

NATIONAL Assessment Centre Services

Date In 25/11/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19020749/13	SAS e-filing		
Veh No GBH8813C	E-mail (w/obv, Macc, AD, Thrs)		
DOA 26/10/19 1725	i-Motor Claim Form	MT/1070830-002	
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PEDESTRIAN INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1908933	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) i/T : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
<u>Cat 1:</u>	6) TR : Re-inspection \$75		
<u>Cat 2 / 3:</u>	7) N1 : Idac 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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	25/11/2019 09:46
Date Of Accident	26/10/2019 17:25
Exact Location Of Accident	CARPARK BLK 79A-79E TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8813C
Insured/Policyholder	
Name Of Registered Owner	EASE LOGISTICS
Co Reg No	53253885D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97316718

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5104653157-01
Cover Note Number	

Driver

Name of Driver	TAN LAY HONG
NRIC No	S1359382E
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97316718
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 112 ALJUNIED CRESCENT #07-136
Postcode	380112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191026/2145

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE MEMORY CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.


*
EASE LOGISTICS
Policyholder's Signature
142 Serangoon North Ave 1 #03-317
Singapore 550142
Contact: 85712343
Email: calvinwc@hotmail.com

 22/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

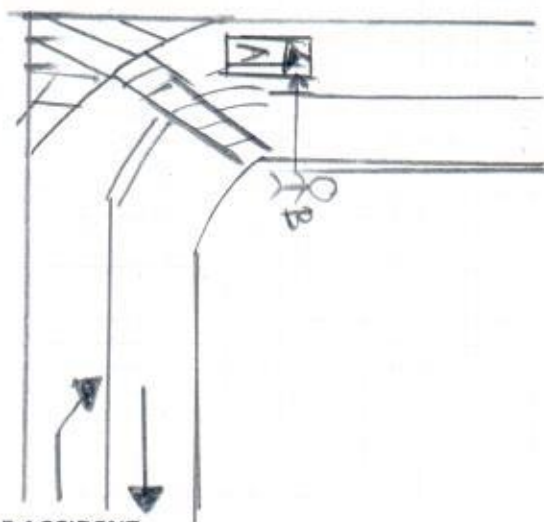
 25/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CARPARK OF BLK 79A - 79E
TOA PAYOH CENTRAL

A - GBH8F13C

B - PEDESTRIAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report. T/20191026/2145

DECLARATION

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

*

[Signature]

EASE LOGISTICS

142 Serangoon North Ave 1 #03-317

Singapore 550142

Contact: 85712343

Email: calvinwc@hotmail.com

[Signature] 22/11/19

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

[Signature] 25/11/19

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



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2019 19:10	Vide Report No.: E/20191026/0142	Station Diary No.: 123
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Informant's Particulars

Name of Informant: TAN LAY HONG		Address: APT BLK 112 ALJUNIED CRESCENT #07-136 SINGAPORE 380112	
ID Type / ID No.: NRIC NO / S1359382E		Contact No.: Home/Office: Mobile: 97316718	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 02/04/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2019 17:25	Type of Location: Car Park
Location: Along Road 1 TOA PAYOH CENTRAL INSIDE THE CARPARK OF BLK 79A TO BLK 79E TOA PAYOH CENTRAL NEXT TO TOA PAYOH CENTRAL CC.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8813C	Van	TOYOTA	HIACE		Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191026/2145

CONTINUATION OF REPORT

Driver			
Name	TAN LAY HONG	ID No.	S1359382E
Related Vehicle	GBH8813C (Van)	Contact No.	97316718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/19@ 1725hrs I was driving my van GBH 8813C inside the carpark of Blk 79E Toa Payoh Central. I was negotiating a bend near to Blk 79E Toa Payoh Central next to Toa Payoh Central CC. All of a sudden I heard a loud sound at the right side of my van near to the right side mirror. I then noticed a Chinese lady at the right side of my van. I saw her spin a few times at the ride side of my van and lose her balance. I immediately stopped my van, alighted and attended to her. She then got back up on her feet. She informed me that she was in a rush.

I then offered to bring her to see the doctor. However she refused my help and said that she was in a rush to see her daughter at a event. I kept on offering to bring her to see the doctor but she refused. A passer by then approached her and told her that an ambulance was on the way. I asked her if she was in pain but she informed that she was not in any kind of pain.

Soon the ambulance arrived at scene and she was conveyed to the hospital. I did not see any visible injuries on her. I am not injured. The right side mirror of my van is broken. There is a in-car CCTV in my van and the memory card has been taken by the traffic police for investigation purposes.



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20191026/2145

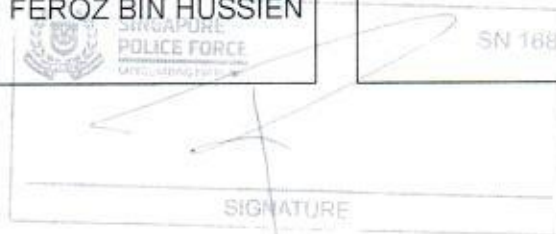
Sketch Plan

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: E / Sr Staff Sgt FAIROZ S/O ABDUL KAREEM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2019 19:10
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FERROZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:

Authentication Stamp
NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 10 / 19 (DD/MM/YYYY), TIME: 17:25 (HH:MM)

LOCATION: CARPARK BLK 79A - 79E TOA PAYOH CENTRAL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QBH8813C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5104653157-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HIACE
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: EASE LOGISTICS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97316718
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN LAY HUNG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97316718
c) ADDRESS: _____

*d) DATE OF BIRTH: 02/04/1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/07/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SUB-CON

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

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: PED ESTRIAN 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: _____

22/11/19

waiting for
company
Stamp

Email =

fax =

VIDEO = yes - taken by tp

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5104653157-01

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH8813C |
| Chassis Number | : JTFHT02P200245569 |
| 2. Name of Policyholder | : EASE LOGISTICS |
| 3. Effective Date of Insurance | : 16 Oct 2019 |
| 4. Expiry Date of Insurance | : 15 Oct 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 14 Oct 2019 10:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1070830

Policy No.	5104653157-01	Vehicle No.	GBH881JC	GST Registra
Certificate No.				
Policyholder Name	EASE LOGISTICS			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	11/11/2019 19:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/10/2019	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre	Orange Force			ICM No.
Accident Location	ACCIDENT OCCURRED ALONG BLK 79 TOA PAYOH CENTRAL CARPARK			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	Driver is Conv
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.	A903708053	GST Status Verified	Yes
Modification History	11/11/2019 16:22:11 System changed GST Registered from No to Yes 11/11/2019 16:22:11 System changed GST Registration No. from null to A903708053 11/11/2019 16:22:11 System changed GST Registration Date from null to 01/06/2015		

Policyholder Mailing Address

Address 1	BLK 142 #03-317	Address 2	SERANGOON NORTH AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-317	Related Policy Number	5104653157-01		

OI Driver Info

Driver Name	Driver Type	
Unnamed driver Name	Driver NRIC	Driver DOB
Register Date of Driver License	Driver Age	Driving Experience
Contact No.(Mobile)	Contact No.(Office)	Contact No.(Home)
Address 1	Address 2	Address 3
Address 4	Address Type	Foreign address
Unit No.		Post Code
Does he own a Singapore Registered car?	Driver Vehicle No.	Driver Insurance
Yes No		

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX		Insured Name	
Contact No. (Mobile)	85712343		Contact No. (Home)	
Email Address			OT Vehicle Number	
Claim Description	GBH8813C / PEDESTRIAN ON 26 Oct 2019			
Preferred Workshop		Insured Liability	Partially at Fault	
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	25/11/2019 10:32			Claim Close Date
Report Taken By	ROSALINDA			Workshop Repairer

[Print AK letter](#)

Submit

Attachment

Accident No.

HT/1070630

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

25/11/2019 00:00

Path

Category

Confid

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




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:32

NRIC/ Driving License

Y

Normal


NRIC/ Dr



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:32

SAS

Normal




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:32

Photos

Normal

PI




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 10:31

Photos

Normal

PI

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading