

# NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 119060549.

Date In: 10/5/19 10:14	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19008298164	SAS e-filing		
Veh No: GBD 5668X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/4/19 15:00	I-Motor Claim Form	MT/1042643-002	10/5/19 11:53
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SHD 6530G	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 repaler.

( ) 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

MA 1903321	Invoice Preparation Charge	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) IT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 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 (Inc INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	10/05/2019 10:14
Date Of Accident	27/04/2019 15:00
Exact Location Of Accident	AYE TWDS CTE B4 EXIT 10B
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5668X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARTIZEN PTE LTD
Co Reg No	200306611W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97227384

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105579089
Cover Note Number	-

#### Driver

Name of Driver	RUEL DE ASIS ESCALA
NRIC No	G5342091K
Date Of Birth	17/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96478613
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	336 TAH CHING RD #03-185
Postcode	610336
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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?	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6530G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LUI CHONG HEE
NRIC/Passport Number	S1462029Z
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.
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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- GGD-5668X

B- SHD 6530G

AYE HWS CTE b4- EXIT 10 B

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:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/4/19 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: AYE twd S CTE B4 Exit 10 B

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 5668X  
 b) INSURANCE COMPANY: IMC  
 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: Working  
 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: Artizen Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97227384  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Ruel De Asis Escala (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 3 CONTACT: 96478613  
 c) ADDRESS: 336 tah ching Rd #03-185 CS) 610 336

\* 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: \_\_\_\_\_

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: Macpherson NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 6530 G MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Lui Chong Hee  
 c) NRIC/FIN/PASSPORT: 514620292 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)  
( )

ERNUECROC

email = ernuecrocc@yahoo.com.ph

fax =

VIDEO = No.

moving chop.

moving scene photo

by email,



# SINGAPORE POLICE FORCE



T/20190509/2076

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20190509/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2019 13:10		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: RUEL DE ASIS ESCALA			Address: APT BLK 336 TAH CHING ROAD #03-185 SINGAPORE 610336		
ID Type / ID No.: FIN NO / G5342091K			Contact No.: Home/Office: Mobile: 96478613		
Nationality: FILIPINO			Email:		
Sex: Male	Age: 41	Date of Birth: 17/11/1977	Type of Informant: Driver		
Race: Others		Language:		Institution / School Name:	
Occupation: SERVICE		Driving Licence Information: Class: 2B,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYER RAJAH EXPRESSWAY TOWARDS CTE BEFORE EXIT 10B (CLEMENTI AVENUE 2)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBD5668X	Van				Slightly Damaged	1
SHD6530G	Car				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20190509/2076

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20190509/2076

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	RUEL DE ASIS ESCALA	ID No.	G5342091K
Related Vehicle	GBD5668X (Van)	Contact No.	96478613
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LUI CHONG HEE	ID No.	S1462029Z
Related Vehicle	SHD6530G (Car)	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

**Brief Details.**

On the 27/04/2019 at about 1500hrs, I was driving my van bearing the registration plate number, GBD5668X along AYE on the second lane. One taxi bearing the registration plate number, SHD6530G which was driving in front of me applied brake and came to a stop. I then quickly applied brake as well however as I came to a stop, my front of the car had already touched the rear portion of the taxi in front. The taxi sustained few scratches at the rear area and small cracks on the rear casing of the registration plate number. My van sustained few scratches on the front area. Both parties came down to make a check and no one was injured. No police or ambulance came to scene. I am lodging this for insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20190509/2076

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20190509/2076

**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:

G /

Sgt 2 ONG WEI XING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

09/05/2019 13:10

Classification Of Case:

Authentication Stamp

NP168



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G5342091K**

**RUEL DE ASIS ESCALA**

Birth Date: 17 Nov 1977  
Issue Date: 26 Jun 2018  
Valid Till: 25.06/2023

002817015J



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **ARTIZEN PTE. LTD.**

Name: **RUEL DE ASIS ESCALA**

S Pass No: **D 26339294** Sector: **SERVICE**

LEVEL 3



**K0803452**

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

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 CC	24 Jan 2013
Class 2	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	25 Oct 2018

**G5342091K**

**S / No. 9000319253**

Licence No: **G5342091K**



NP 426A

**VISIT PASS**  
Immigration Regulations

Name: **RUEL DE ASIS ESCALA**

FIN: **G5342091K**

Date of Birth: **17-11-1977** Sex: **M**

Nationality: **FILIPINO**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status




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



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="09/05/2019 13:36"/>
Vehicle No.(For Motor)	<input type="text" value="GBD5668X"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105579089		ARTIZEN PTE LTD	200306611W	GCV	Comprehensive	GBD5668X	GBD5668X	29/11/2018	28/11/2019



## Claim Handling

## Accident MT/1042643

Policy No.	5105579089	Vehicle No.	GBD5668X	GST Registration No.	200301
Certificate No.					
Policyholder Name	ARTIZEN PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	200301
Contact No.(Mobile)	NA	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
<b>Accident Details</b>			Private Hire No		
Report Date	02/05/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/04/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS CITY LAMP POST NO. 538				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration No.	200306611W	GST Registration Date	20/08/2003
Modification History	02/05/2019 16:40:54 System changed GST Registration Date from 01/01/2015 to 20/08/2003 02/05/2019 16:40:54 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	59 UBI AVENUE 1	Address 2	#03-02	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408931
Unit No.		Related Policy Number	5105579089		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ARTIZEN PTE LTD
Contact No.(Mobile)	96312142	Contact No. (Home)	
Email Address		Vehicle Number	GBD5668X
Claim Description	GBD5668X / SHD6530G ON 27 Apr 2019		
Preferred Workshop	Insured Liability	Preferred Repair Option	GIA report
Finalisation	Fully at Fault	Preferred Workshop, Name unknown	Received
Date Registered	10/05/2019 11:52	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1042643	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/05/2019 11:53
Choose File	No file chosen	Category *	Please Select
		Confidential	Normal
		Urgency *	Normal

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 ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:53	SAS	Normal	SAS 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:53	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:53	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 11:52	Photos	Normal	Photos 2019-5-10

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading