

# NATIONAL Assessment Centre Services

part 1 Jan 09

MMA 119122172

|                           |  |                        |               |
|---------------------------|--|------------------------|---------------|
| Date In: 16/1/19 09:31    | Job description: SAS e-filing            | Date & Time Completed: | Done by:      |
| Ref No: MA/INC19016271/64 | E-mail (within 8hrs, AIC 2hrs)           |                        |               |
| Veh No: GBH 2460B         | I-Motor Claim Form                       | M7/1062486-001         | 16/1/19 10:05 |
| TP Insurer: 13/1/19 10:30 | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                        |               |
| TP Insurer: (TP) Only     | I-Photo Uploaded                         |                        |               |
|                           | Assessment/Survey Report                 |                        |               |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                        |               |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SMN 64505 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 10/1/19 06:00/06:16)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Action: ( )

Date/Time: ( ) Action: ( )

Date/Time: ( ) Action: ( )

Date/Time: ( ) Action: ( )

Date/Time: ( ) Action: ( )

Date/Time: ( ) Action: ( )

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Date/Time: ( ) Action: ( )

|  |                            |        |         |
|--|----------------------------|--------|---------|
| MA1906963  | Invoice Item (non-Charged) | Am (S) | Lab (S) |
| 1) AR: Accident Reporting (\$30)                   |                            | 30.00  |         |
| 2) DA: Damage Assessment (\$100); INC (\$80)       |                            |        |         |
| 3) TP: Towing Fee \$40/\$45                        |                            |        |         |
| 4) PT: Follow-Through Survey \$120                 |                            |        |         |
| 5) PT: Follow-Through Survey (Resurvey) \$30       |                            |        |         |
| For claimable status: (INC Only) (ver 10 Jan 2003) |                            |        |         |
| 6) TR: Re-Inspection \$75                          |                            |        |         |
| 7) NI: Idas DA + SMRT Survey \$160                 |                            |        |         |
| 8) NTUC Additional Services:                       |                            |        |         |
| QD:  |                            |        |         |
| * N5: Courtesy Car / Tpl 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: Idas Mobile \$0                            |                            |        |         |
| Invoice dated                                      | Fax Charged                |        |         |
| Invoice dated                                      | Fax Charged                |        |         |

Claimants Particulars: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Eugr-In-Charge): ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )

Amateurs Comments: ( )



## 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             | 16/09/2019 09:31                |
| Date Of Accident           | 13/09/2019 10:30                |
| Exact Location Of Accident | ALONG CHANGI RD NEAR LOR MELAYU |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | GBH2460B                                       |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | ROLAND SHOULDER & ORTHOPAEDIC CLINIC PTE. LTD. |
| Co Reg No                   | 201510481K                                     |
| Email Address               | NOEMAIL  |
| Mobile Phone No             |  |
| Alternative Phone No        | OFFICE-62622284                                |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200              |
| 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                                       | REPORTING ONLY     |
| 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             | 5107524877                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHONG PENG KWAN       |
| NRIC No              | S0160760Z             |
| Date Of Birth        | 04/09/1951            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 12/07/1969            |
| Driving Experience   | 50 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-92974656  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                   |
|---|-------------------|
| Address   | 307 EAST COAST RD |
| Postcode  | 428955            |
| 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   | 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?   | NO                                  |
| Was any injured conveyed to hospital by ambulance?  |                                     |
| Was any other material or property damaged?   | YES                                 |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                                  |
| Number of Passengers (Including Driver)   | 2                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### 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

REFER TO 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 OTHER VEHICLE PROPERTY 1

|                                     |               |
|-------------------------------------|---------------|
| Vehicle Registration Number         | SMN6450S      |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      | CHAN KOK BENG |
| NRIC/Passport Number                | S1644561D     |
| Contact Number                      |               |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Hand and Shoulder & Orthopaedic Clinic  
Mount Elizabeth Novena Specialist Centre  
38 Irrawaddy Road, #08-28  
Singapore 329563

Tel: (65) 6262 2284 / 6262 2248  
Policyholder's Signature

Date & Time:

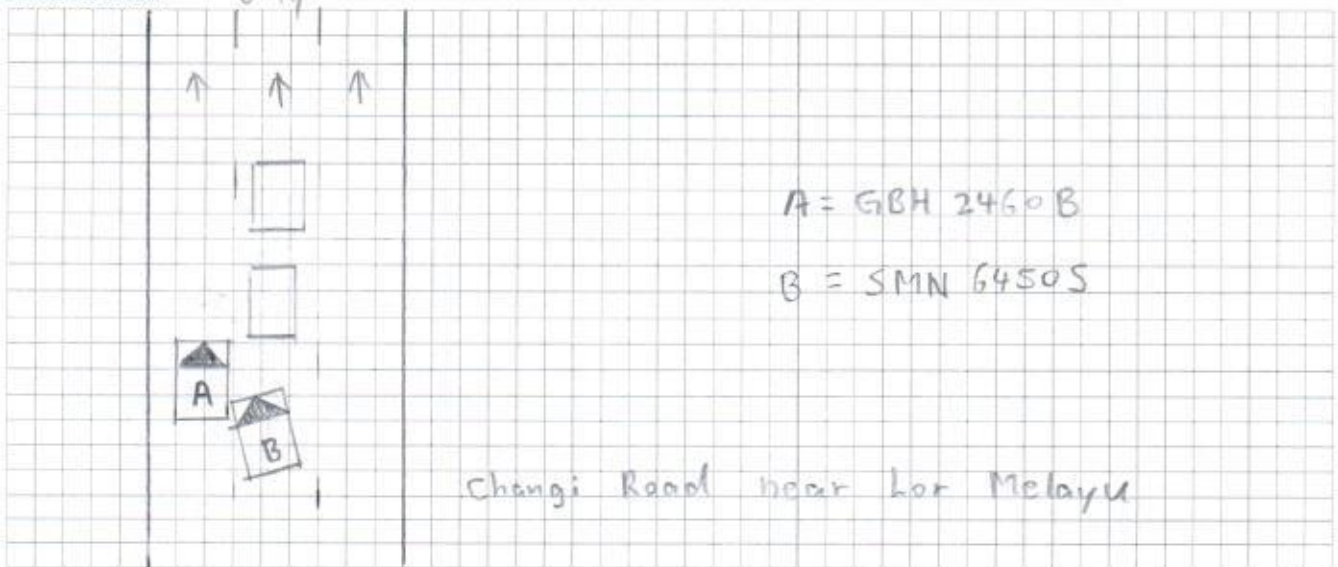


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling straight along changi Road near Lor Melayu at the extreme left lane, suddenly Veh B on the center lane cut into my lane and hit onto my veh right rear portion.

Declaration  
We declare the foregoing particulars are true in every respect.  
38 Irrawaddy Road, #08-28  
Singapore 329563  
Tel: (65) 6262 2284 / 6262 2248

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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 9 / 19) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: Along Changi Rd near Lor Melayu

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 2460B  
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: Working  
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: Roland Shoulder & orthopaedic clinic (MALE / FEMALE) 84  
b) NRIC/FIN/PASSPORT: CONTACT: 6262 2284  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Chong Peng Kwan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 9297 4656  
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:

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: SMW 6450 S. MODEL:  
b) DRIVER'S NAME: Chan Kok Beng  
c) NRIC/FIN/PASSPORT: S1644561 D CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = wonder49sg@yahoo.com.sg.

fax =

VIDEO = No.

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

| Select                | Policy No. | Certificate Number | Policyholder Name  | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|--|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5107524877 |                    | ROLAND<br>SHOULDER &<br>ORTHOPAEDIC<br>CLINIC PTE.<br>LTD. | 201510481K        | GCV     | Comprehensive | GBH2460B    | GBH2460B       | 21/03/2019    | 20/03/2020  |

## Claim Handling

Accident MT/1062486

|                     |   |                     |   |                      |            |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No.          | 5107524877  | Vehicle No.         | GBH2460B  | GST Registration No. |            |
| Certificate No.     |   |                     |   |                      |            |
| Policyholder Name   | ROLAND SHOULDER & ORTHOPAEDIC CLINIC PTE. LTD.                |                     |   | Policyholder NRIC    | 201510481K |
| Product Code        | COMMERCIAL VEHICLE INSURAN                                    | Cover Type          | Comprehensive   | Loading              | 0          |
| Contact No.(Mobile) | 62622284  | Contact No.(Office) |   | Contact No.(Home)    |            |
| Email Address       |   | Special Remark      |   | eCode                | No         |
| KTK                 | <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(%)  | 10  | Private Hire         | No         |

## ▼ Accident Details

|                   |                                 |                               |       |                     |                            |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 16/09/2019 10:01                | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross |
| Date of Accident  | 13/09/2019                      | Time of Accident hh:mm        | 10:30 | Country of Accident | Singapore                  |
| Reporting Centre  |                                 | Orange Force                  |       | ICM No.             |                            |
| Accident Location | ALONG CHANGI RD NEAR LOR MELAYU |                               |       |                     |                            |

## ▼ 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? | 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 | 01/06/2015 |
| GST Registration No. | 201510481K   | GST Status Verified   | Yes        |
| Modification History | 16/09/2019 10:03:41 System changed GST Registered from No to Yes.<br>16/09/2019 10:03:41 System changed GST Registration No. from null to 201510481K<br>16/09/2019 10:03:41 System changed GST Registration Date from null to 01/06/2015 |                       |            |

## ▼ Policyholder Mailing Address

|           |                          |                       |                   |           |        |
|-----------|--------------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 38 #08-28 IRRAWADDY ROAD | Address 2             | SINGAPORE 329563  | Address 3 |        |
| Address 4 |                          | Address Type          | Singapore address | Post Code | 329563 |
| Unit No.  |                          | Related Policy Number | 5107524877        |           |        |

## ▼ OI Driver Info

|   |   |                     |                   |                        |            |
|---|---|---------------------|-------------------|------------------------|------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    |                        |            |
| Unnamed driver Name                     | CHONG PENG KWAN   | Driver NRIC         | S0160760Z         | Driver DOB             | 04/09/1951 |
| Register Date of Driver License         | 12/07/1969  | Driver Age          | 68                | Driving Experience     | 50         |
| Contact No.(Mobile)                     | 92974656  | Contact No.(Office) |                   | Contact No.(Home)      |            |
| Address 1                               | 307 # EAST COAST ROAD   | Address 2           | SINGAPORE 428955  | Address 3              |            |
| Address 4                               |   | Address Type        | Singapore address | Post Code              | 428955     |
| Unit No.                                |   |                     |                   |                        |            |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |            |

## Declaration

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

## Modification History

Claim 001 **New**

|                                  |                                     |                                  |  |                            |            |
|----------------------------------|-------------------------------------|----------------------------------|--|----------------------------|------------|
| Claim Type *                     | OD-MX                               | Insured Name                     | ROLAND SHOULDER & ORTHOPAEDIC CLINIC PTE. LTD. | Insured NRIC               | 201510481K |
| Contact No.(Mobile)              |                                     | Contact No. (Home)               | NIL  | Contact No. (Office)       |            |
| Email Address                    |                                     | Vehicle Number                   | GBH2460B                                       | TP Number                  | SMN64      |
| Claim Description                | GBH2460B / SMN6450S ON 13 Sept 2019 |                                  |  | Name of Preferred Workshop | 0          |
| Preferred Workshop               | 0                                   | Insured Liability                | Not at Fault                                   |                            |            |
| Preferred Workshop, Name unknown |                                     | Preferred Workshop, Name unknown |  | GIA report                 | Received   |
| Date Registered                  | 16/09/2019 10:04                    | Claim Close Date                 |  | Date Received              | 16/09/2019 |
| Report Taken By                  | LIEW SHAN HUI                       |                                  |  |                            |            |

☒ Print AK letter

Save Submit

## Attachment

|                    |  |   |  |             |  |                  |  |           |  |        |  |
|--------------------|--|---|--|-------------|--|------------------|--|-----------|--|--------|--|
| Accident No.       |  | MT/1062486  |  | Claim No.   |  | 001              |  |           |  |        |  |
| Last Doc. Received |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Upload Date |  | 16/09/2019 10:05 |  |           |  |        |  |
| Path *             |  |   |  | Category *  |  | Confidential     |  | Urgency * |  | Desc   |  |
| 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 |  |
| Choose File        |  | No file chosen  |  | Clear       |  | Please Select    |  | NO        |  | Normal |  |
| Message Read       |  |   |  | Clear       |  | Please Select    |  | NO        |  | Normal |  |

## ▼ Attachment List



| Attachment | Uploaded By/Date   | Category              |   | Urgency | Description                     | M: |
|------------|--|-----------------------|---|---------|---------------------------------|----|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:05 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2019-9-16 |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:05 | SAS                   |   | Normal  | SAS 2019-9-16                   |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:05 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:05 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:05 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>16 Sep 2019 10:04 | Photos                |   | Normal  | Photos 2019-9-16                |    |

Video List

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