NATIONAL Assessment Centre Services. (wel I Jan'out . MNA 119071556 Done by Date & Timu Completed Date In: Jeb description 116/19 15:09 Ref No: SAS c-filling NA/ IMC190,09706/64. E-mail (white this, AlC 2his) Veh No SJP 5226E I-Motor Claim Form HILLA 16:12 3115/19 18:55. 116/19 I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) (ID! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Fix: Proformed Wiesp / INC Assign Wiesp / QW: ()/Non-INC (I'P Particulars: Veh No: INC (SLR 6713.A. Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by: (Dates Times %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%1 Insured/Driver Liability: (Year of Registration: (Warranty; YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Goudent Roll helder & K. S. a.s.) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier. : to e-mall Insurer URGENTLY.) Total Loss Case Drive-In ()/Towad-ln (); Invoice: YES () ; Towing Co: (Remarks: TUNE (IO) (ENGINE IO) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000] Infury : DateZEine MA1904076 1) All ! Annident Reporting (530); Chamant's Particular INC (\$50) 2) DA | Damege Assessment (\$100) \$40/\$4: 3) Til r Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) PT : Pollow-Through Burvey (Resurvey) Contact No: Por claiming atalog UNC Only (wef 10 Jan 200) 6) TR : Re-Inspection Damaged Portion: 7) NI 1 Idao DA + SMICT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge); 22 NS: Courtery Car / Tpt Allowande *No: Rapair Co-ordination \$23 *N7; Post Repair Inspection *NS: DV / Collect Excess Coordination 22 TP (NII) : TP (Kvn INC) against INC [al.]; 9) N12: Idao Mobile Involve dated 3 2/3: Fee Charged Involce dated

to per it that

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 witholding 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.

A STANDARD OF THE STANDARD OF	ACCIDENT STATEMENT
Date Of Report	01/06/2019 15:09
Date Of Accident	31/05/2019 18:55
Exact Location Of Accident	TPE TWDS KPE AFTER PUNGGOL RD EXIT
Country/State of Loss	SINGAPORE
SACROMAN MANAGEMENT OF FREE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP5226E
Insured/Policyholder	
Name Of Registered Owner	AMIR BASHIRUDIN BIN SAMSUDIN
NRIC No	S8943655I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87484007
Alternative Phone No	OFFICE-87484007
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	5106324266
Cover Note Number	*
Driver	
Name of Driver	MUHAMMAD MUHAIMIN BIN ALIAS
NRIC No	S8234469A
Date Of Birth	07/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91270372
Fax Number	TO SECTION OF CONTROL OF TO SET .
Contact Number	
EMail Address	NOEMAIL

Address

BLK 592B MONTREAL LINK #03-14

Postcode

752592

FRIEND

Was driver an employee of the Insured's Company NO

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

CHAIN COLLISION

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

4

Passenger 1

NAME:

: AMIR BASHIRUDIN BIN SAMSUDIN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

SLR6713A

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 23

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

Vehicle Registration Number

SMA3787J

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 3

Vehicle Registration Number

SLP9679G

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

MUHAMMAD MUHAIMIN BIN ALIAS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP5226E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

AMIR BASHIRUDIN BIN SAMSUDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJP5226E

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.
- 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.
- 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.
- 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.
- 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:
 - 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	E					
				11		

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

TPE Towards KPE

punggot Road Ex

Name:

NRIC/FIN No .:

Date of Accident	: 31 May 2018 Accident Time: 657 pm (24-HR-Format)
Accident Place	: TPE towards KPE After Punggol Road Exit
Vehicle. No. (Car Plate No.)	: 97P520GE Make/Model: Hyundai Avante
Insurace Company	:NTUCPolicy No:
Owner or Company Name /IC No.	: Amir Bachirudin Bin Sameudin S8943655I
Owner or Company Contact No.	: 8748 4007 Owner's Hp Company Te
DRIVER'S Name / IC No.	: Muhammad Muhaimin Bin Alias 382344694
DRIVER'S Date Of Birth	: 67-10-1982 DRIVER'S License Pass Date 21-Apr-20
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Frien
DRIVER'S Address	: 5908 Montreal link #03-14 s'(+5)592)
DRIVER'S Contact No./ Alt No.	:1) 91270372 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 4
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state): 2	s being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle. No: SLR 6713 A	Vehicle, No: SMA 3787J
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender:

¥2





Report No. T/20190601/7006

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

REPORT OF A TRAFFIC ACCIDENT

01/06/20	01/06/2019 12:01		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	CONTROL DE LA CONTROL DE L				
Name of Informant: MUHAMMAD MUHAIMIN BIN ALIAS			Address: APT BLK 592B MONTREAL LINK #03-14 SINGAPORE 752592				
ID Type NRIC N	/ ID No.: O / S82344	69A	Contact No.: Home/Office: Mobile: 91270372				
Nationality: SINGAPORE CITIZEN			Email: intro1982@hotmail.com				
Sex: Male	Age: 36	Date of Birth: 07/10/1982	Type of Informant: Driver				
Race: Malay			Language: English	Institution / School Name:			
Occupation: Constrution supervisor			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2019 18:55	Type of Location Straight Road
Weather:	XPRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry		90 Km/h
-			Traffic Volume: Heavy	
Traffic Flow: One Way		Traffic Control: Not Controlled		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP5226E	Car				Slightly Damaged	3
SLP9679G	Car				Slightly Damaged	0
SLR6713A	Car				Slightly Damaged	0
SMA3787J	Car				Slightly Damaged	0





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

Report No. T/20190601/7006

2 of 3

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestriar		Use of	Pedestriar	Cross	ing: NA
Passenger			Odobina	101000	mg. NA
Name	Amir bashirudin bin samsudin		ID No		S8943655I
Related Vehicle	SJP5226E (Car)			ct No.	87484007
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date D	ischarge	NIL	
No. of Days gran	ted Medical Leave 03		of Injury	Slight	
Driver					
Name	MUHAMMAD MUHAIMIN BIN	ALIAS	ID No		S8234469A
Related Vehicle	SJP5226E (Car)		Conta	ct No.	91270372
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Di	ischarge	NIL	
	ted Medical Leave 03				

Brief Details.

On the stated date and time.

I was driving my vehicle SJP5226E on TPE towards KPE after punggol road exit. The traffic was heavy, vehicle is slow moving. The car infront SMA3787J came to a stop so I came to a stop too. Suddenly i felt a great impact from my rear and realise SLR6713A had collided to my rear. Then i went down to check and realise im involve in a chain collision involving 4 cars.

The first car carplate SLP9679G.

Me and 1 of my passenger was injured we went to see doctor and get 3 days MC.





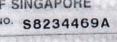
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190601/7006

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 Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	01/06/2019 12:01
Officer In Charge Of Case:	Classification Of Case:
THE PROPERTY AND A CONTROL OF A STANDARD STANDAR	

Authentication Stamp NP168

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8234469A





MUHAMMAD MUHAIMIN BIN ALIAS

1

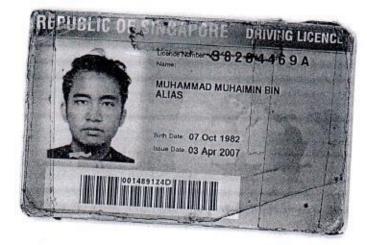
MALAY Date of birth

07-10-1982 Country of birth

SINGAPORE



SHZATASDA







driver

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

· Change Language · Change Password · Log Out **Policy Query** Policy No. Date of Accident 31/05/2019 15:08 Vehicle No.(For Motor) SJP5226E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Product Cover Type Insured Object Commence Date Expiry Date AMIR BASHIRUDIN BIN SAMSUDIN drivo CLASSIC 5106324266 S8943655I GPC SJP5226E SJP5226E 26/12/2018 25/12/2019

Continue

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$89436551



Name

AMIR BASHIRUDIN BIN SAMSUDIN



Race

Date of birth 08-12-1989

Country of birth



SINGAPORE

NRIC NO. \$89436551

Date of issue

17-12-2004

APT BLK 663A PUNGGOL DRIVE #04-262 SINGAPORE 821663 NRIC No: S89436551 Date: 11/0

Date: 11/03/2017

Claim Handling							
Policy No.	5106324266	Vehicle No.	SJP5226E		CCT See	etestica No	
Certificate No.		TOTAL TO.	3JF3220C		GST Kegi	stration No.	
Policyholder Name	AMIR BASHIRUDIN BIN SAMSUDIN				Policyhok	for NOIC	5004
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	ier with	5894
Contact No.(Mobile)	87484007	Contact No.(Office)			100	lo.(Home)	0
Email Address		Special Remark			eCode	o.gradine)	No 7
KFK	= No Yes	TCA	∞ No ⊝ Yes		eCode Re	ason	THEO .
WCD Protection W Accident Details	No	NCD Entitlement(%)	0		Private H	ire	No
Report Date	01/06/2019 16:09	Accident Report Within 24 hrs	Yes		Accident	Type	Chain
Date of Accident	31/05/2019	Time of Accident hh:mm	18:55			of Accident	Singa
Reporting Centre		Orange Force			ICM No.		21092
Accident Location # Excess	TPE TWDS KPE AFTER PUNGGOL RD EXIT						
Own damage Excess	600.00	Additional Excess	0		Windscre	an Excess	100.0
Innamed Driver Excess	500.00	Outside Singapore OD Excess		600.00			
Third Party Excess	0.00	Outside Singapore TP Excess		0.00			
→ Benefits							
GST Registered Informat	tion						
SST Registered SST Registration No.	No		GST Registratio				
todification History			GST Status Ver	ified		Yes	
Policyholder Mailing Add	roco						
Address 1	BLK 663A #04-262	Address 2	1211112 21 G1010				
Address 4	SINGAPORE 821663	Address 2	PUNGGOL DRIVE		Address 3		WATE
init No.	SINGAPORE 821063	Address Type Related Policy Number	Singapore address		Post Code		82166
▽ OI Driver Info		Nessieu Policy Number	5106324266				
Driver Name	Unnamed Driver	Driver Type	Househad Relian				
Unnamed driver Name	MUHAMMAD MUHAIMIN BIN ALI	Driver NRIC	Unnamed Driver S8234469A				
Register Date of Driver License	21/04/2009	Driver Age	36		Driver DO		07/10
Contact No.(Mobile)	91270372	Contact No.(Office)	30		Driving E		10
Address 1	BLK 5928 #03-14	Address 2	MONTREAL LINK		Contact N Address 3		MONT
Address 4	SINGAPORE 752592	Address Type	Singapore address		Post Code		75259
Init No.	03-14				Maria de Post		73233
Poes he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Ins	urer Company	
Peclaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	± Yes ⊕ No				
Indiffication History							
Claim 001 New							
			17 #800				
Claim Type *			O	D-MX	Insured Name	AMIR BASHIRUDIN	BIN SAMSU
Contact No.(Mobile)			87	484007	No. (Home)	63884041	
Email Address			am	irbashirudin@gmail.com	OI Vehicle Number	5JP5226E	
Claim Description			SI	P5226E / SLR6713A ON 31			
Preferred	Insured Liability Not at E						
Vorkshop 0 Detinet No. Yes	Preferred Workshop	Name unknown GIA Beauty	*				
late Registered	Option	report Received		/06/2019 16:11	Claim		
eport Taken By			100	W SHAN HUI	Date		
Print AK letter							
			Save Submit				
Attachment							

Claim No.

MT/1047195

Last Doc, Received

● Yes □ No

Upload Date

01/06/2019 16:12

	Uploaded By/Date	Folder Date	. Pr	le Name		9		Source
Video List								
- Albert	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:11	Photos		Normal		Photos 201	9-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:11	Photos		Normal		Photos 201	9-6-1
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	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:12	Photos		Normal		Photos 20	19-6-1
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410,000	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:12	NRIC/ Driving License		Normal		NR3C/ Driving Lic	
Attachment		Uploaded By/Date	Category	9	Urgency		Descrip	tion
Attachment L	ist							
sage Read				Clear	Please Select	•	NO *	Normal
oose File No	file chosen			Clear	Please Select	•	NO *	Normal
oose File No				Clear	Please Select	٧	NO *	Normai
oose File No				Clear	Please Select	*	NO T	Normal
oose File No				Clear	Please Select	*	NO ¥	Normal
	file chosen			Clear	Please Select		NO *	Normal