

# NATIONAL Assessment Centre Services

Ref: 201001

Date In: 24/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20003062/13	SAS e-filing		
Veh No: SJT7964Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/02/20 1845	i-Motor Claim Form	MT/1085560-001	
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: (RICO 60)	Tel:	Fax:
TP Particulars:	Veh No: SKH3043J	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

NA2001560	Invoice Preparation Checklist	Amil (\$) Inc Bill	Amil (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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: Idao 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	24/02/2020 14:25
Date Of Accident	21/02/2020 18:45
Exact Location Of Accident	PIE TWDS TUAS B4 UPP CHANGI RD EAST(TPE/SLE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT7964Z
Insured/Policyholder	
Name Of Registered Owner	CAR WORLD LIMO
Co Reg No	5XXX716K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91550303
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5111351131
Cover Note Number	
Driver	
Name of Driver	SYAWAL BIN SUDALMAN
NRIC No	SXXXX422I
Date Of Birth	26/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84862057
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 63 LOR 5 TOA PAYOH #07-292
Postcode	310063
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?	NO
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: : UNKNOWN GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED 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	SKH3043J
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** 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**.
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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.



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.:

SKETCH PLAN

DIE TWS TWS A4  
UPP CHANGI RD EAST  
(TPE/SLC)



Vehicle A = SJT 7964Z

Vehicle B = SKH 3043J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was traveling on the  
stated route. Suddenly vehicle B did an emergency brake causing  
me to collide into his vehicle rear portion only. I wish to state that  
the impact was slight, only his rear bumper was damaged. His rear  
with no cracks.  
bustled and rear lamps was still intact. Further, there was only one person  
in vehicle B (DRIVER), and he was well as he spoke right after  
the accident.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

*[Signature]* 24/02/20



Date of Accident : 21/01/2020 Accident Time: 1845 (24 HR-Format)  
Accident Place : PIE TOWARDS TVAS BEFORE UPPER CHANLI RD EAST (TPE/SE)  
Vehicle No. (Car Plate No.) : SJT 7964Z Make/Model: TOYOTA WISH  
Insurance Company : NTUC Policy No: 511350750-000009  
Owner or Company Name /IC No. : CAR WORLD LIMO  
Owner or Company Contact No. : 91550703 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SYAWAL BIN SUDALMAN SB0254221  
DRIVER'S Date Of Birth : 26/08/1980 DRIVER'S License Pass Date 30/07/2011  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER  
DRIVER'S Address : BLK 63 TAN MAMOH LORONG 5 #07-292  
DRIVER'S Contact No. / Alt No. : 1) 8486 2057 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 02  
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  
Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SKH 3043 J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

1 male

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5111351131"/>	Date of Accident	<input type="text" value="24/02/2020 12:21"/>
Vehicle No.(For Motor)	<input type="text" value="SJT7964Z"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111351131	5111351131-000006	CAR WORLD LMO	53316716K	GFM	Third Party, Fire & Theft	SJT7964Z	SJT7964Z	19/09/2019	31/07/2020

[Continue](#)



# Car World Limo

61 Ubi Ave 2 Automobile Megamart #05-06 Singapore 408898

TEL: 6471 2822

FAX: 6883 2822

RENTAL AGREEMENT NO.: RA-2812/2019

DATE : 28-Dec-19

## Schedule

This is a Rental Agreement made between us, *Car World Limo* (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #05-06, Automobile Megamart Singapore 408898 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

Name Of Hirer : **SYAWAL BIN SUDALMAN**  
Nric/Passport/RB No. : **S80254221**  
Address : **BLK 63 LORONG 5 TOA PAYOH**  
**#07-292 SINGAPORE 310063**  
Handphone : **84862057**

Name Of Driver(S) : **SYAWAL BIN SUDALMAN**  
Nric/Passport/RB No. : **S80254221**  
Date of Birth : **26-Aug-80**  
Driving License : **30-Jul-11**

## 1) DESCRIPTION OF VEHICLE

Registration No. : **SJT 7964 Z**  
Make & Model : **TOYOTA WISH 1.8X A**  
Type : **Passenger**  
(\*delete where inapplicable)

Date & Time Collection : **28-Dec-19 @ 11:15 AM** **ساز**  
Date & Time for Return : **@**  
Petrol Out : **Empty / ¼ tank / ½ tank / ¾ tank / Full\***  
(Vehicle must be returned with same level of petrol)

## 2) PERIOD OF LEASE

For **3** mths from **28-Dec-19** ("Commencement Date") to **28-Mar-20** ("Lease Period").

## 3) RENTAL CHARGES

Amount **\$398.00 per day** inclusive of Goods and (collectively, "Rental") as rental for the duration of the Period of Lease payable in advance.

## 4) DEPOSIT

Amount **\$ 400.00** prior to the collection of the Vehicle as security deposit for the due performance of this agreement. Unless otherwise agreed to by the Company, the security deposit shall not be used to offset unpaid rent.

\* The Hirer will be subjected to legal action Vehicle Recovery fee \$100 and debt processing fee of \$500\*.

\*The Hirer failed to pay the rental due as mentioned\*

## 5) HIRER'S OBLIGATION

a) The Hirer will return the vehicle in good order, together with all tyres, tools, car documents and accessories during



**ساز**  
**SYAWAL BIN SUDALMAN**



business hours before the end of the last day of the rental period specified herein.

- b) The vehicle shall not be operated:
- i) To transport goods in violation of Customs regulations or in any other illegal manner;
  - ii) To carry passengers or property for a consideration express or implied;
  - iii) To propel or tow any vehicle or trailer without consent of the Company;
  - iv) In motor sport events (including racing, rallying, pacemaking, reliability trails and speed testing);
  - v) By any person driving when unfit through drink or drugs or with blood alcohol concentration above limit prescribed by the applicable laws;
  - vi) Outside the Republic of Singapore; and
  - vii) By any person other than the Hirer, employee or fellow employee of the Hirer or a person nominated as a driver by the Hirer and approved by the Company or by any motor vehicle repairer in the event of an accident, or breakdown, provided that all such operators shall be at least 25 years old to 70 years old of age and duly qualified and licensed to drive with a valid license of more than 2 years.
- c) In the event of an accident involving the Vehicle, the Hirer shall be responsible for the own damage \$2,500, third party \$1,000, which total of course \$3,500 (if the accident occurs in Singapore) of any claim upon the insurers of the Vehicle or for any damage to the Vehicle during the subsistence of this Agreement ("the Excess Payment") The Excess Payment will be refunded to the Hirer in the event of a successful claim being made against a third party and provided that the Company recovers in full all costs and expenses incurred in prosecuting such claim and reinstating the Vehicle.
- d) The Hirer is personally liable to pay the Company on demand all fines, expenses and costs for parking, traffic or other legal violations assessed against the Vehicle, Hirer, other driver or Company until the Vehicle is returned.
- e) The Hirer agrees to protect the interest of the Company in case of accidents by:
- i) Informing the Company immediately of the accident;
  - ii) Obtaining names and addresses of parties involved, and of witnesses;
  - iii) Not admitting liability or guilt;
  - iv) Not abandoning the vehicles without adequate provisions for safe-guarding and securing it;
  - v) Notifying the police immediately if another party's guilt has to be ascertained, or if any person is injured; and
  - vi) Always locking the vehicle when not in use.
- f) In the event of an accident, the Hirer will forthwith surrender the Vehicle to the Company, who shall in its discretion, effect the necessary repairs or reinstatement to the Vehicle.
- g) The Company reserves the right, upon given 7 days' notice, to require the delivery of the Vehicle to the Company's appointed workshop or the Company's premises for the purpose of conducting periodic servicing and checks on the Vehicle.
- h) The Hirer hereby releases and indemnifies the Company from and against any liability for loss or damage to any property (including costs relating thereto) left, stored or transported to the Hirer or any other person in or upon the vehicle before or after the return of the vehicle to the Company.
- i) The Company whilst taking all precautions to prevent such happenings, shall not be liable for any delays or out of pockets expenses from any fault in or from mechanical failure of the vehicle or any subsequent loss and damage.
- j) Without prejudice to the Company's rights in general law, in the event of any breach by the Hirer of any of the terms of this agreement, the Company may without notice repossess the vehicle and for such purpose may enter upon premises where the vehicle may be and remove the same and the Hirer shall be responsible for and indemnify the Company against all actions, claims, costs and damages consequent upon or rising from such repossession and removal.
- k) The Hirer will bear the costs of any small incidental running repairs, during punctures and should serious mechanical trouble occur during the subsistence of this Agreement, will notify the Company immediately.
- l) The Hirer shall not deal with the title in the Vehicle, sublet or enter into any arrangement for reward in relation to the use of the Vehicle.
- m) The Hirer shall be bound by terms and conditions in relation to any extension of the rental period agreed by the Company or in respect of any replacement vehicle rented in lieu of the vehicle.



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Claim Handling

Accident MT/1085560

Policy No.	5111351131	Vehicle No.	SJT7964Z	GST Registration No.
Certificate No.	5111351131-000006			
Policyholder Name	CAR WORLD LIMO			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91550303	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
<b>▼ Accident Details</b>				
Report Date	24/02/2020 15:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/02/2020	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TUAS B4 UPP CHANGE RD EAST(TPE/SLE)			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable		
<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	61 UBI AVENUE 2	Address 2	#05-06 AUTOMOBILE MEGAMAF	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111351131	
<b>▼ OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYAWAL BIN SUDALMAN	Driver NRIC	SXXXX4221	Driver DOB
Register Date of Driver License	30/07/2011	Driver Age	39	Driving Experience
Contact No.(Mobile)	84862057	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 63	Address 2	LORONG 5 TOA PAYOH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-292			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CAR WORLD LIMO	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SJT7964Z	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SJT7964Z / SKH30433 ON 21 Feb 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	24/02/2020 15:08	Claim Close Date		Date Received
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				

Save

Submit

Attachment

▼

Accident No.

MT/1085560

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

24/02/2020 00:00

Path \*

Category \*

Confidential

Urgency

<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>
<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>	<div>▼</div>	<div>NO</div>	<div>▼</div>	<div>Normal</div>

Upload Video

Attachment List

Attachment	Uploaded By/Date	Category	<div>🔑</div>	Urgency	Description
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		NRIC/ Driving License	<div>Y</div>	Normal	NRIC/ Driving License 2020-2-
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		NRIC/ Driving License	<div>Y</div>	Normal	NRIC/ Driving License 2020-2-
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		SAS		Normal	SAS 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:08</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24
<div></div> <div>NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 24 Feb 2020 15:07</div>		Photos		Normal	Photos 2020-2-24

Video List

Uploaded By/Date	Folder Date	File Name	<div>🔑</div>	Sour
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Scan and uploading