

NATIONAL Assessment Centre Services.

[wef 1 Jan'03]

MWA 119027003.

Date In: 27/12/19 09:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003655/h4.	SAS e-filing		
Veh No: SJR 9162T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/12/19 09:00	I-Motor Claim Form	MT/1033891	27/12/19 13:54
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Qx410Y	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% P: 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:	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

Claimant's Particulars:	Invoice Preparation Checklist	And (\$)	And (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Date:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	27/02/2019 09:14
Date Of Accident	26/02/2019 09:00
Exact Location Of Accident	CTE TWDS CITY AT PIE TWDS CTE SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9162T
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92729299

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5099412393
Cover Note Number	-

Driver

Name of Driver	CHNG YA LI KELVIN
NRIC No	S7919451D
Date Of Birth	07/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83849981
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 625 AMK AVE 9 #04-100
Postcode	560625
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	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : NATASCHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Details of Witness 1

Name	NATASCHA
Phone Number	81614468
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX410Y
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GOVERNMENT

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.

X 







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

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

X 

Policyholder's Signature
Date & Time:

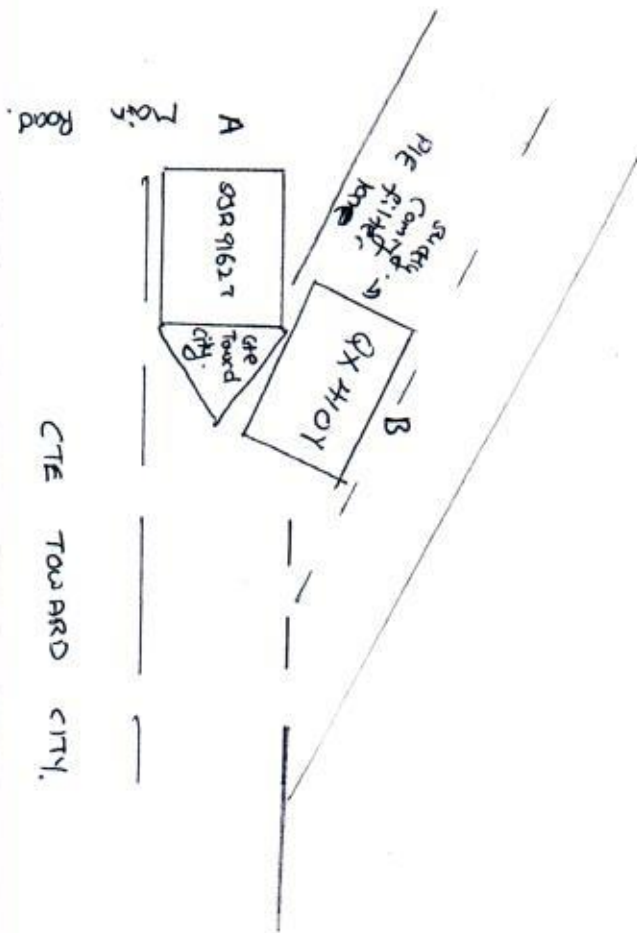




Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



A = 53R 9162T
 B = QX 410Y.

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 2 / 19) (DD/MM/YYYY), TIME: (09 : 02) (HH:MM)

LOCATION: CTG tuds City At at PIE tuds CTE.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 9162T
b) INSURANCE COMPANY: IUC
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: Commercial
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: SJR Vehicle Rental Inc Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9272 9299
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chng Ya Li Kelvin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8384 9981
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: 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: QX 410Y 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: _____

witness. No of passenger
(Including driver) (2)
↓
F
Matacha.
81614468.

Email = autohub325@gmail.com
fax =

Video = with TP.



**SINGAPORE
POLICE FORCE**



T/20190226/2111

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20190226/2111

REPORT OF TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 15:32		Vide Report No.:		Station Diary No.: 24
Informant's Particulars				
Name of Informant: G YA LI KELVIN		Address: APT BLK 625 ANG MO KIO AVENUE 9 #04-100 SINGAPORE 560625		
ID Type / ID No.: NRIC NO / S7919451D		Contact No.: Home/Office: Mobile: 83849981		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 39	Date of Birth: 07/07/1979	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2019 09:00	Type of Location: SLIP ROAD
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARD CITY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CX410Y	LAND ROVER					0
SUR9162T	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190226/2111

Police Station Of Origin:
Paya Lebar NPP
111 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No. T/20190226/2111

CONTINUATION OF REPORT

Name	MANI GURUNG		ID No.	G6251027M
Related Vehicle	QX410Y (LAND ROVER)		Contact No.	NIL
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	
Driver				
Name	CHNG YA LI KELVIN		ID No.	S7919451D
Related Vehicle	SJR9162T (Car)		Contact No.	83849981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Break Details.

On 26/02/2019 at about 0900hrs, I was driving my car, vehicle number SJR9162T along CTE toward city. I was travelling straight and when I was approaching a slip road, I spotted a police land rover, vehicle number QX410Y trying to merge in to my lane from PIE from my left, as such I slowed down and came to a complete stop so to give way to the land rover.

However, the land rover while coming out from the merging lane, side swiped my car and in a result causing damages to left bumper, fender and rims of my vehicle. Upon the accident, we came out of our vehicle and that was when a LTA officer approached us and took photos. The LTA officer then called for police assistance. Both me and the other parties, a Gurkha officer was not injured. The LTA officer then instructed us to drive to an open car park and wait for traffic police arrival.

Traffic police then came and took my in car cctv ed card for investigation purposes. I was then instructed to lodge a police traffic accident report vide incident E/20190226/0050.

I wished to state that I had a witness in my vehicle during that accident. Her particular is as such, Natascha, contact number 81614468.



**SINGAPORE
POLICE FORCE**



T/20190226/2111

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

5 of 3

Report No. T/20190226/2111

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:

F /

Sgt 2 KOH PEI QI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No: 65476390

SN 085

Signature Of Informant:

Date/Time:

26/02/2019 15:32

Classification Of Case:

Authentication Stamp

NP158

Signature:

Singapore Police Force


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7919451D**
 Name **CHNG YA LI KELVIN**
 Birth Date **07 Jul 1979**
 Issue Date **10 Mar 2008**

001530006A

Land Transport Authority



VOCATIONAL LICENCE
 Licence No. **S7919451D**
 Name **CHNG YA LI KELVIN**
 Issue Date **8/8/2014**

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

PDVL/TOVL
31 888 8888
269746

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7919451D**



Name
CHNG YA LI KELVIN
 莊亞利
 Race
INDIAN
 Date of Birth **07-07-1979** Sex **M**
 Country of Birth
SINGAPORE

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

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

PASS DATE **19 Apr 2001**

Licence No: S7919451D

NP 428A

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

Type	Description	Issue Date
02	TAXI VL	07/06/2013

A0233839

NRIC No. **S7919451D**



Blood Group Date of Issue
10-10-2002

APT BLK 825 ANG MO KIO AVENUE 9 #04-100
 SINGAPORE 560625

NRIC No: **S7919451D** Date: **12/09/2017**

Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

26/02/2019 13:42

Vehicle No.(For Motor)

SJR9162T

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5099412393		SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drivo CLASSIC	SJR9162T	SJR9162T	28/03/2018	21/07/2019

Claim Handling

Accident MT/1033891

Policy No.	5099412393	Vehicle No.	SJR9162T	GST Registration No.	
Certificate No.					
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED	Cover Type	drivo CLASSIC	Policyholder NRIC	20113F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92729299	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	27/02/2019 13:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	26/02/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY AT PIE TWDS CTE SLIP RD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5101934299-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/07/
Unnamed driver Name	CHNG YA LI KELVIN	Driver NRIC	S7919451D	Driving Experience	17
Register Date of Driver License	19/04/2001	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	83849981	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 625 #04-100	Address 2	ANG MO KIO AVENUE 9	Post Code	560621
Address 4		Address Type	Singapore address		
Unit No.	04-100				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *	DD-MX	Insured Name	SG VEHICLE RENTAL PRIVATE L
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJR9162T
Claim Description	SJR9162T / QX410Y ON 26 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/02/2019 13:53
			LIU SHAN HUI
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1033891

Claim No. 001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

27/02/2019 13:54

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

	Category *	Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:54	SAS	Normal	SAS 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:54	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 13:53	Photos	Normal	Photos 2019-2-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading