innounts Cherrienas Paris Innounts Checked by (Engr-In-Charge);	2) DA 3) TV 4) VT 5) VT Par 6) TR 7) NI 8) NT OD • NI •	Pannege Arei Towing Fee Pollow-Throu Pollow-Throu Reiliow-Throu Reiliow-	gh Burvey (Itearry st ING Only five Ci ART Survey Services:- / Tpt Allowence dination aspection Bxccss Coordination a ING) against ING	1NG (380)	30.00	ladibin .
innants Parrienars Personal Personal Parrienars Personal Pe	1) Ald 2) DA 3) TV 4) VT 5) VT For 6) TR 7) N1 8) NT OD • NS	1 Dannege And 1 Towing Fee 2 Follow-Through Follow-Through Profession 2 Re-inspection 2 Re-inspection 3 Idan DA + Sh UC Additional 4 3 Courtesy Cer 5 Post Repair Cu-or 5 Post Repair Cu-or 6 Repair Cu-or 7 Post Repair Cu-or 8 Post Repair Cu-or 8 Post Repair Cu-or 9 P	gh Survey gh Survey (Reserve st ING Only (Ivef.) ART Survey Services: / Tpt Allowence dination hypeution Excess Coordination	1NG (380)	30.00	
intionalisation paths Period (No. 1907) river/Owner: ontact No: anaged Portion: Checked by (Engr-In-Charge):	1) Alc 2) DA 3) TV 4) VT 5) VT 1'er 6) TR 7) NI 5) NT 0) NT 2010 • NS	1 Dannege And 1 Towing Fee 2 Follow-Throu 2 Follow-Throu 2 Indian Estalu 2 Re-inspection 1 Idae DA + Sh UG Additional 2 Courtery Car 2 Repair Cu-or 2 Fost Repair I	gh Survey gh Survey (Reserve st ING Only fixed ART Survey Services:- / Tpt Allowence dination aspection	1NG (380)	30.00	
innomitsaltarnenta Pkilling All Silver Covacri river/Owner: ontact No: anäged Portion:	1) Alc 2) DA 3) TV 4) PT 5) PT 12 f 6) TR 7) NI 8) NT 9) P	Dannege Are Towing Fee Pollow-Through Pollow-Through inding stalus Re-Inspection I day DA + Sh UC Additional	gh Survey gh Survey (Resurve gh Survey (Resurve gh Survey St ING Only fixed i ART Survey Services:-	1NG (\$80) \$40/\$45 \$120 27) \$30 9 Jan 2/93) \$75 \$160	30.00	
innomitsaltarnenta Pkilling All Silver Covacri river/Owner: ontact No: anäged Portion:	1) Alc 2) DA 3) TF 4) FT 5) FT 1 Fer 6) TR 7) NI 8) NT	I Dannege Arei I Towing Fee I Follow-Throu I Follow-Throu disliming stain I Re-Inspection I Idan DA + Sh UC Additional	gh Burvey gh Burvey (Reserve st ING Only (well ART Survey Services:-	1NG (\$80) \$40/\$45 \$120 2y) \$30 0 Jan 2/03) \$75	30.00	
ignounts Parrientars	1) Ald 2) DA 3) TV 4) PT 5) VT Par 6) TR 7) N1	1 Dannege Assis Towing Fee 1 Towing Fee 2 Follow-Throu 2 Follow-Throu disiming atom 5 Re-Imposition 1 Idag DA + Sh	gh Burvey gh Burvey (Reserve st ING Only Avel	100 (350) \$40/\$45 \$120 9y) \$30 0 Jan 2093) \$75	30.00	
infinales Partientare :	1) Alc 2) DA 3) TV 4) PT 5) VT Far	t Damege Ass Towing Fee Pollow-Throu Rollow-Throu plaining again	gh Survey gh Survey (Resurve stING Only (woCl	1NG (340) 540/545 5120 27) 530 9 Jul 2/93)	Bullet State of the last of th	
numul s Parrigulars (25) iver/Owner:	1) Alt 2) DA 3) TV 4) PT	Damege Ass Towing Fee Pollow-Throu	gh Survey	INC (350) \$40/\$45 \$120 (y) \$30	Bullet State of the last of th	
AMA 19	1) AR 2) DA 3) TV	Damege Assi Towing Fee	(\$100);	1NC (350) \$40/\$45	Bullet State of the last of th	
L Pun	1) Alt	1 Daimege Assi	orting (330); sament (5100);	INC (340)	Bullet State of the last of th	
LAM .	10 8 7 (1	Prophility.	anon Gliedin	加州地區	Bullet State of the last of th	
	DESTRUCTO		HARACH GROUP PRESENTATION FOR SALE			
	and the second s	in a service of the	ASSESSED FOR THE PARTY OF THE P	AND STATE OF THE PARTY OF THE P	LOS ENGLISHED COLORS	JAMU(3)
THE RESERVED THE PROPERTY OF T	AND THE PROPERTY OF THE PARTY O	AND DESCRIPTION OF THE PARTY OF	4			
arviging by Astrony		AUX EXIST			Michael Control	af and Altimont
Injury:						
) Upload Resurvey Photo [Repair Cost > \$3000] (·)			<u></u>		
) QC Check / Post Repair Inspection	()=				, ,	
) Apply for Transfort Allowance ()/ Court	lesy Car ()		· · · · · · · · · · · · · · · · · · ·			
amortes :			ings jumistoj	No of the last	Kleythone)	y · ·
Drive-In ()/ Towed-In (); Invoice: Y	ES()/NO() ; Tow	lug Co: (5 huntermen	#WWW.	Children and Art
) Total Loss Case : to e-mail Insurer U					·	
) Walle-In Customar': Customer's informat	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	tial & Strict	ly NO refer of	epolier.		and the second second
and hardling states and the same states are sent to the same states and the same states are same same same same	ALTON HARVE THE R	的海岸的	器對於此於	R.E.Z.S.	4 Pin : >	····
Execus: (\$) Londing: \$1,000 ()/\$2,000()			dailthathaildea • •	printerior metabo
The state of the s		NO()		-		**********
	c-Est. Status (WO):	N: 0-20%	; P: 21-79%.	P: 80-100	%]	Paragram to the same
Confirmed by : (ter.	Time:)	
Policy No: () Period	: () (Cover Type: ().	
Owner / Driver: (: 3 (13.0.		Tel:)	1
	3493.L.	INC()/Non-INC (),	OF PURCHASION	
Proformd Wksp / INC Assign Wksp / GW: (sense arrangement of Vall	HER THE PERSON NAMED IN	Tol:	I ^z ax:	SIN ENGHAPPIEZ (CIR)
TP Insurer:	Ass't Report by Faz		Owner/Wksp			41 MM1 M114
	I-Photo Uploaded					
(1) D! Reporting Only	I-Motor W/O (wit		P 4 lus)			
11111 20/11/19 22:50.	I-Motor Claim I'c		MT11072	414-	21//1	//9
Veh Ma: SKF GS91J	E-mall (within this, /	AIC 2hrs)		- 00/00	.,	
Refile NA / INC 19 0, 2068 (144	SAS c-filing	1				
	Jeb description	100	Date & Tima Co		25 0110	
Date 10: 21 11 19 16:32	111 1 1 2		Date A Timu Go	ompleted [Done	
NATIONAL Assessment Centre :	SCI VICES WILL	Jan'03] .	: MNA 1		175	by

i part in

MNA119153982 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 21/11/2019 16:32 SUBMITTED BY: Liew Shan Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	21/11/2019 16:32
Date Of Accident	20/11/2019 22:50
Exact Location Of Accident	TAMPINES AVE 8 TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF6591J
Insured/Policyholder	
Name Of Registered Owner	DAVID CHONG YUEN SIN
NRIC No	S1288047B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98620002
Alternative Phone No	OFFICE-98620002
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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
f No, Please state action to be taken	THIRD PARTY
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	5100709005-01
Cover Note Number	
Driver	
Name of Driver	JACK YAP PENG CHIU
NRIC No	S8114400A

 NRIC No
 S8114400A

 Date Of Birth
 12/05/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/02/2014

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93388825

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 25 JLN BERSEH #13-138

Postcode 200025

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

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)

2

involved in the accident Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Police Station Name

Passenger 1

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191121/7017

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

Vehicle Make/Model/Colour

SLZ3493L

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

and the state of t	DETAILS OF INJURED PERSON 1
Name	JACK YAP PENG CHIU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKF6591J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

चेता:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

THIMPINES	ALE 8	TOWARDS	TAMPINES	ALE 1
-----------	-------	---------	----------	-------

VEH.B-SLZ 3493L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to posice REPORT.

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: Just -

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

Date of Accident	: 20/11/2019 Accident Time: 22-50 (24-HR-Format)
Accident Place	: TAMPINES ALE & TOVARDS TAMPINES AVE !
Vehicle, No. (Car Plate No.)	SKF6591J Make/Model: MERCEDES
Insurace Company	:
Owner or Company Name /IC No.	: DAND CHONG YUEN SIN SIZ88047B
Owner or Company Contact No.	: 98620002 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: JACK YAP PENG CHIU S8114400A
DRIVER'S Date Of Birth	: 12/05/1981 DRIVER'S License Pass Date 18/02/2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others Friend
DRIVER'S Address	: BLK 25 JALAN BERSEH #13-138 52000
DRIVER'S Contact No./ Alt No.	:1) 93388825 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Dr	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident. Private use Work purpose
Other P	arty Driver's Particular (if any)
Vehicle No: SLZ 3493	Z Vehiele. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

PASSONGER - MALE





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191121/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2019 15:46			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: AP PENG 0		Address: APT BLK 25 JALAN BERSEH	#13-138 SINGAPORE 200025	
ID Type NRIC NO	/ ID No.: D / S81144	00A	Contact No.: Home/Office:	Mobile: 93388825	
National SINGAP	ity: ORE CITIZ	EN	Email: jackpc81@gmail.com		
Sex: Male	Age: 38	Date of Birth: 12/05/1981	: Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name English		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2019 22:50	Type of Location Straight Road
Location: TAMPINES A Weather: Clear	VENUE 8	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	-	raffic Volume: No Traffic
Type of Collis Between Mov		Swipe - Same Direction	a	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKF6591J	Car					0
SLZ3493L	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191121/7017

CONTINUATION OF REPORT

Passenger		DECEMBER OF THE PERSON NAMED IN		S RALE IN	195	
Name	Unknown Passenger			ID No	*	NIL
Related Vehicle	SKF6591J (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	of Days granted Medical Leave NIL		Degree of	egree of Injury NIL		
Driver				1 730	100	ALCOHOLD BY A STREET
Name	JACK YAP PENG CHIU			ID No.		S8114400A
Related Vehicle	SKF6591J (Car)			Contact No.		93388825
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2019		Date Disc	harge	21/11	/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	t

Brief Details.

On the stated date and time. I vehicle SKF6591J was travelling straight on the stated venue. Suddenly, vehicle SLZ3493L swerved abruptly to the left and bang onto my vehicle right rear portion. My vehicle swerved violently due to the impact but I eventually managed to maintain control. The next morning, I woke up and felt pain on my neck shoulder back and wrist areas. I then went to Unihealth Clinic at toa payoh to seek medical treatment. And was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191121/7017

CONTINUATION OF REPORT

S	ke	tc	h	PI	an
U	VC			1	an

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2019 15:46
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					NAME OF TAXABLE	+ Change	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Policy Query										
Notice of Loss Po		Policy No.				Date of Accident Certificate Number			20/11/2019 16:31		
	Vehicle No.(For Motor)		SKF65	SKF65913							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5100709005- 01		DAVID CHONG YUEN SIN	S1288047B	GPC	drivo CLASSIC	SKF6591)	SKF6591)	25/06/2019	24/06/2020
					F	Continue					

Claim Handling Accident MT/1072417 Policy No. 5100709005-01 Webicle No. SKF65911 GST Registration No. Certificate No. DAVID CHONG YUEN SIN Policyholder Name Policyholder NR3C \$12880476 Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Contact No.(Mobile) 98620002 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No. * KEK + No Yes - No Yes TCA eCode Reason NCD Protection NCD Entitlement(%) Private Hire Accident Details Report Date 21/11/2019 16:48 Acodent Report Within 24 hrs Accident Type Collision - Change / Cross I. Date of Accident 20/11/2019 Time of Accident hh:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location TAMPINES AVE 8 TWDS TAMPINES AVE 1 Total Excess Applicable Excess Type Windsorean Excess 100.00 **QD Standard Excess** TP Standard Excess 1,500.00 2,000.00 YIED OD Excess 500.00 MIED TO EXCESS 0.00 Driver is Covered? Covered Additional Excess Total OD Excess Applicable 2500.00 Total TP Excess Applicable 1,500.00 P Benefits GST Registered Information **GST Registered** GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 BLK 86 #17-373 Address 2 TELOK BLANGAH HEIGHTS Address 3 SINGAPORE 100086 Address 4 Address Type Post Code 100086 Unit No. Related Policy Number 5100709005-01 17-373 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Driver DOB Unnamed driver Name JACK YAP PENG CHIU Driver NRIC 58114400A 12/05/1981 Register Date of Driver License 18/02/2014 Driver Age 38 Driving Experience Contact No.(Office) Contact No.(Home) KELANTAN COURT Address 1 BLK 25 #13-138 Address 2 JALAN BERSEH Address 3 Address Type Singapore address Post Code Address 4 SINGAPORE 200025 200025 Unit No. 13-138 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? + Yes No 0 mg Any injury? Modification History Claim 001 New ▼ Insured DAVID CHONG YUEN SIN Claim Type * OD-MX Insured NRIC 51288 Contact Contact No.(Mobile) 98620002 66041286 TP Vehicle Number 10 Email Address SKF6591) 5LZ34 Claim Description SKF65911 / SLZ3493L ON 20 Nov 2019 Preferred Workshop Bonikes No. Finalisation Ensured Liability Not at Fault GIA Received Preferred Workshop, Name unknown Date Received 21/11/ Date Registered 21/11/2019 16:51 LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment MT/1072417 Claim No. Upload Date 21/11/2019 16:53 Last Doc, Received. F Yes No. Category * Path v Confidential Urgency # Choose File No file chosen * NO * Normal Clear Please Select * NO * . Choose File No file chosen Clear Please Select Normal Choose File No file chosen Clear Please Select · NO Choose File No file chosen Clear Please Select Normal * NO Choose File No file chosen Clear Please Select Normal * NO * Normal Choose File No file chosen Clear Please Select Message Read W Attachment List

	Uploaded By/Date	Folder Date	F	lic Name		Source	
→ Video List							
		L ASSESSMENT CENTRE SERVICES) o 1019 16:51	Photos		Normal	Photos 2019-11-21	
3	NAC_PAYA_UBI_800601(NATIONAL 21 Nov 2	L ASSESSMENT CENTRE SERVICES) 0 1019 16:51	Photos		Normal	Photos 2019-11-21	
0		L ASSESSMENT CENTRE SERVICES) 0 2019 16:51	Photos		Normal	Photos 2019-11-21	
		L ASSESSMENT CENTRE SERVICES) 0 1019 16:51	Photos		Normal	Photos 2019-11-21	
	NAC_PAYA_UBI_800601(NATIONA 21 Nov 2	L ASSESSMENT CENTRE SERVICES) 0 2019 16:51	Photos		Normal	Photos 2019-11-21	
5	NAC_PAYA_UBI_800601(NATIONA 21 Nov 7	L ASSESSMENT CENTRE SERVICES) o 2019 16:51	Photos		Normal	Photos 2019-11-21	
	NAC_PAYA_UB1_B00601(NATIONA 21 Nov 2	L ASSESSMENT CENTRE SERVICES) 6 2019 16:52	Phatos		Normal	Photos 2019-11-21	
	NAC_PAYA_UB1_800603(NATIONA 21 Nov 2	L ASSESSMENT CENTRE SERVICES) o 2019 16:52	Photos		Normal	Photos 2019-11-21	
E.	NAC_PAYA_UBI_800601(NATIONA 21 Nov :	L ASSESSMENT CENTRE SERVICES) o 2019 16:52	Photos		Normal	Photos 2019-11-21	
	NAC_PAYA_UB1_800601(NATIONA 21 Nov 2	L ASSESSMENT CENTRE SERVICES) o 2019 16:52	Photos		Normal	Photos 2019-11-21	
	NAC_PAYA_UBI_B00601(NATIONA 21 Nov 7	L ASSESSMENT CENTRE SERVICES) o 2019 16:52	Photos		Normal	Photoe 2019-11-21	
	NAC_PAYA_UBI_800601(NATIONA 21 Nov 2	L ASSESSMENT CENTRE SERVICES) 0. 2019 16:52	Photos		Normal	Photos 2019-11-21	
193		L ASSESSMENT CENTRE SERVICES) o 2019 16:53	SAS		Normal	SAS 2019-11-21	
2.12		L ASSESSMENT CENTRE SERVICES) 0 2019 16:53	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2019-11-21	
Action 1		L ASSESSMENT CENTRE SERVICES) o 2019 16:53	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2019-11-21	
Attachment	upleade	ed By/Date	Category	1	Urgency	Description	3

Display in New Window | Scan and uploading