

# NATIONAL Assessment Centre Services

Date In <b>29/07/19</b>	Job description	Date & Time Completed	Done by
Ref No. <b>NA/INC19013067/13</b>	SAS e-filing		
Veh No <b>GBH2884L</b>	E-mail (within 8hrs. ADC 2hrs)		
D.O.A <b>27/07/19 1415</b>	i-Motor Claim Form	<b>MT/1055400-001</b>	
OD <b>(TP)</b> 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: ( <b>TWINCAR</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>SM69684L</b>	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%; F: 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

<b>NA/905773</b>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
<b>Auditors' Comments :-</b>	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Cat 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat 2 / 3:</b>	9) N12: Idac Mobile 30		
	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	29/07/2019 12:50
Date Of Accident	27/07/2019 14:15
Exact Location Of Accident	BUKIT BATOK E AVE 3 TWDS BUKIT BATOK E AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2884L
Insured/Policyholder	
Name Of Registered Owner	F P ENTERPRISE TRADING
Co Reg No	53012235M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97655270
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108295937
Cover Note Number	
Driver	
Name of Driver	TAN PENG HWEE(CHEN BINGHUI)
NRIC No	S7340586F
Date Of Birth	10/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81473179
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 820 TAMPINES ST 81 #03-504
Postcode	520820
Was driver an employee of the Insured's Company	YES
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9684L
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 2

Vehicle Registration Number	GBD2548D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	TAN PENG HWEE(CHEN BINGHUI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH2884L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature  
Date & Time:

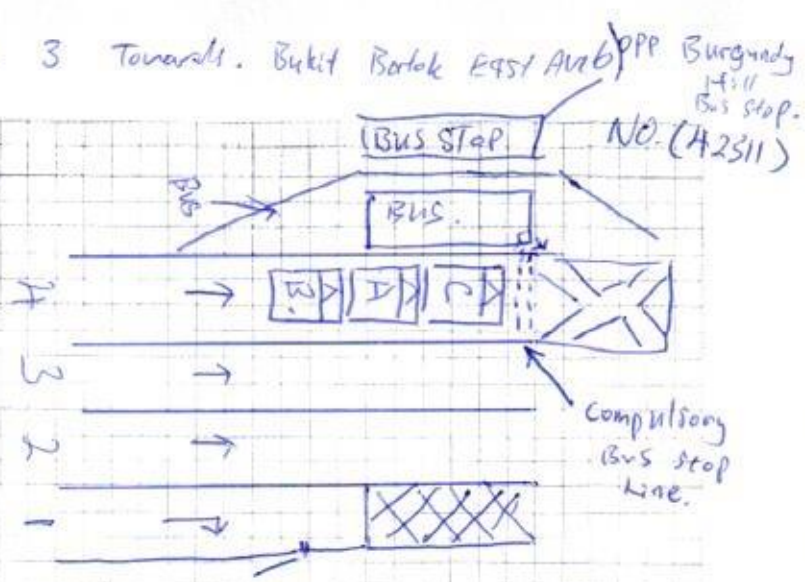
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

A - GBH2884L  
B - SME9684L  
C - GBD2548D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bukit Batok East Ave 3 towards Bukit Batok East Ave 6 on the most extreme left lane. Somewhere at opp Burgundy Hill bus stop (bus stop No. 42311), A public SG Bus. was exiting the bus stop. Vehicle (C) in front of me slowed down and stopped to give way for the bus to enter the lane. Therefore, I applied brake and stopped fully behind vehicle (C). Out of sudden, I felt an impact from the rear. Due to the impact, my vehicle surge forward and collided onto vehicle (C) rear portion. I alighted and found out that vehicle (B) from the rear collided onto my vehicle rear portion causing my vehicle surge forward to hit vehicle (C).

## 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.:



<b>Vehicle No.</b>	G B H 2884 L	<b>Model / Make</b>	Toyota DYNA 150
<b>Date of Accident</b>	27/07/2019.		
<b>Time of Accident</b>	14 15.	<b>HRS</b>	
<b>Location of Accident</b>	Bukit Batok. East Ave 3 towards Bukit Batok East Ave 6, opp Banyan Hill Bus stop.		
<b>Exact purpose use during accident</b>	working hours.		
<b>Name of Owner</b>	F P Enterprise trading.		
<b>Telephone No.</b>	H/P : 9765 5270	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	CMA LHM. 53012235M.		
<b>Address</b>	21 KAKI BUKIT INDUSTRIAL TERRACE.		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC.		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5108295937.		
<b>Name of Driver</b>	As Above If No, TAN PENG HWE		
<b>NRIC</b>	S7340586F	<b>Any Passengers :</b>	N/I.
<b>Date of birth</b>	10/11/1973.		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	14/07/1994.		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 8147 3174.	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	820 Tampines St 81 #03-504 S'PORE 520820.		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who? Observing.		
<b>Name And Contact No.</b>	TAN PENG HWE (DRIVER).		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SME 9684L.	<b>Any Passengers :</b>	N/I.
<b>Name of Driver</b>	ABDUL RAHIM BIN MOHAMMAD MUSTAFA	<b>Contact No. :</b>	9622 7076.
<b>Vehicle C No.</b>	G B D 2548D	<b>Any Passengers :</b>	1 (FEMALE).
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front and Rear portion.		
<b>Camera Recorder</b>	Yes / (No) overwrite 2 hours.		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	Twin Car Automotive Pte Ltd.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7340586F**

Name: **TAN PENG HWEE (CHEN BINGHUI)**

**For LKK/NAC Use Only**

Birth Date: **10 Nov 1973**

Issue Date: **02 Jul 2003**

000612472F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7340586F**



Name: **TAN PENG HWEE (CHEN BINGHUI)**

**陈 炳 辉**

**For LKK/NAC Use Only**

Race: **CHINESE**

Date of birth: **10-11-1973**

Sex: **M**

Country/Place of birth: **SINGAPORE**

**S7340586F**

YOU ARE PERMITTED TO DRIVE VEHICLES OF THE FOLLOWING CLASS/CLASSES

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

Class 4A Omnibuses

PASS DATE

14 Jul 1994

24 Aug 2005

**For LKK/NAC Use Only**

S7340586F

S / No. 9000038571

Licence No: S7340586F

NP 428A

5907378



NRIC No. **S7340586F**

**For LKK/NAC Use Only**

Date of issue: **09-04-2018**

Address: **APT BLK 820 TAMPINES STREET 81 #03-504 SINGAPORE 520820**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/07/2019 14:15"/>							
Vehicle No.(For Motor)	<input type="text" value="GBH2884L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108295937		F P ENTERPRISE TRADING	S3012235M	GCV	Comprehensive	GBH2884L	GBH2884L	11/04/2019	10/04/2020
				<input type="button" value="Continue"/>						

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5108295937
The Policyholder	: F P ENTERPRISE TRADING 21 KAKI BUKIT INDUSTRIAL TERRACE SINGAPORE 416101

Period of Insurance	: 11 Apr 2019 To 10 Apr 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,380.01

#### Interest Insured

Cover Type	: Comprehensive		
Make/Model	: TOYOTA/DYNA 150		
Capacity	: 1.74 ton(s)	Number of Seater	: 2
Registration Number	: GBH2884L	Registration Date	: 11 Apr 2018
Chassis Number	: JTFAT35Y00K210153	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : N/A

Agency	: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue	: 21 Mar 2019 15:46 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive



## Claim Handling

Accident MT/1055400

Policy No.	5108295937	Vehicle No.	GBH2884L	GST Registration No.
Certificate No.				
Policyholder Name	F P ENTERPRISE TRADING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97655270	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	29/07/2019 13:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/07/2019	Time of Accident hh:mm	14:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK E AVE 3 TWDS BUKIT BATOK E AVE 6			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	30/01/2004
GST Registration No.	M90008592P	GST Status Verified	Yes
Modification History	29/07/2019 13:15:58 System changed GST Registered from No to Yes 29/07/2019 13:15:58 System changed GST Registration No. from null to M90008592P 29/07/2019 13:15:58 System changed GST Registration Date from null to 30/01/2004		

## ▼ Policyholder Mailing Address

Address 1	21 KAKI BUKIT INDUSTRIAL TER	Address 2	SINGAPORE 416101	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5091573684-02	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN PENG HWEE(CHEN BINGHU)	Driver NRIC	S7340586F	Driver DOB
Register Date of Driver License	14/07/1994	Driver Age	45	Driving Experience
Contact No.(Mobile)	81473179	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 820	Address 2	TAMPINES STREET 81	Address 3
Address 4	SINGAPORE 520820	Address Type	Foreign address	Post Code
Unit No.	#03-504			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

## Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	F P ENTERPRISE TRADING
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	GBH2884
Claim Description	GBH2884L / SME9584L ON 27 Jul 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/07/2019 13:17	Claim Close Date	

Report Taken By

ROSLINDA

[Print AK letter](#)[Save](#)[Submit](#)

## Attachment

Accident No.	MT/1055400	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/07/2019 13:18
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a> ▼
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:18	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jul 2019 13:17	Photos	Normal	Photos 2

## Video List

Uploaded By/Date

Folder Date

File Name

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