

# NATIONAL Assessment Centre Services. [part 1 Jan'09] : MMA119073048

Date In: 4/6/19 16:43	Job description	Date & Time Completed	Done by
Ref No: MA1 INC19009908/164	SAS e-filing		
Veh No: SLW 9270P	E-mail (within 3hrs, A/C 2hrs)		
UICFA: 316/19 20:00	I-Motor Claim Form	MT/1047687001	6/6/19 09:07
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Prohibited Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: FBN 8558 H. 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

Damage: ( )

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Damage: ( )

Damage: ( )

Damage: ( )

MA1904207	Invoice No	Amount (\$)	Amount (\$)
1) ART Accident Reporting (\$30)	30.00		
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (vs 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NL: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NS: Repair Coordination	\$10		
*NT: Post Repair Inspection	\$25		
*NS: DV / Collect Excess Coordination	\$5		
TP (Nil): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge):

Andilors Comments:

Sub 1:

2/3



## 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	04/06/2019 16:43
Date Of Accident	03/06/2019 20:00
Exact Location Of Accident	JUNC OF PIONEER RD NORTH & JURONG WEST ST 91
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW9270P
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	REPORTING ONLY
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	5106937496
Cover Note Number	-
Driver	
Name of Driver	FONG CHEE LUP BENDY(KUANG ZHILI BENDY)
NRIC No	S8036857G
Date Of Birth	24/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93801194
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 697 HOUGANG ST 61 #12-24
Postcode	530697
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
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	FBN8558H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Jurong West St 91

A = SLW 9270P

B = FBN 8558H.

Pioneer Pol North

## 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.:





# SINGAPORE POLICE FORCE



T/20190604/2003

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190604/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2019 00:12	Vide Report No.: J/20190603/0150	Station Diary No.: 5
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**Informant's Particulars**

Name of Informant: FONG CHEE LUP, BENDY			Address: APT BLK 697 HOUGANG STREET 61 #12-24 SINGAPORE 530697		
ID Type / ID No.: NRIC NO / S8036857G			Contact No.: Home/Office: Mobile: 93801194		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 24/11/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2019 20:00	Type of Location: T-Junction
Location: Along Road 1 PIONEER ROAD NORTH JURONG WEST STREET 91 Junction of Pioneer Road North and Jurong West Street 91, LP121 Lamp Post Number: 121				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBN8558H	Motorcycle					0
SLW9270P	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver	Slightly Damaged	2



# SINGAPORE POLICE FORCE



T/20190604/2003

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190604/2003

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FONG CHEE LUP, BENDY	ID No.	S8036857G
Related Vehicle	SLW9270P (Car)	Contact No.	93801194
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/06/2019 at about 2000hrs, I was travelling along Pioneer Road North at the junction about to turn right to Jurong West Street 91. I was checking for oncoming traffic on the opposite side and once clear, I make the turn when all of a sudden, I heard an impact and discovered that I had collided onto a motorcycle in front of me. He was also turning right but I did not see him initially as I believe he was at my 2 o'clock position thus at my blind spot. I render assistance to him and passerby called for ambulance. He was then conveyed to hospital. TP also arrived and I gave my statement to them. I had in-car CCTV but it was not switched on as such no footage available. I am driving for Grab and I had 2 passengers in the car at the time who were fine as the impact was small furthermore. I was advised to make a report.





**SINGAPORE  
POLICE FORCE**



T/20190604/2003

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190604/2003

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:  
F /  
Sgt 2 MOHAMED ALI SIO MUBARAK HUSSAIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM  
Contact No.: 93265045

Authentication Stamp  
NP168

Signature

Signature Of Informant:

x

Date/Time:  
04/06/2019 00:12

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8036857G



Name

FONG CHEE LUP, BENDY  
(KUANG ZHILI, BENDY)

鄭志立

Race

CHINESE

Date of birth

24-11-1980

Country of birth

SINGAPORE

Sex

M

S8036857G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8036857G

FONG CHEE LUP, BENDY  
(KUANG ZHILI, BENDY)

Birth Date: 24 Nov 1980

Issue Date: 08 Jul 2010



001872852C



4655255



NRIC No. S8036857G

Date of issue

02-12-2010

Address

APT BLK 697 HOUGANG STREET 61  
#12-24  
SINGAPORE 530697

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

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 08 Jul 2010

NP 428A



Licence No: S8036857G



Name: Fong Chee Lup, Benny

NRIC: S8036857 G

**TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE**

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

**PDVL Commencement Date:** 14 MAY 2019

2. You must **display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.**

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong  
Assistant Registrar of Vehicles  
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by \_\_\_\_\_ (centre officer name),  
(centre officer designation), of \_\_\_\_\_ (centre name).



## Certificate of Insurance 陳保險經紀私營有限公司

TAN INSURANCE BROKERS PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) 3A/5A Aliwal Street, Chenn Leonn Building  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 Singapore 199896  
ROAD TRANSPORT ACT, 1987 (MALAYSIA) www.lib.com.sg  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Tel: (65) 6742 6766 Fax: (65) 6742 6669

Certificate Number: 5106937496

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLW9270P  
Chassis Number : GP71204664  
2. Name of Policyholder : RELIABLE RIDES PTE LTD  
3. Effective Date of Insurance : 09 Mar 2019  
4. Expiry Date of Insurance : 08 Mar 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\$2,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THINK ONE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 10 Jan 2019 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1047687

Policy No.	5106937496	Vehicle No.	SLW9270P	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	20161
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81669797	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	06/06/2019 09:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	03/06/2019	Time of Accident hh:mm	20:00	Country of Accident	Singap
Reporting Centre		Orange force		ICM No.	
Accident Location	JUNC OF PIONEER RD NORTH & JURONG WEST ST 91				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	4,000.00		
Third Party Excess	2,500.00	Outside Singapore TP Excess	4,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41587
Unit No.	05-50	Related Policy Number	5106937496		
<b>O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/11/
Unnamed driver Name	FONG CHEE LUP BENDY(KUANG	Driver NRIC	S8036857G	Driving Experience	8
Register Date of Driver License	08/07/2010	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	93801194	Contact No.(Office)		Address 3	HOUGA
Address 1	BLK 697 # 12-24	Address 2	HOUGANG STREET 61	Post Code	53069
Address 4	SINGAPORE 530697	Address Type	Singapore address		
Unit No.	12-24				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Injured Name	RELIABLE RIDES PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	SLW9270P
Claim Description	SLW9270P / FBN8558H ON 3 Jun 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	06/06/2019 09:05	Report Taken By	LIEW SHAN HUI
Print AK letter	<input checked="" type="checkbox"/>		

Save Submit

## Attachment

Accident No.

Claim No.

MT/1047687

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

001

06/06/2019 09:07

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	SAS	Normal	SAS 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:06	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 09:05	Photos	Normal	Photos 2019-6-6

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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