

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MAIA 119029807

Date In: 5/3/19 10:56	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19004006164	SAS e-filing		
Veh No: SKU 97945	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/3/19 08:40	I-Motor Claim Form	MT/10 24716-001	5/3/19 16:51
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:

JSL 7597

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:

(INC Mobile: 6789 6616)

Date and 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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

MA1901699

Invoice Preparation Checklist

AMT (\$)

ADD (\$)

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2005)

6) TR: Re-Inspection \$75

7) N1: 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 (N11) against INC \$20

9) N12: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

AMT (\$)

ADD (\$)

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	05/03/2019 10:56
Date Of Accident	04/03/2019 08:40
Exact Location Of Accident	SLIP RD ALONG SLE TWDS CTE AFTER LENTOR AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9794S
Insured/Policyholder	
Name Of Registered Owner	ANG PIN HAO, EUGENE (HONG BINHAO)
NRIC No	S8614651G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94237970
Alternative Phone No	OFFICE-94237970

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084344913-01
Cover Note Number	-

Driver

Name of Driver	ANG PIN HAO, EUGENE (HONG BINHAO)
NRIC No	S8614651G
Date Of Birth	27/05/1986
Occupation	INDOOR
Date Of Driving Pass	22/05/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94237970
Fax Number	
Contact Number	OFFICE-94237970
Email Address	NOEMAIL

Address	BLK 261B PUNGGOL WAY #13-335
Postcode	822261
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?	YES
Foreign Vehicle Registration Number	JSL3597 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
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:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSL3597
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 3 / 19) (DD/MM/YYYY), TIME: (8 : 40) (HH:MM)

LOCATION: Slip Rd along SLE towards CTE after Lenter Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 97945.
b) INSURANCE COMPANY: INC
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: Private use.
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: Ang Pin Hoo Eugene. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9423 7970.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

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: AMK North NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSL 3597. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Waiting IC
Email = Mycar.
fax =
VIDEO = Yes. - Haven't retrieve

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:

4/3/19.

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A = SKU 97945
B = JSL 3597
Stop Rd along SLE towards CTE
After Leontor Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time: 4/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190304/2020

1 of 4

Report No. T/20190304/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 09:52		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: ANG PIN HAO, EUGENE			Address: APT BLK 261B PUNGGOL WAY #13-335 SINGAPORE 822261		
ID Type / ID No.: NRIC NO / S8614651G			Contact No.: Home/Office: Mobile: 94237970		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 27/05/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROPERTY INVESTMENT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/03/2019 08:40	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
Slip road along SLE towards CTE, after Lentor Avenue.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSL3597	Motorcycle			Silver		0
SKU9794S	Car	HONDA	STREAM 1.8L A	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU9794S	NTUC Income Insurance Co-Operative Limited	5084344913-01	19/12/2017	18/06/2019



SINGAPORE POLICE FORCE



T/20190304/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
31 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20190304/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Sasisegaran A L Terpudi	ID No.	NIL
Related Vehicle	JSL3597 (Motorcycle)	Contact No.	81558224
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	ANG PIN HAO, EUGENE	ID No.	S8614651G
Related Vehicle	SKU9794S (Car)	Contact No.	94237970
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/03/2019 at about 0840hrs, I was driving my car, a grey Honda Stream, Vehicle No. SKU9794S, along the slip road of SLE towards CTE, after Lentor Avenue.

As there was traffic congestion, I slowed down and stopped and my car was stationary. Subsequently, I felt and impact coming from the left rear of my car.

I exited my car and saw a silver Motorcycle, Vehicle No. JSL3597, had collided front side on to the rear left of my car. Due to the collision, the rider had fell down from his motorcycle and he was bleeding on his right hand.

I asked him if he was fine and if he needed ambulance and he declined.

I exchanged particulars with the rider, Sasisegaran A L Terpudi, Malaysian NRIC: 951010016529, HP: 81558224. Afterward we made our way to Ang Mo Kio North NPC to lodge a traffic accident report.

Due to the collision, my car's rear left bumper was dented, and rear lights was cracked

I have an in-car camera. I am lodging this report for my own record and insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20190304/2020

3 of 4

Report No. T/20190304/2020

CONTINUATION OF REPORT



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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 IZWAN BIN SANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/03/2019 09:52

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8614651G**
Name: **ANG PIN HAO, EUGENE
(HONG BINHAO)**

Birth Date: **27 May 1986**
Issue Date: **22 May 2007**

001501330K



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

	PASS DATE
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	22 May 2007

NP 428A

Licence No: S8614651G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8614651G



Name

ANG PIN HAO, EUGENE
(HONG BINHAO)

洪彬豪

Race

CHINESE

Date of birth

27-05-1986

Sex

M

Country/Place of birth

SINGAPORE



5726606



NRIC No. S8614651G



Date of issue

08-04-2017

Address

APT BLK 261B PUNGGOL WAY
#13-335
SINGAPORE 822261

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/03/2019 11:10"/>
Vehicle No.(For Motor)	<input type="text" value="SKU9794S"/>	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"/>	5084344913-01		ANG PIN HAO, EUGENE (HONG BINHAO)	S8614651G	GPC	drive CLASSIC	SKU9794S	SKU9794S	19/12/2017	18/06/2019

Claim Handling

Accident MT/1034716

Policy No.	5084344913-01	Vehicle No.	SKU9794S	GST Registration No.	
Certificate No.					
Policyholder Name	ANG PIN HAO, EUGENE (HONG BINHAO)			Policyholder NRIC	S86146
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94237970	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No
Accident Details					
Report Date	05/03/2019 16:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	04/03/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD ALONG SLE TWDS CTE AFTER LENTOR AVE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 261B #13-335	Address 2	PUNGGOL WAY	Address 3	PUNGGOL WAY
Address 4	SINGAPORE 822261	Address Type	Singapore address	Post Code	822261
Unit No.		Related Policy Number	5084344913-01		
O1 Driver Info					
Driver Name	ANG PIN HAO, EUGENE (HONG BINHAO)	Driver Type	Main Driver	Driver DOB	27/05/1986
Unnamed driver Name		Driver NRIC	S8614651G	Driving Experience	11
Register Date of Driver License	22/05/2007	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	94237970	Contact No.(Office)		Address 3	PUNGGOL WAY
Address 1	BLK 261B #13-335	Address 2	PUNGGOL WAY	Post Code	822261
Address 4	SINGAPORE 822261	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ANG PIN HAO, EUGENE (HONG BINHAO)
Contact No.(Mobile)	94237970	Contact No. (Home)	
Email Address	eugene.aph@gmail.com	O1 Vehicle Number	SKU9794S
Claim Description	SKU9794S / JSL3597 ON 4 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Return No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1034716	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

05/03/2019 16:51

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

Clear

Category *

Confidential

Urgency *

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















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	SAS	Normal	SAS 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:51	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Mar 2019 16:50	Photos	Normal	Photos 2019-3-5

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading