

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA190123795**

Date In: <b>18/1/19-17.47</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA190123795/24</b>	SAS e-filing		
Veh No: <b>6V1251X</b>	E-mail (within Shrs, AIC 2hrs)		
D.O.A: <b>18/1/19-17.45</b>	i-Motor Claim Form	<b>NA190123795-001</b>	<b>18/1/19 20:35</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>6V1251X</b>	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

<b>NA1901236</b>	<b>Invoice Preparation Checklist:</b>	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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 (N-on INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	18/02/2019 17:47
Date Of Accident	17/02/2019 17:45
Exact Location Of Accident	CTE TWDS PIE CHANGI BEFORE UPP SERANGOON RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV1009X
Insured/Policyholder	
Name Of Registered Owner	RICCO ENGINEERING PTE LTD
Co Reg No	200507625W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
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	5104611266
Cover Note Number	
Driver	
Name of Driver	CHINNARAJ NAGARAJ
Passport No/FIN	G8216586Q
Date Of Birth	18/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98932342
Fax Number	
Contact Number	OFFICE-98932342
Email Address	NOEMAIL

Address 473A GEYLANG ROAD  
 Postcode 389432  
 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 COLLISION - HEAD TO REAR  
 Weather Conditions RAINING  
 Road Surface WET

#### 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) 5  
 Passenger 1 NAME: : SALEH AHMED MOHAMMAD  
 GENDER: : MALE  
 Passenger 2 NAME: : SARAZUL  
 GENDER: : MALE  
 Passenger 3 NAME: : MIAH FIROZ  
 GENDER: : MALE  
 Passenger 4 NAME: : KABIR HUMDUN  
 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

REFER TO 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 SLD5018D  
 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)**

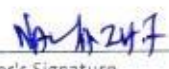
I understand, acknowledge, agree and consent that:

- (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.

立科電器工程  
ICCO ENGINEERING PTE LTD  
473A Geylang Road  
Singapore 389432

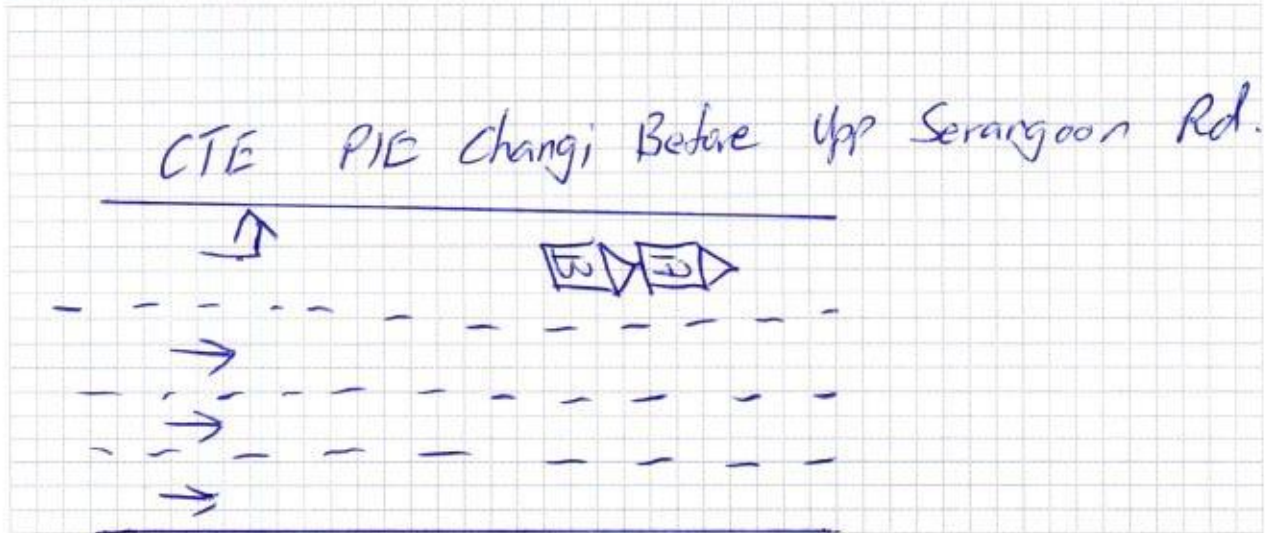
Tel: 6746 0993 Fax: 6743 0992  
Email: admin@icco.sg

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

At mentioned Date and Time, I was driving my vehicle (A) Along CTE, suddenly I feel a strong impact from, my rear portion.

A: GV 1009X  
B: SLD 5018D

立業諮詢工程  
ICCO ENGINEERING PTE LTD  
146 Cecil Street, Road  
Singapore 389454  
Tel: 6746 0993 Fax: 6746 1991  
Email: admin@icco.sc

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.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17/02/2019 (dd/mm/yy) Time of Accident: 17:45 (24-HR-FORMAT)

Vehicle No.: GV 1009X Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: CTE PIE Changi Before Upp Serangoon Rd.

Policyholder's Name / IC No.: \_\_\_\_\_

Driver's Name / IC No.: Chinnaraj Nagaraj S8216586R (As Above) ☐

Driver's Contact No.: 98932342 Company Contact No.: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 05

**Weather condition & Road conditions?** (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No

**Any Injuries:** ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SLD 5018D

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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

Employer  
**RICCO ENGINEERING PTE. LTD.**

Name  
**CHINNARAJ NAGARAJ**

Work Permit No.  
**0 34197881**

Sector  
**CONSTRUCTION**

**0 34197881**

**K1028835**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G8216586Q**

Name  
**CHINNARAJ NAGARAJ**

Birth Date **18 Mar 1981**

Issue Date **03 Jul 2014**

Valid Till **02 Jul 2019**

**002321266K**

**VISIT PASS**  
Immigration Regulations

Name  
**CHINNARAJ NAGARAJ**

FIN  
**G8216586Q**

Date of Birth  
**18-03-1981**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

**Download SGWorkPass App to check status**

**14-12-2019**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 2B Motorcycles =< 200 cc 03 Jul 2014**

**Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 03 Jul 2014**

**Licence No. G8216586Q**

**NP 428A**



### 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 : 5104611266

Cover : Third Party, Fire & Theft

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GV1009X                   |
| Chassis Number  | : LY2120006233              |
| 2. Name of Policyholder   | : RICCO ENGINEERING PTE LTD |
| 3. Effective Date of Insurance  | : 21 Nov 2018               |
| 4. Expiry Date of Insurance   | : 20 Nov 2019               |
| 5. Persons or Classes of Persons entitled to drive#   |                             |
| (a) The Policyholder,   |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                             |
| 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.   |                             |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                             |
| This Policy does not cover  |                             |
| (a) Use for hire or reward.   |                             |
| (b) Use for racing, pace-making, reliability trial or speed-testing.  |                             |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  |                             |

# 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	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)

Date of Issue : 19 Oct 2018 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104611266		RICCO ENGINEERING PTE LTD	200507625W	GCV	Third Party, Fire & Theft	GV1009X	GV1009X	21/11/2018	20/11/2019

[Continue](#)

 Policy Information

Policy No.	5104611266	Policyholder Name	RICCO ENGINEERING PTE LTD	Policyholder NRIC	200507625W
Certificate No.					
Address	473A GEYLANG ROAD SINGAPORE 389432				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/10/2018	Effective Date	21/11/2018 00:00	Expiry Date	20/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	473A GEYLANG ROAD	Address 2	SINGAPORE 389432	Address 3	
Address 4		Address Type	Singapore address	Post Code	389432
Unit No.		Related Policy Number	5107309718		

 Insured Object: GV1009X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

## Accident MT/1032572

Policy No.	5104611266	Vehicle No.	GV1009X	GST Registration No.	200507625W
Certificate No.					
Policyholder Name	RICCO ENGINEERING PTE LTD			Policyholder NRIC	200507625W
Product Code	COMMERCIAL VEHICLE INSUR	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	18/02/2019 20:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/02/2019	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	CTE TWOS PIE CHANGI BEFORE UPP SERANGOON RD EXT				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	200507625W	GST Status Verified	No		
Modification History					

## Policyholder Mailing Address

Address 1	473A GEYLANG ROAD	Address 2	SINGAPORE 389432	Address 3	
Address 4		Address Type	Singapore address	Post Code	389432
Unit No.		Related Policy Number	5107309718		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHINNARA NAGARA	Driver NRIC	GB216586Q	Driver DOB	18/03/1981
Register Date of Driver License	03/07/2014	Driver Age	37	Driving Experience	4
Contact No. (Mobile)	98932342	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	473 GEYLANG ROAD	Address 2	SINGAPORE 389432	Address 3	
Address 4		Address Type	Foreign address	Post Code	389432
Unit No.					
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 New

Claim Type *	OD-MX	Insured Name	RICCO ENGINEERING PTE LTD	Insured NRIC	200507625W
Contact No. (Mobile)	94510993	Contact No. (Home)	NIL	Contact No. (Office)	67460993
Email Address		OT Vehicle Number	GV1009X	TP Vehicle Number	SLD5018D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GV1009X / SLD5018D ON 17 Feb 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/02/2019 20:55	Claim Close Date		Date Received	18/02/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1032572	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2019 20:56		
Path *					
	Browse...	Clear	Please Select	Category *	Confidential
	Browse...	Clear	Please Select	Urgency *	Description *
	Browse...	Clear	Please Select		
	Browse...	Clear	Please Select		

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	SAS	Normal	SAS 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Feb 2019 20:55	Photos	Normal	Photos 2019-2-18		<a href="#">Edit</a>

**Video List**

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