

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA14.09548

Date In: 17/1/14-16:10	Job description	Date & Time Completed	Done by
Ref No: 14/10C19012639/24	SAS e-filing		
Veh No: 5JP7324	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/1/14-16:30	i-Motor Claim Form	M71053851-001	17/1/14 16:30
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: JMC90954	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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

HA1405331	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QJ)*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	17/07/2019 16:10
Date Of Accident	16/07/2019 16:30
Exact Location Of Accident	UBI AVE 2 TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP757Y
Insured/Policyholder	
Name Of Registered Owner	KHUNG YIT LUNG
NRIC No	S7617562D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90690689
Alternative Phone No	OFFICE-90690689
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088457671-02
Cover Note Number	
Driver	
Name of Driver	KHUNG POH KOH @KANG BAO GUO
NRIC No	S0859851G
Date Of Birth	24/07/1948
Occupation	INDOOR
Date Of Driving Pass	03/11/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82042223
Fax Number	
Contact Number	OFFICE-82042223
Email Address	NOEMAIL

Address	28 YIO CHU KANG ROAD #05-01
Postcode	545678
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : OH LAY KEE 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190717/7004.

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	SMC9095Y
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 KHUNG POH KOH @KANG BAO GUO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJP757Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name OH LAY KEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJP757Y
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:

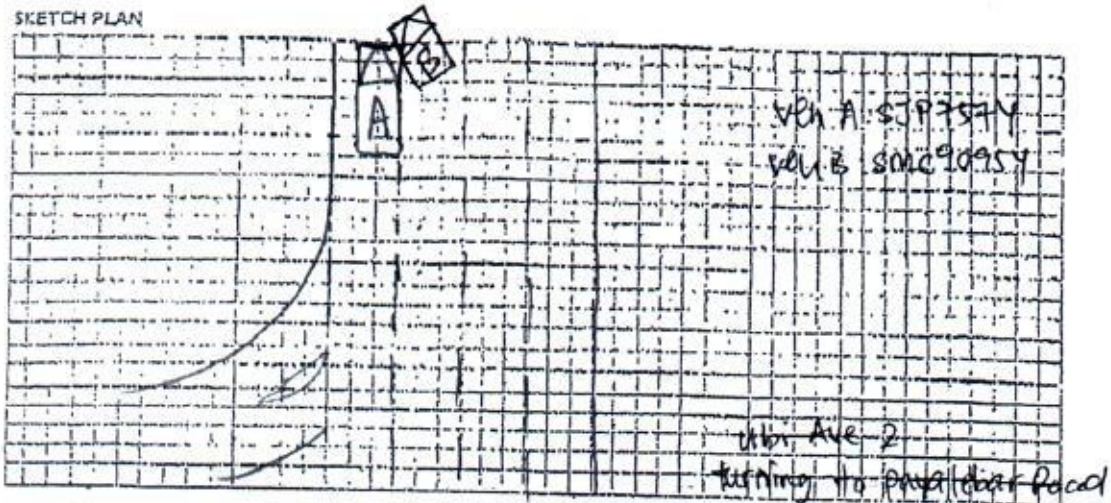
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date

I was driving my vehicle SJP7574 on ubi Ave 2 turning to paya lebar Road after I check on oncoming vehicle I move off in lane, my vehicle have already in lane suddenly I felt a great impact from my right.

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/PIN No.:

Date of Accident : 16 July 2019 Accident Time: 430pm (24-HR-Format)
Accident Place : Ubi Ave 2 turning to Paya Lebar Road
Vehicle Reg. No. (Car Plate No.) : 8JP757 Y
Vehicle Make/Model : Hyundai Avante
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : KHUNG YIT LUNG (S7617561D)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Khung Poh Koh @ Tang Bao Guo S0859851G
DRIVER'S Date Of Birth : 24 July 1948 DRIVER'S License Pass Date 03/11/1976
Relationship of Owner & Driver : Spouse \ ~~Parents~~ \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 28 Vio Chu Kong Road #05-01 S(545678)
DRIVER'S Contact No / Alt No. : 1) 82042223 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 Driver): 2 (Wife)
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>8MC9095Y</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190717/7004

1 of 3

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

Report No. T/20190717/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2019 10:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHUNG POH KOH			Address: 28 YIO CHU KANG ROAD #05-01 SINGAPORE 545678		
ID Type / ID No.: NRIC NO / S0859851G			Contact No.: Home/Office: Mobile: 82042223		
Nationality: SINGAPORE CITIZEN			Email: pkkhung@yahoo.com.sg		
Sex: Male	Age: 70	Date of Birth: 24/07/1948	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Security officer			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: 16/07/2019 16:30	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP757Y	Car				Slightly Damaged	1
SMC9095Y	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190717/7004

2 of 3

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

Report No. T/20190717/7004

CONTINUATION OF REPORT

Passenger			
Name	OH LAY KEE	ID No.	S0173601I
Related Vehicle	SJP757Y (Car)	Contact No.	81511690
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KHUNG POH KOH	ID No.	S0859851G
Related Vehicle	SJP757Y (Car)	Contact No.	82042223
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 and time I was driving my vehicle SJP757Y on ubi ave 2 turning to paya lebar road after I check oncoming vehicles I move off in lane, my vehicle have already in lane suddenly I felt a great impact from my right. I felt uncomfortable so I went to see a doctor.



**SINGAPORE
POLICE FORCE**



T/20190717/7004

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

3 of 3

Report No, T/20190717/7004

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 / TPIB /
KOH CHEE SENG, KEVIN
Contact No.: 65472073

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:
17/07/2019 10:20

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0859851G



KHUNG POH KOH
 @KANG BAO GUO
 康保國
 Race
 CHINESE
 Date of Birth 24-07-1948 Sex M
 Country of Birth SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0859851G
 Name KHUNG POH KOH
 Date of Birth 24 Jul 1948
 Issue Date 02 Sep 2003





MRC No. S0859851G
 28 YIO CHU KANG ROAD #05-01
 SINGAPORE 545678
 NRIC No. S0859851G
 Date 14/08/2018
 17-02-1999


For LKK/NAC Use Only

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

CLASS	VEHICLE CLASS	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Nov 1976

NP 428A

Licence No. S0859851G



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

+ Change Language

+ Change Password

+ Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088457671-02		KHUNG YIT LUNG	S7617562D	GPC	drive CLASSIC	SJP757Y	SJP757Y	11/03/2019	10/03/2020

Continue

Policy Information

Policy No.	5088457671-02	Policyholder Name	KHUNG YIT LUNG	Policyholder NRIC	S7617562D
Certificate No.					
Address	NIL				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/02/2019	Effective Date	11/03/2019 00:00	Expiry Date	10/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	134 SERANGOON NORTH AVENUE	Address 2	#09-140 null	Address 3	SINGAPORE 550134
Address 4		Address Type	Singapore address	Post Code	550134
Unit No.	09-140	Related Policy Number	5088457671-02		

Insured Object: SJP757Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1053851

Policy No.	S088457671-02	Vehicle No.	SJP757Y	GST Registration No.	
Certificate No.					
Policyholder Name	KHUNG YIT LUNG	Cover Type	drive CLASSIC	Policyholder NRIC	S7617562D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90690689	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	17/07/2019 16:29	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/07/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 2 TWDS PAYA LEBAR RD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	134 SERANGOON NORTH AVENUE	Address 2	#09-140 null	Address 3	SINGAPORE 550134
Address 4		Address Type	Singapore address	Post Code	550134
Unit No.	09-140	Related Policy Number	S088457671-02		
OI Driver Info					
Driver Name	KHUNG POH KOH	Driver Type	Named Driver	Driver DOB	24/07/1948
Unnamed driver Name		Driver NRIC	S0859851G	Driving Experience	42
Register Date of Driver License	03/11/1976	Driver Age	70	Contact No. (Home)	0
Contact No. (Mobile)	82042223	Contact No. (Office)	0	Address 3	SINGAPORE 545678
Address 1	28 YIO CHU KANG ROAD	Address 2	WEMBLY RESIDENCES	Post Code	545678
Address 4		Address Type	Singapore address		
Unit No.	05-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
Modification History			

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KHUNG YIT LUNG	Insured NRIC	S7617562D
Contact No. (Mobile)	90189699	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJP757Y	TP Vehicle Number	SMC9095Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJP757Y / SMC9095Y ON 16 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2019 16:30	Claim Close Date		Date Received	17/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1053851	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/07/2019 16:31
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
		Confidential	Normal
		Urgency *	Normal
		Description *	

Browse...

Browse...

Browse...

Clear

Clear

Clear

Please Select

Please Select

Please Select

N/A

N/A

N/A













Normal

Normal

Normal

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	SAS	Normal	SAS 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:31	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Jul 2019 16:30	Photos	Normal	Photos 2019-7-17		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> Display in New Window Scan and uploading </div>				