

NATIONAL Assessment Centre Services.

Part 1 Jan 09

MNA119033285

Date In: 12/3/19 15:20	Job description	Date & Time Completed	Done by
Ref No: NAI/MC1900 4531164	SAS e-filing		
Veh No: SKN 1143K	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 9/3/19 21:00	I-Motor Claim Form	17/10 35737-001	12/3/19 14:58
OD: <input checked="" type="checkbox"/> 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: NBY 8069	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 Hotline: 67886616)	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

NA1901893

Client's Particulars:	Invoice Information	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Tel. 1:	For claiming against INC Only (by 10 Jan 2021)		
2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Oil:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	12/03/2019 15:20
Date Of Accident	09/03/2019 21:00
Exact Location Of Accident	JLN KOLEJ MANIPAL
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1143K
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	5105921725
Cover Note Number	-

Driver

Name of Driver	KHARDINO BIN RAHMAT
NRIC No	S7734877H
Date Of Birth	23/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81148056
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 299A COMPASSVALE ST #06-138
Postcode	541299
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	NBY8069 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : NGAI SOW WERNG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK NILAI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG , SUDDENLY I FELT AN STRONG IMPACT FROM BEHIND. THE IMPACT PUSH MY VEH MOVE FORWARD HIT ONTO VEH C WHICH WAS INFRONT OF ME. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO NBY8069) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	NBY8069
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)

DETAILS OF OTHER VEHICLE PROPERTY 2	
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Vehicle Registration Number	BJD5311
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.

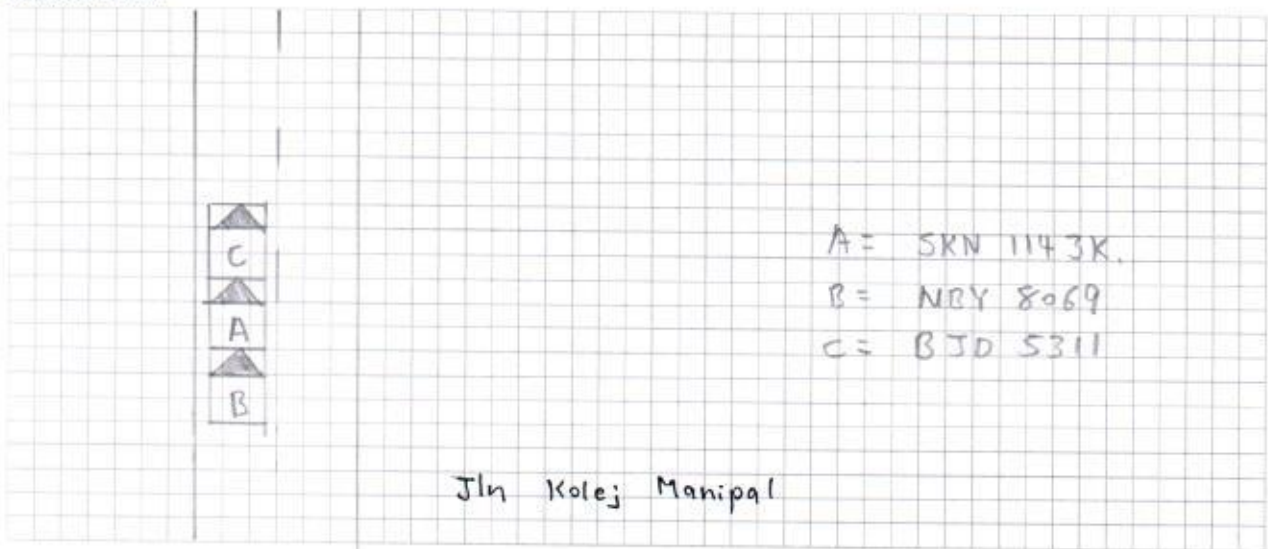


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A sketch plan on a grid background. On the left, a vertical line represents a road. Three vehicles are marked with triangles and labeled: 'C' at the top, 'A' in the middle, and 'B' at the bottom. To the right of the grid, the following details are written:

- A = SKN 1143K.
- B = NBY 8069
- C = BJD 5311

Below the grid, the text "Jln Kolej Manipal" is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

**POLIS DIRAJA MALAYSIA**
REPOT POLIS

Balai : TRAFIK NILAI
Daerah : NILAI
Kontinjen : NEGERI SEMBILAN
No Repot : TRAFIK NILAI/001856/19
Tarikh : 09/03/2019
Waktu : 2234 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R127971
No Repot Bersangkut : TRAFIK NILAI/001854/19

Butir-butir Penerima Repot

Nama : HENG KOK HONG
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---
No Personel : R191054
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera: ---

Butir-butir Pengadu

Nama : KHASDINO BIN RAHMAT
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : SWASTA
Alamat Tempat Tinggal : SMART HOTEL NO 14 JLN TAMAN 2, KAMAYAN SQUARE SEREMBAN, 70200, NEGERI SEMBILAN
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---
No Polis/Tentera : ---
Tarikh Lahir : 23/12/1977
Warganegara : Singapore
Umur : 41 tahun 2 bulan
No Paspot : K0120797E
No Tel (Pejabat) : ---
No Tel (HP) : 0109088232

Pengadu Menyatakan:-

PADA 09/03/2019 JAM LEBIH KURANG 2100 HRS, SAYA MEMANDU MOTOKAR NOMBOR SKN1143K NISSAN DARI SEREMBAN MENUJU KE DESA KOLEJ. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JALAN MANIPAL, TIBA-TIBA SEBUAH MOTOKAR NOMBOR NBY8069 DARI ARAH BELAKANG TELAH MELANGGAR KENDERAAN SAYA. M/KAR SAYA MENGELONGSOR KE HADAPAN MELANGGAR SEBUAH M/KAR BJD5311. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH BUMPER DAN BONET DEPAN BELAKANG, LAMPU KIRI KANAN DEPAN BELAKANG, LAIN-LAIN KEROSAKAN TIDAK PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R127971 | 09/03/2019 10:51:33 PM

(AZMAN B. H. GORIP) S/N 127971
PEN. PEGAWAI PENYIASAT BSPT
IBU PEJABAT POLIS DAERAH NILAI
NEGERI SEMBILAN



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK NILAI
Daerah : NILAI
Kontinjen : NEGERI SEMBILAN
No Repot : TRAFIK NILAI/001857/19
Tarikh : 09/03/2019
Waktu : 2303 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R127971
No Repot Bersangkut : TRAFIK NILAI/001854/19

Butir-butir Penerima Repot

Nama : HENG KOK HONG
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---

No Personel : R191054
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera: ---

Butir-butir Pengadu

Nama : KHASDINO BIN RAHMAT

No K/P (Baru) : ---
No Sijil Beranak : ---

No Polis/Tentera : ---

No Paspot : K0120797E

Jantina : Lelaki

Tarikh Lahir : 23/11/1977

Umur : 41 tahun 3 bulan

Keturunan : Melayu

Warganegara : Malaysia

Pekerjaan : SWASTA

Alamat Tempat Tinggal : SMART HOTEL NO 14 JLN TAMAN 2, KAMAYAN SQUARE SEREMBAN, 70200, NEGERI SEMBILAN

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 0109088232

Emel : ---

Pengadu Menyatakan:-

BERSANGKUT REPOT 1856/19 SAYA INGIN MEMBUAT PEMBETULAN MENGENAI TARIKH LAHIR IAITU 23/11/1977 DAN BUKAN 23/12/1977. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):


Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

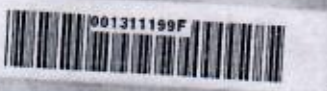
: R127971 | 09/03/2019 11:14:54 PM

(AZMAN B. MOHD GORIP) S/N 127971
PEN. PEGAWAI PENYIASAT BSPT
IBU PEJABAT POLIS DAERAH NILAI
NEGERI SEMBILAN

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7734877H**
 Name: **KHASHINO BIN RAHMAT**
 Birth Date: **23 Nov 1977**
 Issue Date: **03 Jan 2005**



001311159F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7734877H**



Name: **KHASHINO BIN RAHMAT**
HP: 81148056
 Race: **MALAY**
 Date of birth: **23-11-1977** Sex: **M**
 Country of birth: **SINGAPORE**


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

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

PASS DATE: **27 Dec 1997**

NP 426A

Licence No: **S7734877H**




4183264

NRIC No. **S7734877H**



Date of issue: **05-03-2008**

APT BLK 299A COMPASSVALE STREET #06-138
SINGAPORE 541299

NRIC No: **S7734877H** Date: **16/06/2011** No: **G808443**

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: 5105921725

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKN1143K**
Chassis Number : JN1BBUJ32Z0002726
2. Name of Policyholder : WENG SOON AUTO & LEASING
3. Effective Date of Insurance : 28 Nov 2018
4. Expiry Date of Insurance : 02 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
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 : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 28 Nov 2018 15:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1035737

Policy No.	5105921725	Vehicle No.	SKN1143K	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	53227
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92727979	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(%)	0	Private Hire	No
Accident Details					
Report Date	13/03/2019 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	09/03/2019	Time of Accident hh:mm	21:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN KOLEJ MANIPAL				
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	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41792
Unit No.	10-200	Related Policy Number	5078470402-03		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KHADDINO BIN RAHMAT	Driver NRIC	S7734877H	Driver DOB	23/11/
Register Date of Driver License	27/12/1997	Driver Age	41	Driving Experience	21
Contact No.(Mobile)	81148056	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 299A #06-138	Address 2	COMPASSVALE STREET	Address 3	COMPA
Address 4	SINGAPORE 541299	Address Type	Singapore address	Post Code	541299
Unit No.	06-138				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer 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	WENG SOON AUTO & LEASING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKN1143K
Claim Description	SKN1143K / NBY8069 ON 9 Mar 2019		
Preferred Workshop	10	Insured Liability	Not at Fault
Rebates No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/03/2019 14:56
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1035737

Claim No. 001

Last Doc. Received

Yes No

Upload Date

13/03/2019 14:58

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	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 13 Mar 2019 14:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:58	SAS	Normal	SAS 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:58	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:58	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:58	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:57	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:57	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:57	Photos	Normal	Photos 2019-3-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:57	Photos	Normal	Photos 2019-3-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Mar 2019 14:57	Photos	Normal	Photos 2019-3-13
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