

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2013]

MA 120004871

Date In: 11/1/20 13:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20000696/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SJQ 8923 B	I-Motor Claim Form	MT/1079609-001	11/1/20 13:56
DTA: P/1/20 18:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wgn		

Profused Wisp / INC Assign Wisp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

SMH 1289 G.

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: 6798 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:

NA 2000486

Invoice Preparation Checklist:

Amo (\$)

Ref Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

1) AR: Accident Reporting (\$30);

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

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

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Coordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (Nil): TP (Non INC) against INC \$20

9) NI2: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30.00

30.00

30.00

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	11/01/2020 13:35
Date Of Accident	08/01/2020 18:10
Exact Location Of Accident	DUNMAN RD AND HAIG RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8923B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG MAH SENG @ONG MAH CHENG
NRIC No	SXXXX312I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96622826
Alternative Phone No	OFFICE-96622826

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110372207
Cover Note Number	

### Driver

Name of Driver	ONG MAH SENG @ONG MAH CHENG
NRIC No	SXXXX312I
Date Of Birth	27/12/1942
Occupation	INDOOR
Date Of Driving Pass	20/08/1971
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622826
Fax Number	
Contact Number	OFFICE-96622826
Email Address	NOEMAIL

Address	BLK 321 SERANGOON AVE 2 #02-394
Postcode	550321
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	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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH1289G
Vehicle Make/Model/Colour	
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)	




## SKETCH PLAN

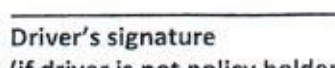
### IMPORTANT NOTICE


- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

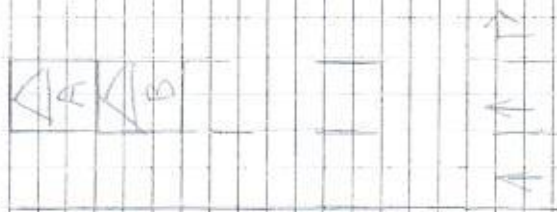
  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN

A: SJQ 8923 B  
B: SMH 1289 G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Duman Road and Haig Road junction due to traffic light was red. As the traffic light turn green, I started to move off slowly. Out of sudden, I felt an impact from the rear portion of my vehicle. When I came down, I realised vehicle B collided onto the rear portion of my vehicle.

## DECLARATION

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

  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	08/01/20	(DD/MM/YY)
Time of accident	1808	(HH:MM)
Exact location of accident	Dunman Road and Heng Road Junction	

## DETAILS OF VEHICLE

Vehicle registration number	3JQ 8932 B		
Vehicle make and model	Toyota Artis		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	ONG MAH SENG @ ONG MAH CHENG Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S0376312 I		
Contact	9662 2826		
Address	Blk 321 Serangoon Ave 2 #02-394 S(550321)		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	27/12/1942	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	20/08/1971	



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SMH1289 G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**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: 5110372207

Cover : drivo CLASSIC

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJQ8923B                    |
| Chassis Number  | : MR053ZEE106146487           |
| 2. Name of Policyholder   | : ONG MAH SENG @ONG MAH CHENG |
| 3. Effective Date of Insurance  | : 12 Jun 2019                 |
| 4. Expiry Date of Insurance   | : 11 Jun 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.   |                               |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG MAH SENG @ONG MAH CHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 12 Jun 2019 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1079609

Policy No.	5110372207	Vehicle No.	SJQ8923B	GST Registration No.	
Certificate No.					
Policyholder Name	ONG MAH SENG @ONG MAH CHENG			Policyholder NRIC	S03763121
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96622826	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	11/01/2020 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/01/2020	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNMAN RD AND HAIG RD JUNCTION				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 321 #02-394	Address 2	SERANGOON AVENUE 2	Address 3	SINGAPORE 550321
Address 4		Address Type	Singapore address	Post Code	550321
Unit No.		Related Policy Number	5110372207		
<b>OI Driver Info</b>					
Driver Name	ONG MAH SENG @ONG MAH CHENG	Driver Type	Main Driver	Driver DOB	27/12/1942
Unnamed driver Name		Driver NRIC	S03763121	Driving Experience	48
Register Date of Driver License	20/08/1971	Driver Age	77	Contact No.(Home)	
Contact No.(Mobile)	96622826	Contact No.(Office)		Address 3	SINGAPORE 550321
Address 1	BLK 321 #02-394	Address 2	SERANGOON AVENUE 2	Post Code	550321
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG MAH SENG @ONG MAH CHENG	Insured NRIC	S03763121
Contact No.(Mobile)	96622826	Contact No.	92844131	Contact No.(Office)	628844
Email Address		OI Vehicle Number	SJQ8923B	TP Vehicle Number	SMH12
Claim Description	SJQ8923B / SMH1289G ON 8 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered			11/01/2020 13:56	Claim Close Date	
Report Taken By			SJFW SHAN HUI	Date Received	11/01/2020
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1079609	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/01/2020 13:56
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
<b>Attachment List</b>			

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	SAS	Normal	SAS 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 13:56	Photos	Normal	Photos 2020-1-11

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading