

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In	12/02/2019 17:32	Job description	Date & Time Completed	Done by
Ref No	NA/INC19002540/K4	SAS e-filing		
Veh No	CB7711P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A	08/02/2019 06:15	i-Motor Claim Form	MT/1031735-001	12/2/19 18:05
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: () Tel: () Fax: ()

TP Particulars:	Veh No: Divider	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

NA1901163	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	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:-			
Auditors' Comments :- Cat. 1: Cat. 2 / 3:	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 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	12/02/2019 17:22
Date Of Accident	08/02/2019 06:15
Exact Location Of Accident	BEDOK RESERVOIR RD TWDS EUNOS LINKON RTLANEDIVIDER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB7711P
Insured/Policyholder	
Name Of Registered Owner	MAHA BODHI SCHOOL BUS SERVICE
Co Reg No	37880000X
Email Address	MBSBUSES@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96160265
Alternative Phone No	OFFICE-64426887
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	RM117NSR DEB
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102667144
Cover Note Number	
Driver	
Name of Driver	WU JIANXIN
Passport No/FIN	G5164002R
Date Of Birth	17/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83306505
Fax Number	
Contact Number	OTHERS-83306505
Email Address	MBSBUSES@YAHOO.COM.SG

Address	BLK 18 LORONG KEMBANGAN #01-01 KIMNAN PARK
Postcode	417336
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20190208/2034

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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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.



x

Policyholder's Signature
Date & Time:

Handwritten signature of the driver.

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

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

Handwritten signature and date: 12/2/2019

SKETCH PLAN

Bedok Reservoir Rd
towards Eunos Link
on the right
Lane.



A - CB7711P

B - Center divider
of the road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report -
T/20190208/2034

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/20190208/2034

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20190208/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 11:48	Vide Report No.: G/20190208/0077	Station Diary No.: 13
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Informant's Particulars

Name of Informant: WU JIANXIN			Address: APT BLK 18 LORONG KEMBANGAN #01-01 KIMNAN PARK SINGAPORE 417336		
ID Type / ID No.: FIN NO / G5164002R			Contact No.: Home/Office: Mobile: 83306505		
Nationality: CHINESE			Email:		
Sex: Male	Age: 48	Date of Birth: 17/12/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2019 06:15	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD EUNOS LINK ALONG BEDOK RESERVOIR ROAD TOWARDS EUNOS LINK ON THE RIGHT LANE NEAR TO THE DIVIDER.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7711P	Bus/Coach/Mi nibus	MITSUBISHI	RM117NSR DEB	Multi-Colored	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7711P	NTUC Income Insurance Co-Operative Limited	5102667144		



**SINGAPORE
POLICE FORCE**



T/20190208/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20190208/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WU JIANXIN	ID No.	G5164002R
Related Vehicle	CB7711P (Bus/Coach/Minibus)	Contact No.	83306505
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/02/2019 at about 0615Hrs, I was driving a school bus CB7711P with 3 primary school students along Bedok Reservoir Road towards Eunos Link on the right lane. While I was steering the vehicle, I accidentally collided into the center divider of the road.

I parked the vehicle on the side road along Jalan Damai to ease the traffic flow and make a check. I then discovered about 3 divider was damaged and uprooted. There are dents and scratch marks on the front right corner of the vehicle. There are no injuries found on the students. I contacted the school and also arranged another vehicle to sent the students to Maha Bodhi Primary School.

At about 0700Hrs, Traffic police arrived and I was told to lodge a report regarding the matter. There are in-car camera installed in the vehicle and also recorded the whole incident.



**SINGAPORE
POLICE FORCE**



T/20190208/2034

3 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20190208/2034

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:

G /

Sgt 1 CHENG YI SHENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Signature Of Informant:

Date/Time:

08/02/2019 11:48

Classification Of Case:

Authentication Stamp

NP168

Reported on 8/2/2019
@ 1320 Hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2019 (DD/MM/YYYY), TIME: 06:15 (HH:MM)

LOCATION: Bedok Reservoir Rd towards Eunos Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB 7711P
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83306505
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: center divider 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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* Vehicle Photos was taken from ~~that~~ AP.

email = mbsbuses@yahoo.com.sg ✓

fax = 64426887

VIDEO = n/p 961 60265
MR Neo

* Vehicle not Present?

Video
yes.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	20 Jul 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	06 Oct 2011

NP 428A

Licence No: G5164002R

Land Transport Authority



VOCATIONAL LICENCE

Licence No : G5164002R

Name : WU JIANXIN

Issue Date : 21/9/2011

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	16/09/2011



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="08/02/2019 06:15"/>
Vehicle No.(For Motor)	<input type="text" value="CB7711P"/>	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"/>	5102667144		MAHA BODHI SCHOOL BUS SERVICE	37880000X	GFT	Third Party, Fire & Theft	CB7711P	CB7711P	27/07/2018	

▼ Policy Information

Policy No.	5102667144	Policyholder Name	MAHA BODHI SCHOOL BUS SER	Policyholder NRIC	37880000X
Certificate No.					
Address	BLK 63 #11-808 CHAI CHEE ROAD SINGAPORE 460063				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/07/2018	Effective Date	27/07/2018 00:00	Expiry Date	26/07/2019 23:59
Third Party Excess	3000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 63 #11-808	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE 460063
Address 4		Address Type	Singapore address	Post Code	460063
Unit No.		Related Policy Number	5102667144		

► Insured Object: CB7711P

▼ Endorsements

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

Accident MT/1031735

Policy No.	5102667144	Vehicle No.	CB7711P	GST Registration No.
Certificate No.				
Policyholder Name	MAHA BODHI SCHOOL BUS SERVICE			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96160265	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	12/02/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2019	Time of Accident hh:mm	06:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK RESERVOIR RD TWDS EUNOS LINKON RTLANEDIVIDER			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 63 #11-808	Address 2	CHAI CHEE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102667144	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WU JIANXIN	Driver NRIC	G5164002R	Driver DOB
Register Date of Driver License	20/07/2011	Driver Age	48	Driving Experience
Contact No.(Mobile)	83306505	Contact No.(Office)	0	Contact No.(Home)
Address 1	18 LORONG KEMBANGAN	Address 2	# KIMNAN PARK	Address 3
Address 4	#01-01 KIMNAN PARK	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	MAHA E
Contact No.(Mobile)	91275607	Contact No. (Home)	
Email Address		OI Vehicle Number	CB7711
Claim Description	CB7711P / DIVIDER ON 8 Feb 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	12/02/2019 18:07	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
		Claim Close Date	
		Workshop Repairer	

Print AK letter

Attachment



Accident No. MT/1031735 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 12/02/2019 18:05

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Confidential

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:07	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 18:04	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

