NATIONAL Assessment Centre Sei	vices. wet Jamos M	4A MO 0 208 43		
Date In: KV 12-16:59 Job	description	Date & Time Completed	Done by	9811-3
	AS e-filing	i		
Veh No: Vm/lygop. E.	-mail (within Shrs, AIC 2hrs)			1
D.O.A : 141420- 17:30 i-1	Motor Claim Form	m)108402001	5/2/20 AIN	-
1-1	Motor W/O (Within: OD 2hrs	s, TP 4hrs)		34 -
OD : (TP) Reporting Only	Photo Uploaded		+5	
	ssessment/Survey Report			
TP Insurer:	s't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 08 860 TB	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-E	st. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	7
Year of Registration: () Warran	ity: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			-
General Remarks		TO A POST OF THE PARTY OF THE P	Scott Siries	(c) (c)
() Walk-In Customer: Customer's information	The state of the s	ALC: I STATE OF THE STATE OF TH		
() Total Loss Case : to e-mail Insurer UR		7	Name and the second	V. Day
Drive-In ()/Towed-In (); Invoice: YES		owing Co: (.)	
1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()			
		s or Francisco	START TO	9.5
Date/Time Actions			8888COV. 18.	
	19.19			
1				
•				
. Yux.	James Per	paration Checklist		r (2)
lawohry 12	(200) 7 (40 C) (40 C)	Management of a resolution of the	ficBill Add	d Bill
aimant's Particulars :-	1) AR : Acciden 2) DA : Damage	Assessment (\$100); INC	And the last of th	
river/Owner:	3) TF : Towing 4) FT : Follow-	Fee .	\$120	
	SYFT : Follow-	Through Survey (Resurvey)	530	
ntact No:	For claiming	against INC Only (wef 10 Jan 20	\$75	
maged Portion:	6) TR : Re-insp 7) N1 : Idao DA	+ SMRT Survey	\$160	
<u> </u>	8) NTUC Addit	ional Services:-		-
C Checked by (Engr-In-Charge):	OD* *N5: Courtes	y Car / Tpt Allowance	\$5	
	•N6: Repair	Co-ordination pair Inspection	\$10 \$25	-
uditors' Comments::	*N8: DV/C	ollect Excess Coordination	53	
	TP (N11): T	P (Non INC) against INC	30	- 77
	9) N12: Idna M	obile Fee Charge	ed Asia	17
1. 2 / 3:	Invoice dated	Fee Charge	ed PERSON	

in partition

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.
- 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	15/02/2020 16:54
Date Of Accident	14/02/2020 17:30
Exact Location Of Accident	AYE TWDS CITY AFTER JURONG TOWN HALL RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1490P
Insured/Policyholder	
Name Of Registered Owner	CHEONG SIEW PUN
NRIC No	SXXXX718H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90999721
Alternative Phone No	OFFICE-90999721
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E MANUAL
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	5110535615
Cover Note Number	
Driver	
Name of Driver	CHEONG WEN QING
NRIC No	TXXXX595D
Date Of Birth	25/06/2000
Occupation	INDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93918700

OFFICE-93918700

NOEMAIL

Address BLK 114 HO CHING ROAD

#09-62

Postcode 610114

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

4

NO

NO

1

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200215/7012.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ8605B

Vehicle Make/Model/Colour NISSAN NV200

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 91117560

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBL6226P

Vehicle Make/Model/Colour

BMW 3 SERIES

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

94554056

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLW2221C

Vehicle Make/Model/Colour

TOYOTA CHR

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

90402127

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEONG WEN QING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMM1490P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

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 <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;
 - (ili) 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 invoive 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

P 1490D		AVE	Howards C	lementi ou G	ev Divong	Town Ho		
75mm 1490 GBT 8655 SBL 6268		*	J	₹ 80				
JW 2274C								
		-						
DESCRI	12e fe	MSTANCES OF		Report				
-	:						۵ -	
<u>c</u>			A					
		0.000	1500					
*	Letterenia i							
	4.							

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

WHAT STAINLAND WAR

Date of Accident	14/02/2020 Accident Time: 17-30 (24-HR-Format)
Accident Place	: AYE towards. City: after Jurang fown Hall
Vehicle Reg. No. (Car Plate No.)	
Vehicle Make/Model	: Toyota Vics.
Insurance Company	: NTUC. Policy No.
Owner or Company Name /IC No	: Cheong Siew Pun.
Owner or Company Contact No.	: Gongany Tel
DRIVER'S Name / IC No.	: Cheony ven any Too20595 D.
DRIVER'S Date Of Birth	: 13/06/1968 DRIVER'S License Pass Date 26/03/2003.
Relationship of Owner & Driver	: Spouse \ Perepts \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 119 Ho Cing Road #69-103.
DRIVER'S Contact No./ Alt No.	1) 93918760 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: CHEONG. WEW QINGGG @ GMAIL.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): d
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES NO as being used at the time of accident: Private used Work purpose
	Party Driver's Particular (if anv)
Vehicle Reg. No: GBT 8605	
Vehicle Make Model: Nissan	NV 200 Vehicle Make Model: BMW 3, Senes .
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add: 49111	7560 Driver's Contact & Add: 9455 4056.
Veh : SLW 2221 C. (P)	·) .
Toyota CH-R.	
9040 2127	
-8 (\$ 11 0 A A





1 of 3 Report No. T/20200215/7012

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 15/02/20	ne Report N 020 16:33	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	在一种的人。 1000年1月1日 - 1000年1月1日 - 1000年1日 -	
	Informant: G WEN QII		Address: APT BLK 114 HO CHING RO	AD #09-62 SINGAPORE 610114
ID Type NRIC NO	/ ID No.: D / T00205	95D	Contact No.: Home/Office:	Mobile: 88008132
National SINGAP	ity: ORE CITIZ	EN	Email: cheong.wqing@gmail.com	
Sex: Male	Age: 19	Date of Birth: 25/06/2000	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat UNEMPI	ion: LOYED		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2020 17:30	Type of Location Straight Road	
Location: AYER RAJAH Weather: Clear	H EXPRESSWAY	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One Way					

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBJ8605B	Van	NISSAN	NV200		Slightly Damaged	0		
SBL6221C	Car	BMW				0		
SLW2221C	Car	ТОУОТА	CHR		Slightly Damaged	0		
SMM1490P	Car	TOYOTA	vios	Grey	Slightly Damaged	0		





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

Report No. T/20200215/7012

2 of 3

CONTINUATION OF REPORT

Details of Perso	n Involved			AVII ALAM		
Any Pedestrian I	nvolved: No					THE PARTY OF THE P
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		AND DESCRIPTION OF	STATE OF THE PERSON NAMED IN	Serling of	100 SE	
Name	CHEONG WEN QING			ID No).	T0020595D
Related Vehicle	SMM1490P (Car)			Conta	ct No.	88008132
Hospital/Clinic	NIL			Class Drivin Licen Expir	q	Class: NIL Date of Expiry: NIL
Date Treatment	14/02/2020		Date Disc	harge	14/02	/2020
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

On the stated time and date, i was driving my car (Veh A: SMM1490P) along AYE towards City after Jurong Town Hall Exit. The traffic was heavy thus the car (Veh C: SBL6226P) infront of me slowed down and came to a complete stop. I followed suite. Suddenly, I felt an impact from my rear which caused me to surge forward and collide onto Veh C. I alighted and realized a van (Veh B:GBG8605) had collided onto me and there was another car (Veh D: SLN2221C) behind of himm. We were involoved in a 4 car chain accident. I felt pain on my left shoulder, neck and chest area and went to see a doctor. I was give 5 days of MC by Intermedical 24 HR clinic at AMK.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200215/7012

CONTINUATION OF REPORT

Sketch Plan				
Informant is not able	to	provide	sketch	plar

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: 15/02/2020 16:33
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp NP168

fello, NAC_PAYA_UBI_8006	501						Chan	ge Languag	e · Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query						50.130x-9-000-		•	
Notice of Loss	Policy N	No.				Date	of Accident	[14/02/2020 1	17:30	
	Vehicle	No.(For Motor)	SMM14	90P		Certif	icate Number	- [
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110535615		CHEONG SIEW PUN	S6826718H	GPC	drivo	SMM1490P	SMM1490P	25/06/2019	25/06/2020

♥ Endors	ce Date of Endorseme	nt E	ndorsement	Туре	Endorsement :	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We
♥ Endors	co Date of Endament			3 333	- 1	223	239
	ements						
Insure	d Object: SMM1490P						
Jnit No.		Relate Number	d Policy er	5110956534			
Address 4		Addres	s Type	Singapore address	P	ost Code	610119
Address 1	BLK 119 #09-103	Addres	is 2	HO CHING ROAD	-	Address 3	SINGAPORE 610119
Certificate Info	older Mailing Address						
Open Policy Info							
Co- insurance Flag	No						
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Additional Excess	1000	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	24/06/2019	Effective Date	25/06/201	9 00:00	Expiry Date	25/06/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 119 #09-103 HO CHING I	ROAD SINGAPO	RE 610119				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mac		
Certificate No.	5110535615	Policyholder Name	CHEONG S	IEW PUN	Policyholder NRIC	S6826718H	

Claim Handling						
ccident MT/1084502		30000	200001EE	CHECKEL HOLD		
olicy No.	\$110535615	Venicle No.	SMM1490P	GST Registration No.		
Certificate No.						
Ricyholder Name OHEONG SIEW PUN				Policyholder NRIC	S6826718H	
roduct Cade	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ontact No.(Mobile)	90999721	Contact No.(Office)	0	Contact No. (Home)	0 N∈ ✓	
mail Address		Special Remark		eCode		
FK.	® No ○Yes	TCA	No ○Yes	eCode Reason		
CD Protection	No	NCO Entitlement(%)	0	Private Hire		
W Accident Details						
eport Date	15/02/2020 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision Singapore	
ate of Accident	14/02/2020	Time of Accident hh:min	17:30	Country of Accident		
porting Centre		Orange Force	A-10-1	IOM No.	57W*0525	
				and the same of th		
cident Location	AYE TWOS CITY AFTER JURONG TOWN HAI	IT WIN EXTI				
7 Total Excess Applicable		201000002000	122.527			
cess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	600.00	TP Standard Excess	0.00			
			0.00	Secretary Secretary		
ED OD Excess	2500,00	YIED TP Excess		Driver is Covered?		
dditional Excess	1000					
tal OD Excess Applicable	4100.00	Total TP Excess Applicable				
7 Benefits						
GST Registered Informa	rtion					
T Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
dification History						
Policyholder Hailing Ad						
ddress 1	BLK 119 #09-103	Address 2	HO CHING ROAD	Address 3	SINGAPORE 610119	
ddress 4		Address Type	Singapore address	Post Code	610119	
nit No.		Related Policy Number	5110956534			
or OI Driver Info						
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	CHEONG WEN QING Driver NR3C		TXXXXX50	Driver DOB	25/06/2000	
gister Date of Driver License	er Date of Driver License 02/11/2018		19	Driving Experience	1 0	
ontact No.(Mobile)			0	Contact No.(Home)		
		Address 2	HO CHING ROAD	Address 3	CORPORATION COURT	
idress 1						
ddress 4	SINGAPORE 610114	Address Type	Singapore address	Post Code	610114	
nit No.	09-62					
loes he own a Singapore legistered car?	○ Yes No	Oriver Vehicle No.		Driver Insurer Company		
\$500 (\$100 (\$100) \$100 (\$100)						
claration						
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No			
odification History						
Claim 001 New						
N 100 MI						
					_	
aim Type *	00-MX	Insured Name	CHEONG SIEW PUN	Insured NRIC	S6826718H	
ontact No.(Mobile)	87508248	Contact No. (Home)	62640309	Contact No.(Office)		
mail Address	sewpun@gmail.com	OI Vehicle Number	SMM1490P	TP Vehicle Number	G8386058	
aimant Type Claimant Type *		Type of Benefit *	Please Select		See a second	
aimant Type Caimant Type -		Claimant NR3C *	(2)			
	>>	Stelliers and		1		
aimant Address	Company of the contract of the			Name of Preferred Workshop	-	
aim Description	SMM1490P / GBI860SB ON 14 Feb 2020	Searconnection	piccons and	I realise or Preferred Workshop		
eferred Workshop Contact		Insured Liability *	Not at Fault			
equire Finalisation	res	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
ate Registered	15/02/2020 17:12	Claim Close Date		Date Received	15/02/2020 00:00	
eport Taken By	Jackson					
Print AK letter						
- TOR PRO MILITA						
			Save Submit			
Attachment			THE ACCUSE OF			
(Page						
9						
codent No.	MT/1084502	Clarm No.	001			
sst Doc. Received		Upload Date	15/02/2020 17:15			
ass DOC. RECEIVED	● Yes ○ No	opided Date		****	COLUMN TO THE PARTY OF THE PART	
	Path *	-	Category *	Confidential Urger		
		Browse	Cear Please Select	NO V Normal	V	
		Browse	Clear Please Select	NO V Normal	V	
		Browse	Clear Please Select	NO V Normal	V	
		Browse		NO V Normal	V	
					0.00	
		Browse	Clear Please Select	Normal V Normal	<u> </u>	
			The second secon		700	

Attachment	List							Send Messag
Attachment	Uploa	ded By/Date	Category	9	Urgency		Description	Msg Sent? (CO)
Right -Title	NAC_PAYA_UBI_E00601(NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 5 Peb 2020 17:15	NRIC/ Driving License	45	Normal	NR3C/ Driving License 2020-2-15		
	NAC_PAYA_UB1_800601(NAT CES) on 1:	TIONAL ASSESSMENT CENTRE SERVI 5 Feb 2020 17:15	NRIC/ Driving License	Y	Normal	NR3C/ Driving License 2020-2-15		
100	NAC_PAYA_UB1_800601(NAT CES) on 11	TIONAL ASSESSMENT CENTRE SERVI 5 Feb 2020 17:15	SAS		Normal	SAS 2020-2-15		
PA 4		TIONAL ASSESSMENT CENTRE SERVI 5 Feb 2020 17:14	Photos		Normal	Photos 2020-2-15		
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 17:14		Photos	hotos Normal		Photos 2020-2-15		
A.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 17:14		Photos	Norma) Photos 2020-2-15		notos 2020-2-15		
18	NAC_PAYA_UB1_800601(NAT CES) on 15	TONAL ASSESSMENT CENTRE SERVI Feb 2020 17:14	Photos		Normal		otos 2020-2-15	
	NAC_PAYA_UB1_800501(NAT CES) on 15	TONAL ASSESSMENT CENTRE SERVI 5 Feb 2020 17:14	Photos		Normal	Ph	otos 2020-2-15	
	NAC_PAYA_UBI_800601(NAT CES) on 15	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 17:14			Normal	Photos 2020-2-15		
	NAC_PAYA_UBI_800601(NAT CES) on 15	10NAL ASSESSMENT CENTRE SERVI Feb 2020 17:14	Photos		Normal	Ph	otos 2020-2-15	
	NAC_PAYA_UBI_B00601{ NAT CES) on 15	IONAL ASSESSMENT CENTRE SERVI Feb 2020 17:14	Photos		Normal	Photos 2020-2-15		
*		IONAL ASSESSMENT CENTRE SERVI Feb 2020 17:14	Photos		Normal	Photos 2020-2-15		
7		IONAL ASSESSMENT CENTRE SERVI Feb 2020 17:12	Photos		Normal	Photos 2020-2-15		
7	NAC_PAYA_UBI_800601(NAT CES) on 15	IONAL ASSESSMENT CENTRE SERVI Feb 2020 17:12	Photos		Normal	PIN	Photos 2020-2-15	
A.	NAC_PAYA_UBI_800601[NAT: CES} on 15	IONAL ASSESSMENT CENTRE SERVI Feb 2020 17:12	Photos		Normal	Ptv	Photos 2020-2-15	
	NAC_PAYA_UBI_800601 NAT: CES] on 15	ONAL ASSESSMENT CENTRE SERVI Feb 2020 17:12	Photos		Normal	Pho	Photos 2020-2-15	
1	NAC_PAYA_UBI_800601(NATI CES) on 15	ONAL ASSESSMENT CENTRE SERVI Feb 2020 17:12	Photos		Normal	Pho	otos 2020-2-15	
- T	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Feb 2020 17:12		Photos	Photos Normal			Photos 2020-2-15	
ideo List	Uploaded By/Date	Folder Date	V2	e Name		P	Novem	