

NATIONAL Assessment Centre Services.

(Ref 1 Jan 2003) M18 41916267

Date In: 12/1/19-18-70	Job description	Date & Time Completed	Done by
Ref No: NDA/INC 1202230/24	SAS e-filing		
Veh No: SD038E	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 16/1/19-10-2	I-Motor Claim Form	M1/1076193-001	12/1/19 18:24
OD: (P) Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SD800P	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$3000) ()	

Injury: ()
Date of Injury: ()
Location: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Issue DA + SMRT Survey	
	8) NTUC Additional Services:	
	9) NI: Issue Mobile	\$3
	10) NI: Issue Mobile	\$10
	11) NI: Issue Mobile	\$25
	12) NI: Issue Mobile	\$3
	13) NI: Issue Mobile	\$25
	14) NI: Issue Mobile	\$3
	15) NI: Issue Mobile	\$25
	16) NI: Issue Mobile	\$3
	17) NI: Issue Mobile	\$25
	18) NI: Issue Mobile	\$3
	19) NI: Issue Mobile	\$25
	20) NI: Issue Mobile	\$3
	21) NI: Issue Mobile	\$25
	22) NI: Issue Mobile	\$3
	23) NI: Issue Mobile	\$25
	24) NI: Issue Mobile	\$3
	25) NI: Issue Mobile	\$25
	26) NI: Issue Mobile	\$3
	27) NI: Issue Mobile	\$25
	28) NI: Issue Mobile	\$3
	29) NI: Issue Mobile	\$25
	30) NI: Issue Mobile	\$3

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	17/12/2019 18:40
Date Of Accident	16/12/2019 10:20
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ38E
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	201223137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
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	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	5113945426
Cover Note Number	
Driver	
Name of Driver	SHAPUAN BIN MIDI
NRIC No	S7206366Z
Date Of Birth	26/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96437701
Fax Number	
Contact Number	OFFICE-96437701
EMail Address	NOEMAIL

Address	BLK 675C YISHUN AVENUE 4 #05-802
Postcode	763675
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/7033.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB8100P
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHAPUAN BIN MIDI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SDQ38E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE


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

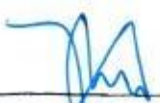
I understand, acknowledge, agree and consent that:

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

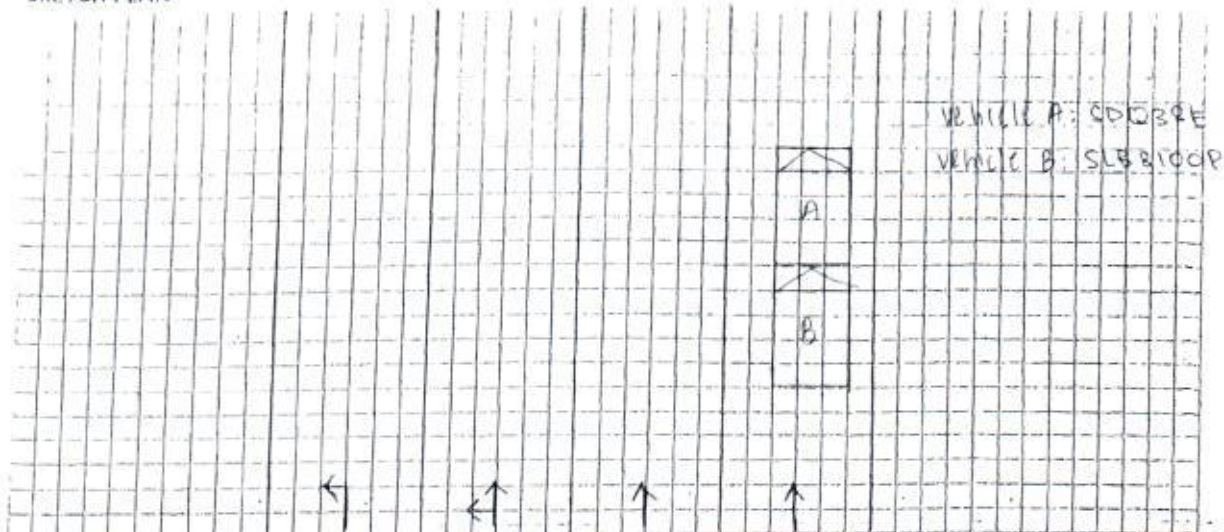
NEW AUTODRIVE CREDIT(S) PTE LTD
210 Turf Club Road, Lot B40
Singapore 287995

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

NEW AUTODRIVE CREDIT(S) PTE LTD
210 Turf Club Road, Lot B40
Singapore 287995

Date & Time: _____
 Signature: _____

allstar Global Platform V3

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

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

Date of Accident : 16/12/2019 Accident Time: 1600Hrs (24-HR-Format)
 Accident Place : PIE towards Tuas after Kallang Bahru Exit
 Vehicle Reg. No. (Car Plate No.) : SDG38E
 Vehicle Make/Model : Toyota Noah
 Insurance Company : NiuL Policy No. _____
 Owner or Company Name / IC No. : New Automotive credit Pte Ltd
 Owner or Company Contact No. : 90991331 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Shapuan Bin Mudi
 DRIVER'S Date Of Birth : 26/02/1972 DRIVER'S License Pass Date 05/08/1997
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: driver
 DRIVER'S Address : B1K 675C Yishun Ave 4 #05-802 S763675
 DRIVER'S Contact No. / Alt No. : 1) 96437701 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg / sapuanmudi@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 Passenger female

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLB 8100 P	Vehicle Reg. No: _____
Vehicle Make/Model: Audi A4	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Injuries 5 Days MC



**SINGAPORE
POLICE FORCE**



T/20191216/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191216/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 18:53	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SHAPUAN BIN MIDI			Address: APT BLK 675C YISHUN AVENUE 4 #05-802 SINGAPORE 763675		
ID Type / ID No.: NRIC NO / S7206366Z			Contact No.: Home/Office: Mobile: 96437701		
Nationality: SINGAPORE CITIZEN			Email: sapuanmidi@gmail.com		
Sex: Male	Age: 47	Date of Birth: 26/02/1972	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2019 00:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDQ38E	Car	TOYOTA	NOAH	White	Slightly Damaged	1
SLB8100P	Car	AUDI	A4	White		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191216/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191216/7033

CONTINUATION OF REPORT

Driver			
Name	SHAPUAN BIN MIDI	ID No.	S7206366Z
Related Vehicle	SDQ38E (Car)	Contact No.	96437701
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	16/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SDQ38E ON PIE TOWARDS TUAS ON LANE 1. WHILE I WAS TRAVELLING, THERE WAS A VEHICLE AHEAD OF ME WHICH JAMMED BRAKE AND I FOLLOW SUIT. SHORTLY AFTER I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE TO REALISE THAT I WAS INVOLVED IN A HEAD TO REAR ACCIDENT, AND THAT THERE WAS A SEPERATE ACCIDENT JUST SLIGHTLY AHEAD OF ME, REASONS TO WHY THE VEHICLE AHEAD OF ME JAMMED BRAKES. I WISH TO STATE THAT I STOP ON TIME, AND DID NOT COLLIDE WITH THE VEHICLE AHEAD OF ME, AND THAT I HAVE AN IN CAR CAMERA THAT RECORDED THE WHOLE EVENT. I FELT PAIN AND CONSULTED THE DOCTOR SHORTLY AFTER IN WHICH I WAS THEN AWARDED A



**SINGAPORE
POLICE FORCE**



T/20191216/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191216/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/12/2019 18:53

Classification Of Case:

Hello, NAC_BUKIT_MERAH_800678

[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="16/12/2019 10:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SQQ38E"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113945426		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	drive CLASSIC	SQQ38E	SQQ38E	07/11/2019	06/11/2020
<input type="button" value="Continue"/>										

Policy Information					
Policy No.	S113945426	Policyholder Name	NEW AUTODRIVE CREDIT (S) PT	Policyholder NRIC	201223137E
Certificate No.					
Address	6B SWANAGE ROAD DUNMAN GARDEN SINGAPORE 437191				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	07/11/2019	Effective Date	07/11/2019 00:00	Expiry Date	06/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE AGI	Agent Tel.	66426768	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	6B SWANAGE ROAD	Address 2	DUNMAN GARDEN	Address 3	SINGAPORE 437191
Address 4		Address Type	Singapore address	Post Code	437191
Unit No.		Related Policy Number	S114835812		
Insured Object: SDQ388					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1076193

Policy No.	5113949426	Vehicle No.	SDQ38E	GST Registration No.	
Certificate No.					
Policyholder Name	NEW AUTODRIVE CREDIT (S) PTE. LTD.			Policyholder NRIC	201223137E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	95991331	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	17/12/2019 18:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/12/2019	Time of Accident (h:mm)	10:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	PIE (TUAS) AFTER KALLANG BAHRU EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1500				
Total OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201223137E	GST Status Verified	Yes
Modification History	17/12/2019 18:53:23 System changed GST Registered from No to Yes 17/12/2019 18:53:23 System changed GST Registration No. from null to 201223137E 17/12/2019 18:53:23 System changed GST Registration Date from null to 01/09/2017		

Policyholder Mailing Address

Address 1	6B SWANAGE ROAD	Address 2	DUMMAN GARDEN	Address 3	SINGAPORE 437191
Address 4		Address Type	Singapore address	Post Code	437191
Unit No.		Related Policy Number	5114835812		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHARJAN BIN MIDEI	Driver NRIC	S72063662	Driver DOB	26/02/1972
Register Date of Driver License	05/08/1997	Driver Age	47	Driving Experience	22
Contact No.(Mobile)	96437701	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 675C	Address 2	YISHUN AVENUE 4	Address 3	FERN GROVE @ YISHUN
Address 4	SINGAPORE 763675	Address Type	Singapore address	Post Code	763675
Unit No.	09-B02				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	- Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NEW AUTODRIVE CREDIT (S) PT	Insured NRIC	201223137E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SDQ38E	TP Vehicle Number	SLB8100P
Claim Description	SDQ38E / SLB8100P ON 18 Dec 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair No. Finalisation: Yes		Preferred Workshop, Name unknown			
Date Registered	17/12/2019 18:54	Claim Close Date		Date Received	17/12/2019 00:00
Report Taken By	Jackson				

Print AK letter



Save Submit

Attachment

Accident No.	MT/1076193	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	17/12/2019 18:58		
Path *		Category *	Confidential	Urgency *	Description *
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
					Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:58	SAS		Normal	SAS 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:58	Photos		Normal	Photos 2019-12-17	Edit

Video List	Uploaded By/Date	Folder Date	File Name	Source	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:56	SAS	Normal	SAS 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:56	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:56	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:56	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:56	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 18:54	Photos	Normal	Photos 2019-12-17	Edit