

NATIONAL Assessment Centre Services [Ref: 2005]

Date In: 15/05/2019 15:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008629/KY	SAS e-filing		
Veh No: SLG 1043R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/05/2019 04:40	i-Motor Claim Form	MT/1044760-001	16/5/19 10:00
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: SHA165B	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1903555

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR : Re-inspection \$75		
	7) NI : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac 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	15/05/2019 15:45
Date Of Accident	15/05/2019 04:40
Exact Location Of Accident	OPENCARPARK(UJEJ12/UJEJ13)INF BLK254 JURONGEAST ST24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1043R
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYUHADAK B SAHED
NRIC No	S8943102F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97734291
Alternative Phone No	OTHERS-97734291

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X 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	5106180040
Cover Note Number	

Driver

Name of Driver	AHMAD SYUHADAK B SAHED
NRIC No	S8943102F
Date Of Birth	03/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97734291
Fax Number	
Contact Number	OTHERS-97734291
Email Address	NOEMAIL

Address	BLK 812A CHOA CHU KANG AVENUE 7 #06-677
Postcode	681812
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TOT HE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA165B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

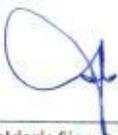
SKETCH PLAN

IMPORTANT NOTICE

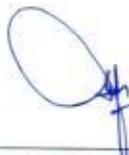
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

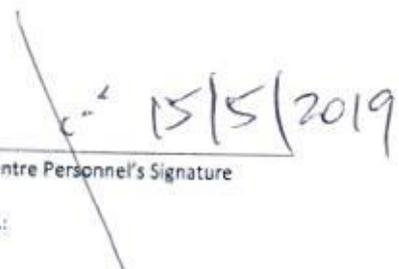
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



15/5/2019

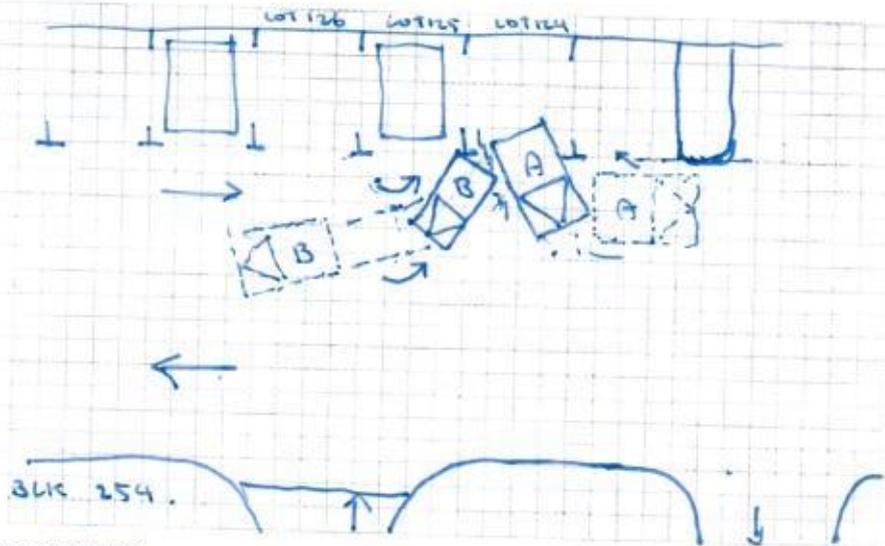
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

OPEN CARPARK IN FRONT BLOCK 254
OF (UE312/UE313) JURONG EAST ST 24.

SKETCH PLAN

VEHICLE A
- SLG 1043R

VEHICLE B
- SHA 165 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I HAD COME TO A STATIONARY POSITION AFTER I COME TO A EMPTY CAR PARK LOT 124 OF BLOCK 254 JURONG EAST ST 24.

AS I COME TO A STOP, THERE WAS A ON COMING VEHICLE. AND SO TILL THE VEHICLE HAD PASSED ME FULLY, I SWITCHED ON MY HAZARD LIGHT AND PROCEED TO REVERSE INTO THE EMPTY LOT. WHEN PARTIALLY OF MY VEHICLE WAS IN THE LOT, I NOTICED A VEHICLE WAS TOO REVERING INTO MY LOT, (THOUGH LOT NUMBER 126 WAS ALSO EMPTY) WHEN I STOPPED MY VEHICLE TO CHECK OF MY SHOEWORN. THE VEHICLE DIDNT STOP REVERING THOUGH I'M ALREADY IN THE LOT AND EVENTUALLY HITTED ONTO THE RIGHT REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH VEHICLE PLATE NUMBER (SHA 165 B) THAT COLLIDED TO THE RIGHT REAR OF MY VEHICLE WHEN HE WAS REVERING AND DIDNT CHECK I WAS AT THE BACK OF HIS VEHICLE.

THIS WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA. SHOWING MY VEHICLE HAD STOPPED AND WAS HITTED WHEN MY VEHICLE WAS ALREADY IN THE PARKING LOT.

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)

15/5/2019

Reporting Centre Personnel's Signature
Name:

Vehicle No.	SLG 1043 R	Model / Make	HONDA JAZZ
Date of Accident	15/05/2019		
Time of Accident	0440	HRS	
Location of Accident	OPEN CAR AREA (U2312/U2313) BLK 252-255 JURONG EAST ST 24		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	AHMAD SUHADAK BIN SAHRI		
Telephone No.	H/P: 9773 4291	Home :	Office :
NRIC	S 8943102F		
Address	BLK 812A CHOA CHU KANG AVE 7 #06-677 S(681812)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5106180040		
Name of Driver	As Above If No,		
NRIC	Any Passengers : 1 (MALE)		
Date of birth	03 DEC 1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	07 Aug 2012		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHA 165 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



S8943102F



AHMAD SYUHADAK BIN SAHED

أحمد سوهادك بن ساهد

JAVANESE

03-12-1989 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Ahmad Syuhadak Bin Sahed

Licence Number: **S8943102F**
 Name: **AHMAD SYUHADAK BIN SAHED**

Birth Date: 03 Dec 1989
 Issue Date: 10 Mar 2008

Barcode: 001579092F



3642243

NRIC No. **S8943102F**



Date of Issue
29-11-2004

APT BLK B12A CHOA CHU KANG AVENUE 7 #06-877
SINGAPORE 681812

S8943102F

19/12/2016

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

PASS DATE

- Class 2B: Motorcycles <= 200 CC 19 Mar 2008
- Class 2A: Motorcycles between 201 CC and 400 CC 12 Mar 2015
- Class 3: Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver; and motor tractors/vehicles <= 2500 kg 07 Apr 2012

S8943102F

S/No 9000216671

NP 428A



Certificate of Insurance

₹ 1,360.27

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: 5106180040

Cover : drive CLASSIC

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLG1043R |
| Chassis Number | : RU11112973 |
| 2. Name of Policyholder | : AHMAD SYUHADAK BIN SAHED |
| 3. Effective Date of Insurance | : 20 Dec 2018 |
| 4. Expiry Date of Insurance | : 19 Dec 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (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\$600
EXCESS (SECTION 2)	: N/A
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	: AHMAD SYUHADAK BIN SAHED
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road, The Grandstand
Lot A8 Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 19 Dec 2018 15:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident:

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106180040		AHMAD SYUHADAK B SAHED	S8943102F	GPC	drivo CLASSIC	SLG1043R	SLG1043R	20/12/2018	19/12/2019

▼ **Policy Information**

Policy No.	5106180040	Policyholder Name	AHMAD SYUHADAK B SAHED	Policyholder NRIC	S8943102F
Certificate No.					
Address	BLK 812A #06-677 CHOA CHU KANG AVENUE 7 KEAT HONG COLOURS SINGAPORE 681812				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/12/2018	Effective Date	20/12/2018 00:00	Expiry Date	19/12/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 812A #06-677	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
Address 4	SINGAPORE 681812	Address Type	Singapore address	Post Code	681812
Unit No.	06-677	Related Policy Number	5106180040		

▶ **Insured Object: SLG1043R**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1044760

Policy No.	5106180040	Vehicle No.	SLG1043R	GST Registration No.
Certificate No.				
Policyholder Name	AHMAD SYUHADAK B SAHED			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97734291	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	16/05/2019 09:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/05/2019	Time of Accident hh:mm	04:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	OPENCARPARK(UJ12/UJ13)INF BLK254 JURONGEAST ST24			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 812A #06-677	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 681812	Address Type	Singapore address	Post Code
Unit No.	06-677	Related Policy Number	5106180040	

▼ OI Driver Info

Driver Name	AHMAD SYUHADAK BIN SAHED	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8943102F	Driver DOB
Register Date of Driver License	07/08/2012	Driver Age	29	Driving Experience
Contact No.(Mobile)	97734291	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 812A	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-677			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AHMAD
Contact No.(Mobile)	97734291	Contact No. (Home)	
Email Address		OI Vehicle Number	SLG104
Claim Description	SLG1043R / SHA165B ON 15 May 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	16/05/2019 10:01
Report Taken By		Workshop Repairer	

 Print AK letter

Save Submit

Attachment

Accident No. MT/1044760 Claim No. 001
 Last Doc. Received Yes No Upload Date 16/05/2019 10:00

- Choose File No file chosen
- Message Read

Path *

- Clear

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 10:00	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:59	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 May 2019 09:58	Photos	Normal	Photos

Video List

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