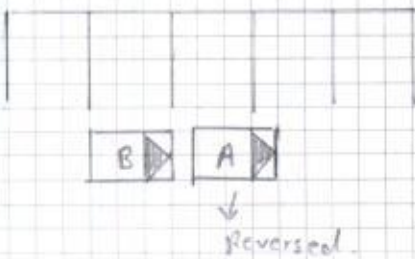
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

449.



A = GQ 9844 A

B = SJU 3556 P

AMK Carpark (Carpark No AMA37)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

SONG KWANG ELECTRIC SERVICE

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.:

I WAS SEARCHING EMPTY LOT INSIDE THE CARPARK BLK 449 AMK. WHILE I FOUND A LOT AND PREPARE TO REVERSING, I HAD CHECK BEHIND WAS CLEAR, WHILE REVERSING, I FELT AN IMPACT. AFTER THE INCIDENT, I REALIZED MY VEH HAVE A COLLISON WITH ANOTHER VEH B (BEARING NO SJU3556P)

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 1 / 19) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: AMK Carpark C car park no AMA37).

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GQ 9844A.
b) INSURANCE COMPANY: IUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Song Kwang Electric Service. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6383 9761
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hoi Kum Por. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9114 6966.
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/01/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 53U 3556 P. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = repair@songkwang.com.

fax =

VIDEO = No.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1809386C



Name
HOI KUM POR

许 锦 宝

Race
CHINESE

Date of Birth
07-10-1967

Sex
M

Country of Birth
SINGAPORE



A0188513



NR No. S1809386C



Issue Date
01-03-2002

APT BLK 508C WELLINGTON CIRCLE #12-03
SINGAPORE 753508
NR No. S1809386C Date: 28-03-2005 No. 5045505

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man

License Number: **S1809386C**

Name: **HOI KUM POR**

Birth Date: **07 Oct 1967**

Issue Date: **24 Oct 2005**

Barcode: 0013755048

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

For cars \leq 3000 kg with \leq 7 passengers,
exclusive of the driver, and motor bactors
vehicles \leq 2500 kg

PASS DATE: **04 Mar 1995**

License No: **S1809386C**

14P 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

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-----------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 0081697131-15 | | SONG KWANG ELECTRIC SERVICE | 07098300C | GCV | Third Party | GQ9844A | GQ9844A | 01/05/2018 | 30/04/2019 |

Claim Handling

Accident MT/1030377

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|-------------------|
| Policy No. | 0081697131-15 | Vehicle No. | GQ9844A | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SONG KWANG ELECTRIC SERVICE | | | Policyholder NRIC | 07091 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 63839761 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 0 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 31/01/2019 16:49 | Accident Report Within 24 hrs | Yes | Accident Type | Side Impact |
| Date of Accident | 30/01/2019 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | AMK BLK 449 CARPARK(CARPARK NO AMA37) | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| ▼ Benefits | | | | | |
| Coverage | | Sum Insured | | | |
| PAB | | 99999999.99 | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | No | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 42 LORONG LOW KOON | Address 2 | SINGAPORE 536452 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 53641 |
| Unit No. | | Related Policy Number | 5017789191-12 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | HOI KUM POR | Driver NRIC | S1809386C | Driver DOB | 07/10 |
| Register Date of Driver License | 04/03/1995 | Driver Age | 51 | Driving Experience | 23 |
| Contact No.(Mobile) | 91146966 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 508C #12-03 | Address 2 | WELLINGTON CIRCLE | Address 3 | WELLINGTON CIRCLE |
| Address 4 | SINGAPORE 753508 | Address Type | Singapore address | Post Code | 75350 |
| Unit No. | 12-03 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Modification History | | | | | |

Claim 001

New

Claim Handling

Accident MT/1030377

| | | | | | |
|-------------------------|----------------------------------------------------|-------------------------------|----------------------------------------------------|----------------------|-------------|
| Policy No. | 0081697131-15 | Vehicle No. | GQ9844A | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SONG KWANG ELECTRIC SERVICE | | | Policyholder NRIC | 07091 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 63839761 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 0 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 31/01/2019 16:49 | Accident Report Within 24 hrs | Yes | Accident Type | Side Impact |
| Date of Accident | 30/01/2019 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | AMK BLK 449 CARPARK(CARPARK NO AMA37) | | | | |
| ▼ Excess | | | | | |
| Total Excess Applicable | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

1/31/2019

Claim Handling(accident reporting Claim Task)

| | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|
| Excess Type | Windscreen Excess | 0.00 |
| All Claims Excess | | |
| YIED All Claim Excess | Driver is Covered? | |
| Total All Claim Excess Applicable | | |
| OD Standard Excess | TP Standard Excess | |
| YIED OD Excess | YIED TP Excess | Driver is Covered? |
| Additional Excess | | |
| Total OD Excess Applicable | Total TP Excess Applicable | |
| Benefits | | |
| Coverage | Sum Insured | |
| PAB | 99999999.99 | |
| GST Registered Information | | |
| | | |
| Policyholder Mailing Address | | |
| Address 1 | 42 LORONG LOW KOON | Address 2 |
| Address 4 | | Address Type |
| Unit No. | | Related Policy Number |
| OI Driver Info | | |
| Driver Name | Unnamed Driver | Driver Type |
| Unnamed driver Name | H01 KUM POR | Driver NRIC |
| Register Date of Driver License | 04/03/1995 | Driver Age |
| Contact No.(Mobile) | 91146966 | Contact No.(Office) |
| Address 1 | BLK 508C #12-03 | Address 2 |
| Address 4 | SINGAPORE 753508 | Address Type |
| Unit No. | 12-03 | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. |
| | | Driver Insurer Company |
| 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 | SONG KWANG ELECTRIC SER |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | GQ9844A |
| Claim Description | GQ9844A / SJU3556P ON 30 Jan 2019 | | |
| Preferred Workshop | | Insured Liability | Fully at Fault |
| Repair No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 31/01/2019 16:57 |
| | | Workshop Repairer | LIEW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

| | | | |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No. | MT/1030377 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 31/01/2019 16:58 |
| Path * | | Category * | Confidential |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

| Attachment List | | | | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| Attachment | Uploaded By/Date | Category |  | Urgency | Description |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | SAS | | Normal | SAS 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:58 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 16:57 | Photos | | Normal | Photos 2019-1-31 |
|  | Video List | | | | |
| Uploaded By/Date | | Folder Date | File Name |  | Source |
| | | <div>Display in New Window</div> <div>Scan and uploading</div> | | | |