

NATIONAL Assessment Centre Services. [ver 1 Jan 03] : MMA 119070356

Date In: 30/5/19 11:29	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19009577/64	SAS e-filing		
Veh No: SJY 4935 B	E-mail (within 5hrs, AIC 2hrs)		
ETA: 29/5/19 15:10	I-Motor Claim Form	MT11046855-001	30/5/19 13:33
IP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / HRC Assign Wksp / GW: ( )	Tel: ( )	Fax: ( )
IP Particulars:	Veh No: SLP 5614 U	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: ( )	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	Action

MA1904037	Invoice #	30-00	Invoice Date
1) ALT: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) IT: Follow-Through Survey (Resurvey)	\$30		
For claiming status (UNC Only, Gen 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Co-ordination	\$10		
*NJ: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Co-ordination	\$5		
TP (N11) / TP (N2) INC against INC	\$20		
9) N12: Idao 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	30/05/2019 11:29
Date Of Accident	29/05/2019 15:10
Exact Location Of Accident	JUNC OF 124 SIMS DR INFRT BLK 45
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4935B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THEAN LEE MING, M
NRIC No	S9604865C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86115741
Alternative Phone No	OFFICE-86115741

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA-1.6
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107204334
Cover Note Number	-

### Driver

Name of Driver	THEAN LEE MING, M
NRIC No	S9604865C
Date Of Birth	07/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86115741
Fax Number	
Contact Number	OFFICE-86115741
EMail Address	NOEMAIL

Address	BLK 63 SIMS PLACE #09-205
Postcode	380063
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 - U-TURN
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?	YES
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)	1

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SLP5614U
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 INJURED PERSON 1**

Name	THEAN LEE MING, M
Approximate Age	
Injuries Sustain	NECK N SHOULDER
Injured person in which vehicle?	SJY4935B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.:



Date of Accident : 29/5/19 Accident Time: 15:10hrs (24-HR-Format)  
 Accident Place : Junction of 124 Sims Dr (Infront BIK 45)  
 Vehicle No. (Car Plate No.) : SJY 4935 B Make/Model: Chevrolet Optra  
 Insurance Company : NTUC Policy No: 5107204334  
 Owner or Company Name /IC No. : Thean Jee Ming, Marshall (59604865C)  
 Owner or Company Contact No. : 8611 5741 Owner's Hp — Company Tel —  
 DRIVER'S Name / IC No. : - Same As Above -  
 DRIVER'S Date Of Birth : 7/2/1996 DRIVER'S License Pass Date 3 Oct 2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : BIK 63 Sims place #09-205 (5) 380063  
 DRIVER'S Contact No./ Alt No. : 1) — 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : —  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Heck & shoulder

**Other Party Driver's Particular (if any)**

Vehicle No: <u>S2P 5614U (B)</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota Prius</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/05/2019 17:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: THEAN LEE MING, MARSHALL		Address: APT BLK 63 SIMS PLACE #09-205 SINGAPORE 380063	
ID Type / ID No.: NRIC NO / S9604865C		Contact No.: Home/Office:	Mobile: 86115741
Nationality: SINGAPORE CITIZEN		Email: marshallthean@yahoo.com	
Sex: Male	Age: 23	Date of Birth: 07/02/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2019 15:10	Type of Location: Y-Junction
Location:  SIMS DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY4935B	Car	CHEVROLET	OPTRA 1.6AT MY7.5 FACELIFT	Grey	Slightly Damaged	0
SLP5614U	Car	TOYOTA	PRIUS			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY4935B	NTUC Income Insurance Co-Operative Limited	5107204334	26/01/2019	25/01/2020



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	THEAN LEE MING, MARSHALL	ID No.	S9604865C
Related Vehicle	SJY4935B (Car)	Contact No.	86115741
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE & TIME. I , VEHICLE A WAS TRAVELLING ON THE STATED VENUE. SUDDENLY VEHICLE B DID AN ILLEGAL U-TURN FROM THE OPPOSITE DIRECTION AND COLLIDED INTO MY VEHICLE RIGHT PORTION.

I WISH TO STATED THAT I'M INJURED WITH NECK & SHOULDER PAIN.

CLINIC : Intemedical 24 Hr Clinic



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
29/05/2019 17:30

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

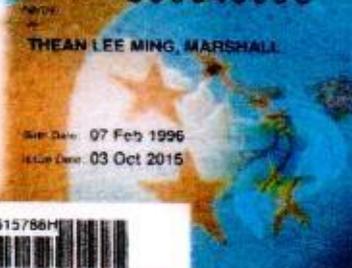
IC Number: S9604865C

THEAN LEE MING, MARSHALL

Age Date: 07 Feb 1996

Issue Date: 03 Oct 2015

002515788H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9604865C

THEAN LEE MING, MARSHALL

鄧力銘

RACE: CHINESE

Date of birth: 07-02-1996

Country of birth: SINGAPORE

4810081




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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	03 Oct 2016

NP 428A

Licence No: S9604865C

4810081

S9604865C

Date of issue: 09-01-2012

APT BLK 63 SIMS PLACE #08-205 SINGAPORE 380063

NRIC No: S9604865C Date: 12/11/2018






**VOCATIONAL LICENCE**

Licence No : S9604865C

Name : THEAN LEE MING, MARSHALL

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	31/01/2019



### 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: 5107204334 Cover : drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJY4935B          |
| Chassis Number  | : KL1NA196E8H106383 |
| 2. Name of Policyholder   | : THEAN LEE MING, M |
| 3. Effective Date of Insurance  | : 26 Jan 2019       |
| 4. Expiry Date of Insurance   | : 25 Jan 2020       |
| 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 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	: S\$1,500
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	: THEAN LE MING MARSHALL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WAH SOON HENG VEHICLE TRADING
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)

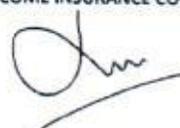
Agency : WAH SOON HENG VEHICLE TRADING (00000570909)  
Date of Issue : 25 Jan 2019 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Claim Handling**

**Accident MT/1046855**

Policy No.	5107204334	Vehicle No.	SJY49358	GST Registration No.	
Certificate No.					
Policyholder Name	THEAN LEE MING, M			Policyholder NRIC	S9604
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	86115741	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	Yes

▼ **Accident Details**

Report Date	30/05/2019 13:30	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	29/05/2019	Time of Accident hh:mm	15:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF 124 SIMS DR INVRT BLK 45				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Ap
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1,500.00				
Total OD Excess Applicable	3,500.00	Total TP Excess Applicable	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	BLK 63 #	Address 2	SIMS PLACE	Address 3	GREEN
Address 4	SINGAPORE 380063	Address Type	Singapore address	Post Code	38006
Unit No.	09-205	Related Policy Number	5107204334		

▼ **O1 Driver Info**

Driver Name	THEAN LE MING MARSHALL	Driver Type	Main Driver	Driver DOB	07/02/
Unnamed driver Name		Driver NRIC	S9604865C	Driving Experience	2
Register Date of Driver License	03/10/2016	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	86115741	Contact No.(Office)		Address 3	GREEN
Address 1	BLK 63 #	Address 2	SIMS PLACE	Post Code	38006
Address 4	SINGAPORE 380063	Address Type	Singapore address		
Unit No.	09-205				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	THEAN LEE MING, M
Contact No.(Mobile)	81572757	Contact No.(Home)	
Email Address	marshallthean1996@gmail.com	O1 Vehicle Number	SJY49358
Claim Description	SJY49358 / SLP5614U ON 29 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/05/2019 13:32
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1046855 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 30/05/2019 13:33

- Choose File No file chosen
- Message Read

Path \*

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	SAS	Normal	SAS 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:33	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 May 2019 13:32	Photos	Normal	Photos 2019-5-30

Video List

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