

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 14/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002761/13	SAS e-filing		
Veh No: SKE60000	E-mail (within 8hrs, AIC 2hrs)		
DOA: 13/02/19 1855	i-Motor Claim Form	MT/1022052-001	
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: ( **SUCCESS UNITED** Tel: Fax: )

TP Particulars:	Veh No: GBA9531X	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

NA1901291

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) iT: 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:-		
	ON*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	14/02/2019 11:50
Date Of Accident	13/02/2019 18:55
Exact Location Of Accident	KPE TUNNEL TWDS SENGKANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE6000D
Insured/Policyholder	
Name Of Registered Owner	RS AUTOHUB PTE LTD
Co Reg No	201616088K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98892929
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S350L
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MOTOR TRADE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082302515-02
Cover Note Number	
Driver	
Name of Driver	SEE TOH WAI SUM
NRIC No	S7430661F
Date Of Birth	25/09/1974
Occupation	INDOOR
Date Of Driving Pass	02/08/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892929
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 323D SUMANG WALK #02-913
Postcode	824323
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 - HEAD TO REAR
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?	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.

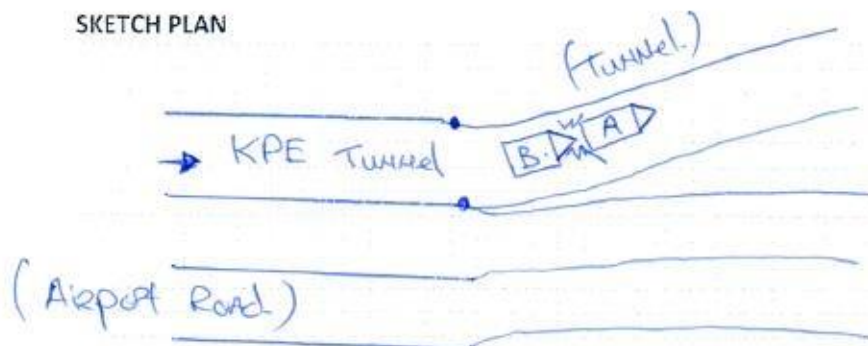
#### Attachment(s)

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	GBA9531X
Vehicle Make/Model/Colour	TOYOTA HIACE
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



A.) SKF 6000D.

B.) GSA 9531X. (VAU.)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Airport Road into KPE Tunnel toward Senglang. Traffic was slow & heavy. My seat vehicle braked & stopped. I brake & stopped too. Suddenly, a Rear VAU (GSA 9531X) hit onto the rear of my car. Upon alighting, I realised my car was very badly damaged.

## 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:

Signature 14/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119020626 Vehicle Registration No: SKE60000  
Name (as shown in NRIC) : SEE TOH WAI SUM NRIC/FIN/Passport No : 57430661F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate #02-913 824323  
Address : BLK 303D SUMANG WALK Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98892929  
Email Address : \_\_\_\_\_  
Date of Accident : 13/02/19 Time of Accident : 1855  
Place of Accident : KPE TUNNEL TWAS SENGKANG  
Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TYPE OF COVERAGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

See 14/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

3667315




NRIC No. S7430661F

Date of issue  
26-01-2005


APT BLK 323D SUMANG WALK #02-013  
SINGAPORE 824323

NRIC No: S7430661F Date 29/12/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Apr 1991 02 Aug 1995

Fuel Up to the Power of 2!



Licence No: S7430661F



Expiry date 31 Jan 2006. Terms & Conditions Apply

Delia

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7430661F




Name  
SEETOH WAI SUM

司徒伟森

Race  
CHINESE

Date of birth  
25-09-1974

Sex  
M

Country of birth  
SINGAPORE

S7430661F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7430661F

Name  
SEETOH WAI SUM

Birth Date: 25 Sep 1974

Issue Date: 02 May 2003




000451817J



VEHICLE NO : <u>4KE 6000D.</u>		MAKE/MODEL : <u>Mercedes S350L</u>	
Date of Accident	<u>13-2-2019</u> Time: <u>18:55</u>	Foreign Veh Involved	YES / <u>NO</u>
Location of Accident	<u>KPE Tunnel towards Seremban</u>	Foreign Veh No	
Country of Loss			
Vehicle Damaged	<u>Rear portion.</u>	No. of Veh Involved :	<u>02</u>
Claim Type	<u>OD / TP / REPORTING</u>	Was There Any Witness	YES / <u>NO</u>
INSURANCE CO	<u>NTUC</u>	Name of Witness :	
Coverage	<u>re/TPFT/Third Party Only</u>	Contact No :	
Policy No	<u>50823 02515-02</u>		
Fleet Policy	YES / <u>NO</u>		
		<b>OTHER VEHICLES</b> <u>GRA 9531X.</u>	
OWNER / CO. NAME	<u>RS AutoHub P/L.</u>	VEHICLE B	<u>Toyota Hilux</u>
NRIC / Co's Reg No.	<u>201616088K.</u>	Category :	
Address	<u>7, Kait Bukit Road 1.</u>	Driver's Name :	
	<u>#03-05, 5413937.</u>	NRIC No :	
Contact / Mobile No		Contact No :	
Email Address		No. of Passenger :	
Date of Birth			
Gender	<u>M / F</u>	<b>VEHICLE C</b>	
DRIVER'S NAME		Category :	
NRIC No	<u>57430661F.</u>	Driver's Name :	
Address	<u>RJK 323D, Simang walk.</u>	NRIC No :	
	<u>#02-913.</u>	Contact No :	
Contact / Mobile No	<u>98892424</u>	No. of Passenge :	
Email Address			
Date of Birth	<u>25/9/1974</u>	<b>VEHICLE D</b>	
Gender	<u>M / F</u>	Category :	
LICENSE PASSED DATE	<u>2/8/1995.</u>	Driver's Name :	
		NRIC No :	
Occupation	<u>Indoor / Outdoor</u>	Contact No :	
Relation with Owner		No. of Passenger :	
Does Driver Own Any Other Veh ?		YES / <u>NO</u>	
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>	Video Captured	: YES / <u>NO</u>
Road Surface	<u>Dry / Wet / Others</u>		
<b>INJURED</b> : YES / <u>NO</u>			
Name of Injured :		Police Report	: YES / <u>NO</u>
Convey To Hospital by Ambulance :	YES / NO	If YES, Where :	
<b>NO. OF PASSENGERS</b> :			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
<b>REMARKS</b> :			
Name of Workshop :	<u>Success United.</u>	Contact No :	
Address :		Email :	



## 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: 14/2/19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 14/02/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5082302515-02"/>	Date of Accident	<input type="text" value="13/02/2019 18:55"/>
Vehicle No.(For Motor)	<input type="text"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082302515-02		RS AUTOHUB PTE LTD	201616088K	GMT	Third Party		SEE TOH WAI SUM /S7430661F	14/07/2018	13/07/2019

## ▼ Policy Information

Policy No.	5082302515-02	Policyholder Name	RS AUTOHUB PTE LTD	Policyholder NRIC	201616088K
Certificate No.					
Address	7 KAKI BUKIT ROAD 1 #03-05 SINGAPORE 415937				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2018	Effective Date	14/07/2018 00:00	Expiry Date	13/07/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	CH INSURANCE AGENCY PTE, LT	Agent Tel.	98781682	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	7 KAKI BUKIT ROAD 1	Address 2	#03-05	Address 3	SINGAPORE 415937
Address 4		Address Type	Singapore address	Post Code	415937
Unit No.	03-05	Related Policy Number	5082302515-02		

▶ Insured Object: SEE TOH WAI SUM /S7430661F

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#)[Cancel](#)



## THE SCHEDULE

### Motor Trade Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5082302515-02
The Policyholder	: RS AUTOHUB PTE LTD 7 KAKI BUKIT ROAD 1 #03-05 SINGAPORE 415937

Period of Insurance	: 14 Jul 2018 To 13 Jul 2019 ✓
Sum Insured	: N/A
Premium (inclusive GST)	: S\$755.40

#### Interest Insured

Cover Type	: Third Party
Type of Trade/Business	: Car Dealers
Total Number of Authorised Driver(s)	: 1
Detail of Authorised Driver(s)	: Refer to List Attached
NCD Entitlement	: 15%
Excess (Section I)	: N/A
Excess (Section II)	: N/A

**Memo A** : This Policy covers business operating hours from 7am to 10pm.

**Endorsement Operative** : MT1

Agency	: CH INSURANCE AGENCY PTE. LTD. (00000615369)
Date of Issue	: 27 Jun 2018 11:46 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

## Claim Handling

Accident MT/1032052

Policy No.	5082302515-02	Vehicle No.		GST Registration No.
Certificate No.				
Policyholder Name	RS AUTOHUB PTE LTD			Policyholder NRIC
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading
Motor Trade Plate No.	SKE6000D	Motor Trade Driver Name	SEE TOH WAI SUM	Motor Trade Driver
Contact No.(Mobile)	98892929	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

## ▼ Accident Details

Report Date	14/02/2019 15:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/02/2019	Time of Accident hh:mm	18:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE TUNNEL TWDS SENGKANG			

## ▼ 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	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	7 KAKI BUKIT ROAD 1	Address 2	#03-05	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-05	Related Policy Number	5082302515-02	

## ▼ OI Driver Info

Driver Name	SEE TOH WAI SUM	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7430661F	Driver DOB
Register Date of Driver License	02/08/1985	Driver Age	44	Driving Experience
Contact No.(Mobile)	98892929	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 323D	Address 2	SUMANG WALK	Address 3
Address 4	SINGAPORE 824323	Address Type	Singapore address	Post Code
Unit No.	#02-913			
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RS AUT
Contact No.(Mobile)	98892929	Contact No. (Home)	
Email Address		Vehicle Number	
Claim Description	/ GBA9531X ON 13 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	14/02/2019 16:02	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	



















[Print AK letter](#)[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1032052	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2019 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:02	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 16:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2019 15:59	SAS	Normal	SAS 2

## Video List

Uploaded By/Date

Folder Date

File Name



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Scan and uploading