

Ref: 11/10/19 11:48	Job description	Date & Time Completed	Done by
Ref No: NAI INC19017948/64	SAS e-filing		
Ref No: SKG 9891T	E-mail (within 3hrs, A/C 2hrs)		
Ref No: 818/19 16:15	I-Motor Claim Form	MT/1057826202	11/10/19 13:45
Ref No: ()	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Ref No: ()	I-Photo Uploaded		
Ref No: ()	Assessment/Survey Report		
Ref No: ()	Ass't Report by Fax / Hand to Owner/Whom		

Perform Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No:

SHC 8949A.

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 Ref No: 67886616)

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:

MA1907679

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Invoice Itemization Checklist

Am (S) / T. Am (S)

Total / Inc (S)

1) AR: Accident Reporting (\$30)

30.00

2) DA: Damage Assessment (\$100) INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claimant's use: INC Only (ver 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:-

OR:

*N3: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idas Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

30.00

30.00

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	11/10/2019 11:48
Date Of Accident	08/08/2019 16:15
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG9891T
Insured/Policyholder	
Name Of Registered Owner	LIM KEE CHING
NRIC No	S1450075H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92210808
Alternative Phone No	OFFICE-92210808

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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102447348
Cover Note Number	

Driver

Name of Driver	KHOR DENG YOENG (XU DENG YONG)
NRIC No	S7218806C
Date Of Birth	30/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88155512
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 180C MARSILING RD #19-2242
Postcode	733180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20191010/2099

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	SHC8949A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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.

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

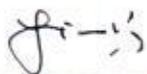
Unable
to
Provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/20191010/2099.

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.:



**SINGAPORE
POLICE FORCE**



F/20191010/2099

1 of 2

POLICE REPORT (NP299)

Report No. F/20191010/2099

Police Station Of Origin
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No. 1800-2899999

Date/Time Report Made 10/10/2019 18:13	Vide Report No.	Station Diary No. 26
Name Of Informant LIM KEE CHING	Address 24B JALAN TELITI SINGAPORE 537322	
ID Type / ID No. NRIC NO / S1450075H	Contact No. Home/Office	Mobile 92210808
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF-EMPLOYED	Sex Male	Age 59
Institution/School Name	Date of Birth 17/06/1960	Race Chinese
	Language English	
Date/Time Of Incident 01/08/2019 00:00 - 23/09/2019 00:00	Location Of Incident 24B JALAN TELITI UNNAMED SINGAPORE 537322	

Brief details.

On 01/08/2019, I signed a car rental agreement with the hirer. The duration is from 03/08/2019 to 02/11/2019. The rental fees is S\$350/- weekly. The vehicle is a Toyota Vios 1.5L registration plate SKG9891T. On 11/08/2019, he informed me that he had parked my car at Marsiling Industrial Estate Road 2. He claimed that he was involved in a traffic accident. I went to retrieve my car and the front tyre and the oil tank was damaged.

On 15/08/2019, I received a letter from NTUC Income Insurance regarding an accident between vehicles SHC8948A and SKG9891T. The claim was S\$736/-. On 23/09/2019, I received a Traffic Police letter

Signature Of Officer Recording The Report: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2019 18:13
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 3 SAIFUL ARIFFIN BIN BUANG Contact No.: 64890999	Classification Of Case:
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



F/20191010/2099

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191010/2099

reference: GIA/T00345/19B/1220. The letter states that there was an accident involving vehicles SHC8948A and SKG9891T.

I was advised by the insurance company to lodge a police report as I am not able to locate the hirer. I do not know the details of the accident.

Subjects Involved				
Defendant				
Person Name	KHOR DENG YOENG			
ID Type	NRIC NO	ID No	S7218806C	
Gender	Male	Age	47	
Nationality	SINGAPORE CITIZEN	Race	Chinese	
Language	English	Address Type	Apt Blk	
Address	APT BLK 180C MARSILING ROAD #19-2242 SINGAPORE 733180		Home/Office No	-
Mobile No	88155512			

Your report is classified as:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Lost & found |
| <input checked="" type="checkbox"/> | Insurance Claims |
| <input type="checkbox"/> | Divorce / Contract / Civil Proceedings |
| <input type="checkbox"/> | Tenancy Dispute (Contractual) |
| <input type="checkbox"/> | Others (Please Specify) _____ |

As there are no criminal matters, no further investigations will be carried out.
However, if you have any further information, you are advised to consult a qualified

Signature Of Officer Recording The Report:

F / Staff Sgt TEO HENG HENG, ROBIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/10/2019 18:13

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sgt 3 SAIFUL ARIFFIN BIN BUANG
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



CAR RENTAL AGREEMENT

This agreement is made between Lim Kee Ching S1450075H Owner and the below mentioned Hirer on 1st August 2019. Period of rental is from 3rd August to 2nd November 2019 for 3 months.

HIRER DETAILS

NAME : Khor Deng Yoeng

NRIC NO : S7218806C

ADDRESS : Blk 180C Marsiling Road #19-2242 Singapore 733180

DATE OF BIRTH : 30/05/1972

CONTACT NO : 88155512

VEHICLE DESCRIPTION

VEHICLE NO : SKG9891T

MAKE/MODEL : Toyota Vios 1.5L

DATE OF COLLECTION : 03/08/2019

TIME : 11am

DEPOSIT : N/A

RENTAL AMOUNT : \$350 per week

TERMS & CONDITIONS

1)HIRER SHALL NOT USE VEHICLE FOR ANY FORM OF ILLEGAL MEANS IN REFERENCE TO THE SINGAPORE LAW.

2)HIRER SHALL RETURN VEHICLE IN THE CONDITION AS HE TOOK THE CAR.

3)HIRER SHALL BEAR ALL TRAFFIC AND PARKING RELATED SUMMONS INCURRED BY SUBJECT DURING DURATION OF RENTAL.

4)HIRER IS LIABLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE AND ITS ACCESSORIES DURING THE DURATION OF THE RENTAL.

5)INSURANCE EXCESS \$1500 + GST THIRD PARTY.

6)HIRER MUST ENSURE SUFFICIENT OIL AND WATER VEHICLE IN GOOD CONDITION AT ALL TIMES.



Lim Kee Ching



Khor Deng Yoeng

Mileage : 366713.

Defects : Driver right side mirror not auto must manually push out.

Car handover full tank.

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 8 / 79) (DD/MM/YYYY). TIME: (16 : 15) (HH:MM)

LOCATION: PIE twos Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 98917
 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: Lim Kee Ching (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9221 0808
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Khor Deng Yoeng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 88155512
 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: Hiree

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: SHG 8949A 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
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* police report Email = L andrew 755 @ hotmail.com

fax =

video = No

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="08/08/2019 17:00"/>
Vehicle No. (For Motor)	<input type="text" value="SKG9891T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102447348		LIM KEE CHING	S1450075H	GPC	drivo CLASSIC	SKG9891T	SKG9891T	19/07/2018	12/09/2019

Our Ref: MT/CA/TP/059/1057826-001/WJ/VU

15 Aug 2019

LIM KEE CHING
24B JALAN TELITI
SINGAPORE 537322

Dear Policyholder

CLAIM NUMBER: MT/1057826-001
ACCIDENT INVOLVING SKG9891T / SHC8949A on 8 Aug 2019

We would like to inform you that a claim for S\$736.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1057826

Policy No.	5102447348	Vehicle No.	SKG9891T	GST Registration No.	
Certificate No.					
Policyholder Name	LIM KEE CHING			Policyholder NRIC	S1450075H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	15/08/2019 14:42	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	08/08/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	PIE TOWARDS TUAS				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	24B JALAN TELITI	Address 2	SINGAPORE 537322	Address 3	
Address 4		Address Type	Singapore address	Post Code	537322
Unit No.		Related Policy Number	S100955623-01		

▼ O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign 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 Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LIM KEE CHING	Insured NRIC	S1450075H		
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL		
Email Address		TP Vehicle Number	SKG9891T	TP Vehicle Number	SHC89		
Claim Description	SKG9891T / SHC8949A ON 8 Aug 2019				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received		
Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	11/10/2019 13:44	Date Received	11/10/2019
Date Registered							
Report Taken By	LIEW SHAN HUI						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

Attachment

Accident No.	MT/1057826	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/10/2019 13:45		
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
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) 0 11 Oct 2019 13:45	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 11 Oct 2019 13:45	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-11	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:45	SAS		Normal	SAS 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:45	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:45	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:45	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:44	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:44	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:44	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:44	Photos		Normal	Photos 2019-10-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 13:44	Photos		Normal	Photos 2019-10-11
Video List					
Uploaded By/Date		Folder Date		File Name	
				Source	
Display in New Window Scan and uploading					