

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002439/13	SAS e-filing		
Veh No: FBH12909	E-mail (within 8hrs, AIC 2hrs)		
DOA 08/02/19 1230	i-Motor Claim Form	MT/1031484 - 001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MT 70 51 Tel: Fax:)

TP Particulars:	Veh No: SLQ9530X	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

NA/1901271

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- | | Amt (\$)
1st Bill | Amt (\$)
Add Bill |
|---|----------------------|----------------------|
| 1) AR : Accident Reporting (\$30); | | |
| 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| 3) TF : Towing Fee \$40/\$45 | | |
| 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) N1 : Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *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: Idac 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	11/02/2019 19:43
Date Of Accident	08/02/2019 12:30
Exact Location Of Accident	LOYANG WAY TWDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1290G
Insured/Policyholder	
Name Of Registered Owner	BAHRIAN BIN ABDUL JALIL
NRIC No	S8019959G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90286301
Alternative Phone No	OTHERS-90286301

Vehicle Particulars

Manufacturer	MLE
Model	XTM200
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100537045
Cover Note Number	

Driver

Name of Driver	BAHRIAN BIN ABDUL JALIL
NRIC No	S8019959G
Date Of Birth	23/07/1980
Occupation	INDOOR
Date Of Driving Pass	24/12/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90286301
Fax Number	
Contact Number	OTHERS-90286301
Email Address	NOEMAIL

Address	BLK 252 CHOA CHU KANG AVE 2 #12-316
Postcode	680252
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190208/2126

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	SLQ9530X
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	BAHRIAN BIN ABDUL JALIL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBH1290G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

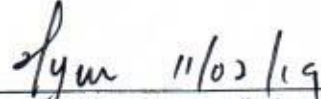
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

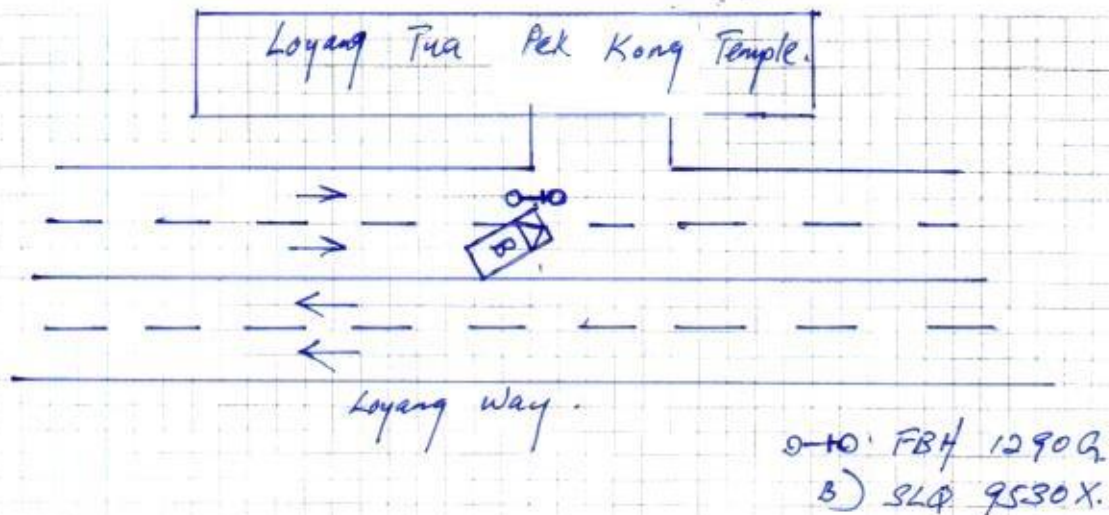


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: T/20190208/2126.

DECLARATION

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



Policyholder's Signature

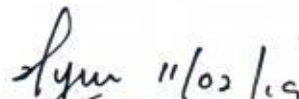
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190208/2126

1 of 3

Report No. T/20190208/2126

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 19:31	Vide Report No.:	Station Diary No.: 147
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Informant's Particulars

Name of Informant: BAHRIAN BIN ABDUL JALIL		Address: APT BLK 252 CHOA CHU KANG AVENUE 2 #12-316 SINGAPORE 680252	
ID Type / ID No.: NRIC NO / S8019959G		Contact No.: Home/Office:	Mobile: 90286301
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 23/07/1980	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: PLATING TECHNICIAN		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LOYANG WAY PASIR RIS DRIVE 3 Loyang Tua Pek Kong entrance				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1290G	Motorcycle	MLE	XTM200	Orange	Slightly Damaged	0
SLQ9530X	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190208/2126

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20190208/2126

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH1290G	NTUC Income Insurance Co-Operative Limited	5100537045	07/05/2018	06/05/2019

Brief Details.

08/02/2019 at about 1230hrs I was travelling along Loyang Way towards Pasir Ris Drive 3 on my motorcycle (FBH1290G). As I was travelling along the second lane and reaching the Loyang Tua Pek Kong entrance, a car (SLQ9530X) on the first lane that was stationery suddenly made a left when I was very close to it. As I did not have enough time to react, I collided with the left front bumper of the car. I was then conveyed by ambulance to Changi General Hospital and received 8 days from 08/02/2019 to 15/02/2019 of Medical Leave. I am lodging this report for investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20190208/2126

3 of 3

Report No. T/20190208/2126

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt MUHAMMAD SALIMIN BIN OMAR

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

08/02/2019 19:31

Classification Of Case:

Officer In Charge Of Case:

T / Signature :

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185



Singapore Police Force

Authentication Stamp

NP168

Vehicle No.	FBT 1290G.		Model / Make	MLE XTM200.
Date of Accident	08/02/19			
Time of Accident	1230 HRS			
Location of Accident	Loyang way towards Raser Res Drive 3 in front of Loyang			
Exact purpose use during accident	Private Used.		Tua Pek Kong	
Name of Owner	Bahrian Ben Abdul Jalil			
Telephone No.	H/P : 90286301		Home :	Office :
NRIC	S80199596			
Address	BLK 252, Choa Chu Kang Ave 2 #12-316 (S) 680252			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft			
Policy No.	5100537045			
Name of Driver	<u>As Above If No,</u>			
NRIC	Any Passengers : N/A.			
Date of birth	23/07/1980			
Occupation	Outdoor / <u>Indoor</u>			
Driving License Pass Date	24/12/1999			
Gender	<u>Male</u> / Female			
Contact No.	H/P :		Home :	Office :
Address				
Driver have any own vehicle	No,	If yes, Reg No.	Owner	
Relationship	Employee,	If no, state		
Weather condition	<u>Clear</u>	Raining	Other	
Road Surface	<u>Dry</u>	Wet	Other	
Any Injuries	No,	<u>If Yes, Who?</u>		
Name And Contact No.	Bahrian Ben Abdul Jalil (H/P: 90286301)			
Name And Contact No.				
Police Report	No,	<u>If Yes, Where?</u>	Choa Chu Kang N.P.C.	
Vehicle B No.	SLQ 9530X		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N/A		Witness Contact : N/A.	
Accident Portion	Right side.			
Camera Recorder	Yes / <u>No</u>			
Email Address	karran123@gmail.com			
PARTICULAR WORKSHOP	MOTOS 1			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Jackie			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8019959G**

Name: **BAHRIAN BIN ABDUL JALIL**

Birth Date: **23 Jul 1980**

Issue Date: **16 Dec 2002**

000015116K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8019959G



Name
BAHRIAN BIN ABDUL JALIL

Race
JAVANESE

Date of birth
23-07-1980

Sex
M

Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Dec 1999
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	23 Sep 2003

S / No. 9000009361

S8019959G

Licence No: S8019959G

NP 430A

3881307

S8019959G

42A RBN
 B COY / MED PL
 MED DOC CLERK

Date of issue
 22-05-2006

APT BLK 252 CHOA CHU KANG AVENUE 2 #12-316
 SINGAPORE 680252

NRIC No: **S8019959G** Date: **26-03-2007** No: **5725608**

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 : 5100537045

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH1290G |
| Chassis Number | : LSRMAZ4C7DU000037 |
| 2. Name of Policyholder | : BAHRIAN BIN ABDUL JALIL |
| 3. Effective Date of Insurance | : 07 May 2018 |
| 4. Expiry Date of Insurance | : 06 May 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: BAHRIAN BIN ABDUL JALIL
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : HO JIA XING (00000602485)
Date of Issue : 07 May 2018 10:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1031484

Policy No.	5100537045	Vehicle No.	FBH1290G	GST Registration No.
Certificate No.				
Policyholder Name	BAHRIAN BIN ABDUL JALIL			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90286301	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	11/02/2019 20:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2019	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOYANG WAY TWOS PASIR RIS DR 3			

▼ Excess

Own damage Excess	0.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 252 #12-316	Address 2	CHOA CHU KANG AVENUE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100537045	

▼ OI Driver Info

Driver Name	bahrian bin abdul jalil	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8019959G	Driver DOB
Register Date of Driver License	24/12/1999	Driver Age	38	Driving Experience
Contact No.(Mobile)	90286301	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 252	Address 2	CHOA CHU KANG AVENUE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-316			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BAHRIAN
Contact No.(Mobile)	90286301	Contact No.(Home)	668915
Email Address	KASRIAN123@GMAIL.COM	OI Vehicle Number	FBH129
Claim Description	FBH1290G / SLQ9530X ON 8 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	11/02/2019 20:06	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Attachment



Accident No. MT/1031484 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/02/2019 00:00

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category * Confidential

 NO

 NO

 NO

 NO

 NO

 NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:06	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:06	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2019 20:05	Photos	Normal	Photos
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