

NATIONAL Assessment Centre Services

Date In: 23/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003419/13	SAS e-filing		
Veh No: SMH6731M	E-mail (within 8hrs, AIC 2hrs)		
DOA: 22/02/19 1415	i-Motor Claim Form	MT/1033378-001	
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: (Tel:	Fax:
TP Particulars:	Veh No: SKF357J	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

NA1901406	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 willful 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	23/02/2019 11:59
Date Of Accident	22/02/2019 14:15
Exact Location Of Accident	STIRLING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6731M
Insured/Policyholder	
Name Of Registered Owner	Z FORCE MOTORS PTE. LTD.
Co Reg No	201900283Z
Email Address	ADMIN@ZFORCEMOTORS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90833366

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	GOJEK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107223928
Cover Note Number	

Driver

Name of Driver	ONG SHAO QUAN
NRIC No	S8509355Z
Date Of Birth	22/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93365885
Fax Number	
Contact Number	
EMail Address	KELVIN.ONG.SQ@GMAIL.COM

Address	BLK 718 BEDOK RESERVOIR RD #09-4610
Postcode	470718
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

I WAS TRAVELLING STRAIGHT ALONG STIRLING RD SUDDENLY VEH(B) BEARING REG NO SKF357J CAME OUT FROM THE CARPARK WITHOUT LOOKING ANY ONCOMING VEH AND COLLIDED ONTO MY VEH. I HAVE A VIDEO FOOTAGE OF THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF357J
Vehicle Make/Model/Colour	BMW
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.

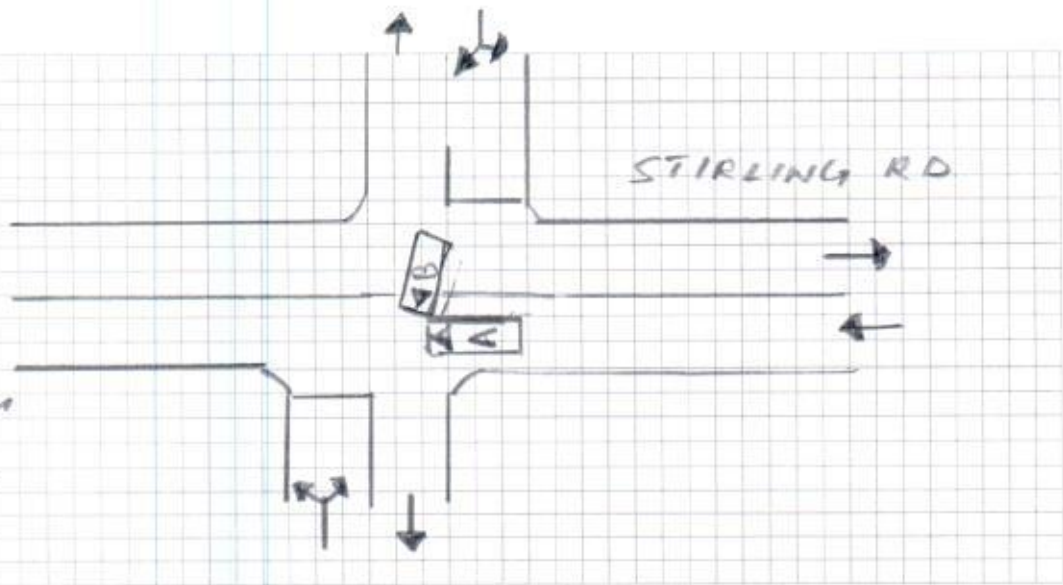
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A - SMH6731M
B - SKF357J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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.:

[Signature] 23/02/19

[Signature] 23/02/19

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of Z FORCE MOTORS PTE. LTD. (201900283Z)

Date: 02/01/2019

The Following Are The Brief Particulars of :

Registration No.	201900283Z
Company Name	Z FORCE MOTORS PTE. LTD.
Former Name if any	
Incorporation Date	02/01/2019
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	02/01/2019

Principal Activities

Activities (I)	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	
Activities (II)	
Description	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
1000	1000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
1000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Authentication No. : N19002645H

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INFORMATION RESOURCES

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Business Profile (Company) of Z FORCE MOTORS PTE. LTD. (201900283Z)

Date: 02/01/2019

Registered Office Address	33 UBI AVENUE 3 #08-13 VERTEX SINGAPORE (408868)
Date of Address	02/01/2019
Date of Last AGM	
Date of Last AR	
FYE As At Date of Last AR	

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
LOO SHOU SIAN	S7989407I	MALAYSIAN	ACRA	02/01/2019
10B BENDEMEER ROAD #07-121 BENDEMEER LIGHT SINGAPORE (332010)		Director		
TEO HAN WEI (ZHANG HANWEI)	S8508211F	SINGAPORE CITIZEN	ACRA	02/01/2019
11 TAMPINES CENTRAL 7 #08-04 THE TAMPINES TRILLIANT SINGAPORE (528769)		Director		
LAU KAR LOONG, DAVID	S7311775E	SINGAPORE CITIZEN	ACRA	02/01/2019
8 EDEN GROVE #03-11 SINGAPORE (539060)		Secretary		

Authentication No. : N19002645H

INFORMATION RESOURCES

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Business Profile (Company) of Z FORCE MOTORS PTE. LTD. (201900283Z)

Date: 02/01/2019

Shareholder(s)

Name		ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address					
1	LOO SHOU SIAN	S7989407I	MALAYSIAN	ACRA	
10B BENDEMEER ROAD #07-121 BENDEMEER LIGHT SINGAPORE (332010)					
Ordinary(Number)		Currency			
500		SINGAPORE, DOLLARS			
2	TEO HAN WEI (ZHANG HANWEI)	S8508211F	SINGAPORE CITIZEN	ACRA	19/06/2017
11 TAMPINES CENTRAL 7 #08-04 THE TAMPINES TRILLIANT SINGAPORE (528769)					
Ordinary(Number)		Currency			
500		SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

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INFORMATION RESOURCES

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Business Profile (Company) of Z FORCE MOTORS PTE. LTD. (201900283Z)

Date: 02/01/2019

- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190102004816 (Free Business Profile by ACRA)

DATE : 02/01/2019

This is computer generated. Hence no signature required.



Authentication No. : N19002645H

Page 4 of 4

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 02 / 2019 (DD/MM/YYYY), TIME: 14 : 15 (HH:MM)

LOCATION: Stirling Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 6731 M
b) INSURANCE COMPANY: NTAC INCOME
c) POLICY NUMBER: 5107223928
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Noah
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GoJek
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: Bag Shu Z Force Motors Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90833366
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: One Shuo Queen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 88509355 Z CONTACT: 98365885
c) ADDRESS: 81K 718 Bedok Reservoir Road #09-4610
Singapore 470718

*d) DATE OF BIRTH: (22 / 03 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8 years.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF 357 J MODEL: BMW
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO =

Figure 1. The distribution of the 1000 randomly generated individuals in the 1000 randomizations. The individuals are represented by dots. The dots are colored according to the number of times they were selected in the 1000 randomizations. The dots are colored according to the number of times they were selected in the 1000 randomizations. The dots are colored according to the number of times they were selected in the 1000 randomizations.


ONG SHAO QUAN



Sex Nationality
M SINGAPORE CITIZEN
 Date of birth Place of birth
 22 MAR 1985 SINGAPORE
 Date of issue Date of expiry
 03 OCT 2017 03 OCT 2022
 Modifications Authority
 SEE PAGE 2 MINISTRY OF HOME AFFAIRS
 National ID No
 S8509355Z

PASGPONG<<SHA0<QUAN<<<<<<<<<<<<<<<<<<<<<<<<<
E7003376A8SGP8503220M2210034S8509355Z<<<<00

Land Transport Authority



VOCATIONAL LICENCE
 Licence No : S8509355Z
 Name : ONG SHAO QUAN

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8509355Z
 Name: ONG SHAO QUAN
 Birth Date: 22 Mar 1985
 Issue Date: 13 Nov 2003

1000995527D

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
12	TAXI VL	09/07/2018

DRIVER LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	13 Nov 2013
Class 2A	Motorcycles between 201 CC and 400 CC	18 Jan 2005
Class 2	Motorcycles > 400 CC	09 May 2006
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Dec 2009

S / No. 9000095180

NP 428A

Licence No: S8509355Z

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107223928		Z FORCE MOTORS PTE. LTD.	201900283Z	GPC	drivo CLASSIC	SMH6731M	SMH6731M	29/01/2019	28/01/2020

Claim Handling

Accident MT/1033378

Policy No.	5107223928	Vehicle No.	SMH6731M	GST Registration No.
Certificate No.				
Policyholder Name	Z FORCE MOTORS PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90833366	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	23/02/2019 14:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/02/2019	Time of Accident hh:mm	14:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	STIRLING ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,500.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#08-13 VERTEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-13	Related Policy Number	5107223928	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG SHAO QUAN	Driver NRIC	S8509355Z	Driver DOB
Register Date of Driver License	22/12/2009	Driver Age	33	Driving Experience
Contact No.(Mobile)	90833366	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 718	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-4610			
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	Z FORC
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SMH67
Claim Description	SMH6731M / SKF357J ON 22 Feb 2019		

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	23/02/2019 14:57	Claim Close Date	
Consent No.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop, Name unknown					

Report Taken By

ROSILINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment



Accident No.	MT/1033378	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/02/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:56	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:56	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:56	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2019 14:54	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading