NATIONAL Assessment Centre Services. (wef 1 Jan'05) : MNA119073385

Date In: 6/6/19 11:11	Job description	Date & Time Completed	Done by
Ref No: MA/IMC1900994/19.	SAS e-filing		
Veh No: FBK 7763 D	E-mail (within 5hrs, AIC 2hrs)		
DOA: 29/5/19 22:15.	I-Motor Claim Form	MT/1047780-001	6/6/19 14:07
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 / GW: (Tel: Fax:)

TP Particulars: Veh No: 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: (INC Handling Guidelines)	Date & Time	Actioned 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

NA1904227

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Sal. I:

Sl. 2 / 3:

Invoice/Fee Collection Checklist	Fee(S$)	Actual(S$) Incl/bill
1) AR : Accident Reporting ($30);	30.00	
2) DA : Damage Assessment ($100); INC ($80)		
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-Inspection	$75	
7) N1 : Idao DA + SMRT Survey	$160	
8) NTUC Additional Services:		
OR:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Coordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non-INC) against INC	$20	
9) N12: Idao Mobile	30	
Invoice dated *Fee Charged*		
Invoice dated *Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 06/06/2019 11:19

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.

ACCIDENT STATEMENT	
Date Of Report	06/06/2019 11:11
Date Of Accident	29/05/2019 22:15
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE - CIRCUIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7763D
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	GLR
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	0073451220-15
Cover Note Number	-
Driver	
Name of Driver	LEE FENG YI MARYANNE
NRIC No	S9529019A
Date Of Birth	06/08/1995
Occupation	INDOOR
Date Of Driving Pass	29/05/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94246360
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 563 CHOA CHU KANG ST 52 #12-198
Postcode	680563
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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 INJURED PERSON 1

Name	LEE FENG YI MARYANNE
Approximate Age	
Injuries Sustain	SPRAIN RIGHT HAND
Injured person in which vehicle?	FBK7763D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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.

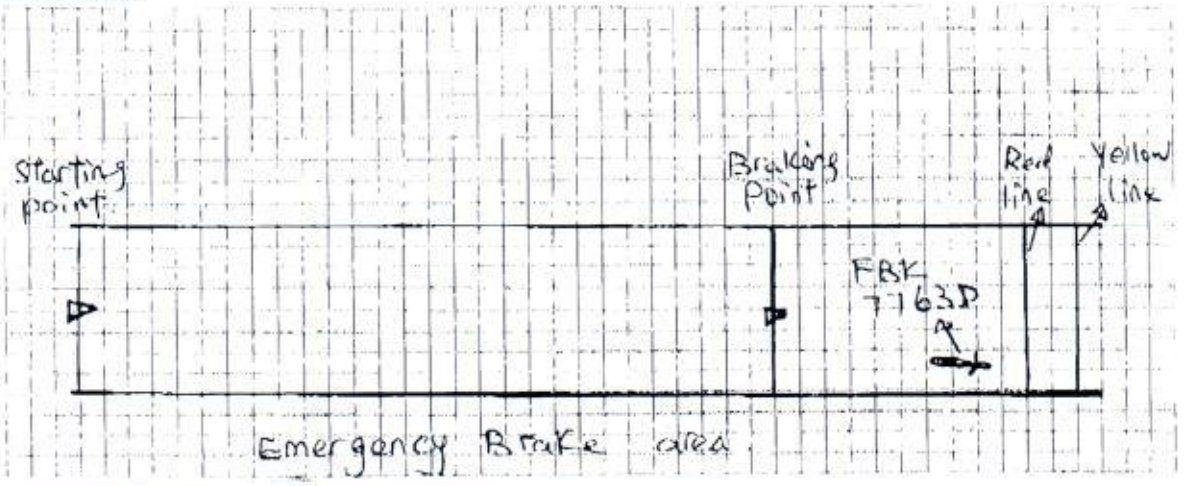
BUKIT BATOK DRIVING CENTRE LTD
BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569

Policyholder's Signature:
Date & Time:

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

Reporting Centre Rispsnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/5/19, session 8 @ 2215 PM, learner rider (S9529019A) having her Review circuit (RC) subject. While she is practicing emergency brake, she travel at speed 40 km/h, and accidentally put in too much pressure on the front brake, causes the wheel to lock and slip at the braking area. sprain right hand.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

BATOK DRIVING CENTRE LTD
BLK 5 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659086
TEL: 6561 1233 FAX: 6562 0777

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

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
29/5/2019	2215	Bukit Batok Driving Centre - Circuit

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: FBK 7763D
Name of Policyholder:
NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
Address:
Contact Number: Tel: Hp:
Occupation:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda GLR 125L
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, (Motorcycle), Others:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy? ○ Yes ○ No Remarks:
Vehicle category: ○ Private ○ Commercial ✓ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy: ✓ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy: ✓ Yes ○ No
Policy Number:

DRIVER

Name of Driver: Lee Feng Yi Maryanne
NRIC/ FIN/ Passport: S9529019A
Date of Birth:
Occupation:
Driving Pass Date:
Gender: ○ Male ✓ Female
Contact Number: Tel: Hp: 9424 6360
Address:
Email Address:
Was driver an employee of the Insured's Company? ○ Yes ✓ No
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc):
Weather Conditions: ✓ Clear ○ Raining ○ Others:
Road Surface: ✓ Wet ○ Dry ○ Others:
Damage Area: Left Mirror holder
Approximate Speed:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ✓ No ○ Yes
Was anybody injured in the accident? (Including Witness) ○ No ✓ Yes
Was any other vehicle(s) or property damaged? ✓ No ○ Yes
Was there any camera video footage (in car)? ✓ No ○ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ✓ No ○ Yes
If Yes, please state which police station & Report No:
Was notice of Intended Prosecution given? ✓ No ○ Yes
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name — Lee Feng Yi Maryanne
NRIC/ FIN/ Passport — S9529019A
Address
Approximate Age
Injuries Sustained — Sprain right hand
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ○ Yes ○ No
Was Injured conveyed to hospital by ambulance? ○ Yes ⊘ No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ○ Yes ○ No
Was Injured conveyed to Hospital by Ambulance? ○ Yes ○ No

Declaration
I/We declare that the above particulars and information provided above are true in every aspect.

JURONG BATOK DRIVING CENTRE LTD
15 JURONG BATOK WEST AVENUE 1
SINGAPORE 659085
TEL: 6560 1233 FAX: 6569 0777

Signature of Policy Holder — Date & Time
(Company Chop if applicable)

Signature of Driver / Date & Time — Date & Time
(If Driver is not the Policy Holder)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9529019A

Name

LEE FENG YI MARYANNE

李 凤 怡

Race

CHINESE

Date of birth

05-08-1995

Sex

F

Country/Place of birth

SINGAPORE

5691340

NRIC No. S9529019A

Date of issue

31-12-2016

Address

APT BLK 563 CHOA CHU KANG STREET 52
#12-198
SINGAPORE 680563

income
made different

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 : 0073451220-15 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBK7763D**
   Chassis Number : JC041000356
2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 03 Jan 2019
4. Expiry Date of Insurance : 31 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)	:	N/A
EXCESS (SECTION 2)	:	N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
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 : BUKIT BATOK DRIVING CENTRE (0000662435)
Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Annex A

Transaction ref 20160201103746538724

The owner and vehicle particulars for Vehicle No. FBK7763D as at 01 Feb 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	:
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBK7763D
8.	Effective Date of Ownership	: 01 Feb 2016
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
11.	Vehicle Type	: P00 Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	:
15.	Attachment 3	:
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: GLR125LWH
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	Secondary Colour	:
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000356 /
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No /Motor No.	: JC64E1000314 /
25.	Engine Capacity(cc)/Power Rating(kW)	: 124 /
26.	Maximum Power Output(kW/bhp)	: /
27.	Unladen Weight(kg)	: 131
28.	Maximum Laden Weight(kg)	: 289
29.	Open Market Value	: $3,464.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: $0.00
33.	IU Label No.	: -
34.	COE No.	: 2016020106000257H
35.	COE Expiry Date	: 31 Jan 2026
36.	COE Category	: D Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: $6,889.00
38.	Actual Quota Premium/PQP Paid	: $6,889.00
39.	Actual ARF Paid	: $520.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: $45.00
46.	Road Tax Start Date	: 01 Feb 2016
47.	Road Tax End Date	: 31 Jan 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1047780

Policy No.	0073451220-15	Vehicle No.	FBK7763D	GST Registration No.	M2008
Certificate No.					
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	19880
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64833167	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	06/06/2019 14:01	Accident Report Within 24 hrs	Yes	Accident Type	No coll
Date of Accident	29/05/2019	Time of Accident hh:mm	22:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK DRIVING CENTRE - CIRCUIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Ap
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	65908
Unit No.		Related Policy Number	S072565215-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE FENG YI MARYANNE	Driver NRIC	S9529019A	Driver DOB	06/08/
Register Date of Driver License	29/05/2019	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	94246360	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 563 #12-198	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	68056
Unit No.	12-198				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK7763D
Claim Description	FBK7763D ON 29 May 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received		
Date Registered	06/06/2019 14:07	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1047780	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/06/2019 14:07

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	SAS	Normal	SAS 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	Photos	Normal	Photos 2019-6-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jun 2019 14:07	Photos	Normal	Photos 2019-6-6

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading