

NATIONAL Assessment Centre Services [ver 1 Jan 05] : MMA 119105890

Date In: 13/8/19 19:54	Job description	Date & Time Completed	Done by
Ref No: NA11MC19014055/44	SAS e-filing		
Veh No: SJG 1521B	E-mail (within 2hrs, AIC 2hrs)		
DDA: 10/8/19 11:20	I-Motor Claim Form	M7/1057542-001	14/8/19 11:25
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsiz		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMG 8995K	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/Non-INC) (6/10/2019)	Completed 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

NA1905893	Invoice No: NA1905893	Amount (\$)	PAID (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming status INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	13/08/2019 19:54
Date Of Accident	10/08/2019 11:20
Exact Location Of Accident	BEDOK SOUTH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG1521B
Insured/Policyholder	
Name Of Registered Owner	IRVEEN KAUR DANG
NRIC No	S7335240A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934890
Alternative Phone No	OFFICE-96934890
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	5097374318-01
Cover Note Number	-
Driver	
Name of Driver	AMRATPAL KAUR
NRIC No	S2037273G
Date Of Birth	25/07/1945
Occupation	INDOOR
Date Of Driving Pass	28/10/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82927389
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 48 KEW AVE
 Postcode 466344
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - MOTHER IN LAW
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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: : AMEER SINGH BAJAJ
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BEDOK NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2419999 - FAX NO: 64431687
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20190813/2116

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 SMG8995K
 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	AMEER SINGH BAJAJ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG1521B
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:

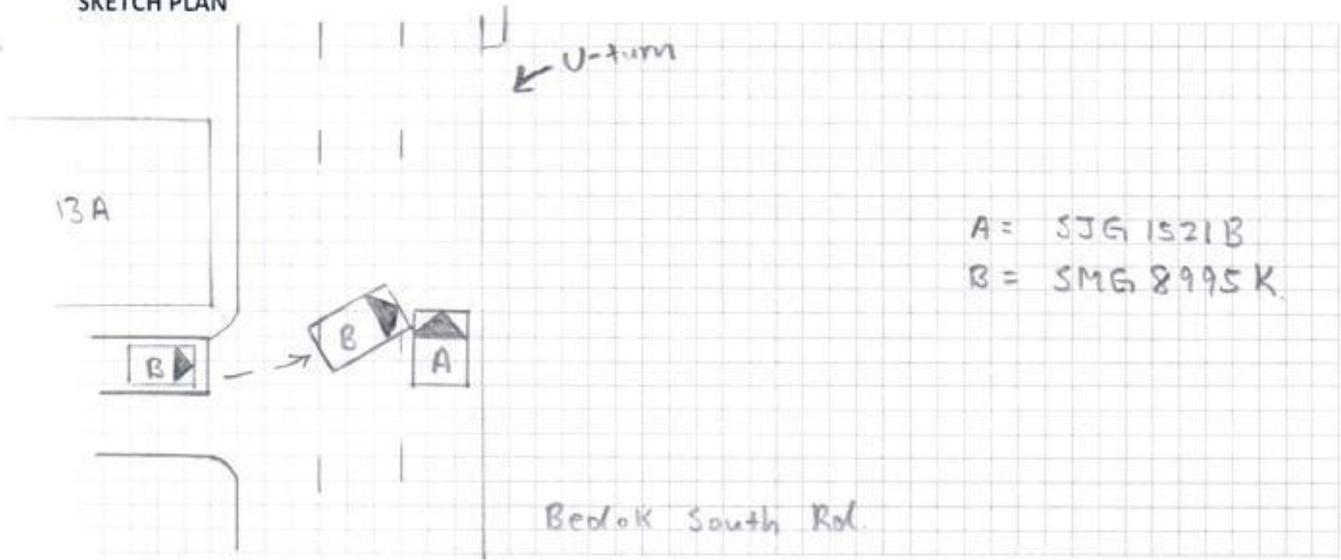
AKBojaj

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

H

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM THE MINOR ROAD AND HE DIRECTLY CUT ONTO 2ND AND MOST RIGHT LANE AS HE WANTED TO MAKE AN IMMEDIATE U-TURN. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION WITH A GREAT SPEED.

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 8 / 19.) (DD/MM/YYYY), TIME: (11 : 20.) (HH:MM)

LOCATION: Bedok South Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG 15218
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Irveen Kaur Dang. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9693 4890.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Amratpal Kaur. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8292 7389.
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR // OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother in Law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMG 8995K. MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

no of passenger 3.

include driver

(2)

/

M.

Ameer Singh Bajaj
4 days ago

Waiting photo. by Tuesday

email amanbajaj0202@gmail.com

attach scene photo on video No.

phone.



SINGAPORE POLICE FORCE



T/20190813/2116

1 of 3

Report No. T/20190813/2116

Police Station Of Origin:
 Bedok NPP
 15 Bedok South Road #01-117 SINGAPORE
 460015
 Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 16:20	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: AMRATPAL KAUR		Address: 48 KEW AVENUE SINGAPORE 466344	
ID Type / ID No.: NRIC NO / S2037273G		Contact No.: Home/Office: Mobile: 82927389	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 74	Date of Birth: 25/07/1945	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: Yes	Date/Time of Accident: 10/08/2019 11:20	Type of Location: Straight Road
Location: Along Road 1 BEDOK SOUTH ROAD Along Rd 1 near to carpark exit of B/16 Bedok South Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG1521B	Car	TOYOTA	Vios	Blue	Seriously Damaged	1
SMG8995K	Car	MERCEDES BENZ	E250	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG1521B	NTUC Income Insurance Co-Operative Limited	5097374318-01	13/01/2019	12/01/2020

Station Of Origin:
 Bedok NPP
 15 Bedok South Road #01-117 SINGAPORE
 460015
 Tel No: 1800-2419999

Report No. T/20190813/21

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMRATPAL KAUR	ID No.	S2037273G
Related Vehicle	SJG1521B (Car)	Contact No.	82927389
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
Passenger			
Name	AMEER SINGH BAJAJ	ID No.	S0368329Z
Related Vehicle	SJG1521B (Car)	Contact No.	98556337
Hospital/Clinic	BEDOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 10/08/2019 at around 1120hrs, I was driving my car along Bedok South Rd going towards Upper East Coast Rd. I was driving in the middle lane. As I was passing the carpark exit of B/16 Bedok South Rd, another car exited the said carpark and just went straight.

The said car knocked onto the front left side of my car near to the front left wheel. After the accident, I and the driver came out. The driver was very aggressive and was shouting and scolding me. My husband was seated in the front passenger seat but he was not able to come out as the front passenger door was damaged.

Traffic Police and ambulance came down to scene. No one was conveyed to hospital. During the time of accident, no one was injured. Both of the vehicles was towed away.

On 11/08/2019, my husband started to feel pain on his body. He only goes to see the doctor on 13/08/2019 as the previous days was the holidays. Doctor gave him 4 days MC.



T/20190813/2116

3 of 3

Report No. T/20190813/2116

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

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:
G /
Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT

Signature Of Informant:
AK Bajaj

Signature Of Interpreter:
Not applicable

Date/Time:
13/08/2019 16:20

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
[Signature]
SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2037273G

Name: AMRATPAL KAUR

Birth Date: 25 Jul 1945

Issue Date: 05 Aug 2004

001269520F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2037273G

Name: AMRATPAL KAUR

Race: INDIAN

Date of Birth: 25-07-1945

Country of Birth: THAILAND

Sex: F

1015437

For LKK/NAC Use Only

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE: 28 Oct 1975

NP 426A

Licence No: S2037273G

For LKK/NAC Use Only

1015437

Barcode

NRIC No: S2037273G

48 KEW AVENUE
SINGAPORE 466344

NRIC No: S2037273G

Date: 13/02/2010

No: 6322433

Blood Group: O+

Date of Issue: 09-06-1993

For LKK/NAC Use Only

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"/>	5097374318-01		IRVEEN KAUR DANG	S7335240A	GPC	drivo CLASSIC	SJG1521B	SJG1521B	13/01/2019	12/01/2020

Continue

Claim Handling

Accident MT/1057542

Policy No.	5097374318-01	Vehicle No.	SJG1521B	GST Registration No.
Certificate No.				
Policyholder Name	IRVEEN KAUR DANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96934890	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	14/08/2019 11:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2019	Time of Accident hh:mm	11:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK SOUTH RD			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	48 KEW AVENUE	Address 2	SINGAPORE 466344	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097374318-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AMRATPAL KAUR	Driver NRIC	S2037273G	Driver DOB
Register Date of Driver License	28/10/1975	Driver Age	74	Driving Experience
Contact No.(Mobile)	82927389	Contact No.(Office)		Contact No.(Home)
Address 1	48 # KEW AVENUE	Address 2	SINGAPORE 466344	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	IRVEEN K
Contact No.(Mobile)	96934890	Contact No. (Home)	6445325
Email Address		O1 Vehicle Number	SJG1521B
Claim Description	SJG1521B / SMG8995K ON 10 Aug 2019		
Preferred Workshop Finalisation	0	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2019 11:24	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1057542 Claim No. 001
 Last Doc. Received: Yes No Upload Date 14/08/2019 11:25

Path *	Category *	Confidential
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Choose File No file chosen	Clear Please Select	NO
Message Read		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	NRIC/ Driving License	Normal	NRIC/ Driving Li
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	SAS	Normal	SAS 20
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:25	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	14 Aug 2019 11:24	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		