NATIONAL Assessment Centre S	Services poet 1 Jan'00	MNANO 0322	
Date In: 12/3/20 - 14:19	Jeb description	Date &Time Completed	Done by
Res No: NA INCLOS 3988729	SAS e-filing		
Veh No: JJL 4354x	E-mail (within 8hrs, AIC 2h	rs)	
D.O.A: 1/3/20-14:30	i-Motor Claim Form	100-1418841cm	13/3/2 17:01
	i-Motor W/O (Within: O		
OD : TP ! Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	ort	
IP insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: RVAV6	A	C()/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Period	1: () Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Wa	rranty: YES ()/NO	()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks:			State State of the
() Walk-In Customer: Customer's information	ation strictly Confidential	& Strictly NO refer of repairer	Construction of the constr
() Total Loss Case : to e-mail Insurer I		*	
Drive-In ()/ Towed-In (); Invoice: Y); Towing Co: (.)
The same of the sa			E. C. Service Branch
Remarks: (INC hotline: 6788 6616)		Date&Tirio Completed	President Portor
	rtesy Car ()		-
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()		Variable .
Injury:			
Date/Time Actions			STATE OF THE
4587374	Constitution processes and processes		
7			
		AND	
	1		
	1	Preparation Checklist	Anit (\$) Amit
NAMONINA	C 3200	PARTICULAR PROPERTY OF THE PARTY OF THE PART	fit Bill Add
laimant's Particulars :-	1) AR: Ac 2) DA: Da	cident Reporting (\$30); image Assessment (\$100); INC (
river/Owner:	3) TF : To	wing Fee . S	40/\$45 \$120
	5) FT : Fol	low-Through Survey low-Through Survey (Resurvey)	230
ontact No:	For clair	ming against INC Only (wef 10 Jan 20)	\$75
amaged Portion:		inspection to DA + SMRT Survey	\$160
	8) NTUC.	Additional Services.	
C Checked by (Engr-In-Charge):	OD*	ourlesy Car / Tpt Allowance	\$5
	*N6: Re	pair Ca-ordination	510
uditors! Comments ::-	*N7: Po	st Repair Inspection V / Collect Excess Coordination	\$25
1. 1:	TP (NI	1): TP (Non INC) against INC	\$20 .
	9) N12: Id Involce da		30
1. 2/3:	Invoice do		BREADE ALCOHOL
	THE SECOND STREET		

inger at the

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 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
With the second second second second	ACCIDENT STATEMENT
Date Of Report	13/03/2020 14:19
Date Of Accident	12/03/2020 14:30
Exact Location Of Accident	BLK 142 JLN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE
200 A) (100 A) (100 A)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL4354X
Insured/Policyholder	
Name Of Registered Owner	TAY KAI YANG BENJAMIN
NRIC No	SXXXX581D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91850884
Alternative Phone No	OFFICE-91850884

Vehicle Particulars

Manufacturer SUZUKI Model SX4 1.6HB AT

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5114197648 Policy Number

Cover Note Number

Driver

Name of Driver TAY KAI YANG, BENJAMIN

NRIC No SXXXX581D 12/11/1992 Date Of Birth INDOOR Occupation 28/12/2012 Date Of Driving Pass

7 YEARS AND 2 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91850884

Fax Number

Contact Number OFFICE-91850884

EMail Address NOEMAIL Address

BLK 141 JALAN BUKIT MERAH

#04-1190

Postcode

160141

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

2

Insurance Company of Driver's Own Vehicle

7

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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

PC4746A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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.
- 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;
 - (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 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:
 - (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:

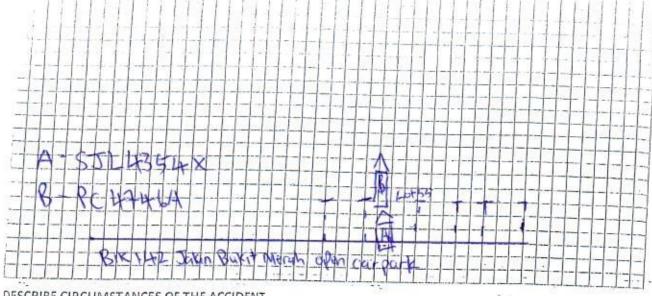
Signature Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I GOING CINCOIN	STANCES OF THE ACCIDENT
On the m	entlored date, time and location my vehicle 'A' was
parked state	tionary at Lot 55. Vehicle'B' reversed abruptly and hence
collided onto	the Prant portion of my vehicle "A". The # impact was
so hard that	t it publed my was vehicle'd' over the Icerb.
Vehide 'A' S	JL 1354+
uehide'B' P	C 4746/A

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 Personners Signature Name:

NRIC/FIN No.:

Date of Accident	(2/03/2020 Accident Time: 1430 (24-HR-Format)
Accident Place	Carpork of Bik 142 Jalan Bukit Maran Lot no 55
Vehicle Reg. No. (Car Plate No.)	V. Committee of the com
Vehicle Make/Model	: Suzuk' SX4
bisurance Company	: NTUC INCOME Policy No. 5114197648
Owner or Company Name /IC No	o. : Tay kai Yang, Benjamin (592435810)
Owner or Company Contact No.	Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 17/11/1992 DRIVER'S License Pass Date 16/03/2012
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 141 Jalan Bukit Merch #04-1190
DRIVER'S Contact No./ Alt No.	:1)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 I	Driver): 0
Was there any video Captured by o Exact purpose for which vehicle w	ear camera: YES\NO as being used at the time of accident: Private use\Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: 8C 4746A	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

eBao Tech							RESERVE OF		Territation.	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	+ Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	Accident	E	2/03/2020	14:30	
	Vehicle	No.(For Motor)	S3L435	4X		Certific	ate Number	[
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114197648		TAY KAI YANG BENJAMIN	S9243581D	GPC	Third Party	SJL4354X	SJL4354X	27/11/2019	26/11/2020
					0	Continue					

Sequen	ce Date of Endorsemen		Endorsemen	t Tuna	Endorsement	Status	Endorsement Content
▽ Endors	ements						
▶ Insure	d Object: SJL4354X						
Unit No.	04-1190	Relate Numb	d Policy er	5114197648			
Address 4		Addre	ss Type	Singapore addres	ss	Post Code	160141
Address 1	BLK 141 #04-1190	Addre	ss 2	JALAN BUKIT ME	RAH	Address 3	SINGAPORE 160141
▽ Policyh	older Mailing Address	V9 (4 100.0	250	7.00m/s.moonton/stable	9494900	ADMINISTRATION	Committee Mark Landscape Mark
Info							
Policy Info Certificate							
Open							
Co- Insurance Flag	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Singapore OD Excess	0	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess Outside		Premium Outside	7/3				
Additional	0	os	0				
Third Party Excess	0	damage Excess	0		Windscreen Excess	0	
Type		Own			Mindenson		
Excess	Per Accident	All Claims Excess					
Policy issue Date	18/11/2019	Effective Date	27/11/201	9 00:00	Expiry Date	26/11/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 141 #04-1190 JALAN BUKT	MERAH SING	APORE 160	141			
Certificate No.							
Policy No.	5114197648	Policyholder Name	TAY KAI YA	ANG BENJAMIN	Policyholder NRIC	S9243581D	

March Mar	Claim Handling								
Minimizer Name	Accident MT/1065141	1000122170	500000000	-	Sales and the	2	-	GSCASSICATION OF	
Manufaction		5114197648	Vehicle No.		S3L4354X	§		GST Registration No.	
Ministry									
Contract by (1998) School									
State Stat						Ä			
200		91850684)	0				
Marchane									No 🕶
## Month						res:			
March Marc		Yes	NCD Entitlement(9	4)	50			Private Hire	No
Control 120,020 Control Cont			# 100# http://doi.org/		the Control				
Compare Comp								Accident Type	Hit and run
Marie Mari		12/03/2020		h: m/n	14:30				Singapore
Windows Part		BUY 143 THE BUILDING MEDICAL PARKETS	Grange Force					ICM No.	
Column C									
00 Standard Excess			Windscreen Euress			0.00			
Mile		THE COLUMN	WINGSCREEN EXCESS			0.00			
Marie	OD Standard Excess	0.00	TP Standard Excess			0.00			
Treat of Prices Approach Treat of Prices Approach Treat Septiment Treat Sept	/IED OD Excess	0.00	YIED TP Excess			0.00		Driver is Covered?	Covered
## 2015 Registration 10 0.00 0	Additional Excess	0							
### ST Registrated No.	Total OD Excess Applicable	0.00	Total TP Excess Ap	plicable		0.00			
Set Segment Set Set Segment Se	♥ Benefits								
1871	♥ GST Registered Inform	ation							
## Principality Address March Ma		No.			GS	T Registration Date			
## Policyhadria Malling Address Ad					GS	T Status Verified		Yes	
Marche March Mar	Modification History								
Marche March Mar	9 Policyholder Mailing Ad	Idrags							
Marche M			Address 3		W AN BU	PIT MERAL		Address 3	CHICADOOC LCOLAI
Main March		DEC 141 POP 1170							
Property Index		04-1190		her				Post Code	100141
Development Mark Mark Mark Development Mark Development Mark			Helased Policy Hami	lee!	31141970				
Direct No. Di		TAY KAI YANG BENJAMIN	Driver Type		Main Drive	er .			
Page Comman Com							- 3	Driver DOS	12/11/1992
Contact No. (Modes) 91550984 Contact No. (Office) 0	Register Date of Driver License	28/12/2012	Driver Age		27		- 1	Driving Experience	
Address 1 BLK 141 Address 2 BLAN BUCT MERIAN Address 3 SINGAPORE 160141 Address 1 Page Singapore address Page Singapore Page Singapore Address Page Singapore	Contact No. (Mobile)	91850884	Contact No.(Office)		0			18 25	0
Address Type Singapore address Post Cide 160141 Any No. 04-1360 Differ Verside No. One No. Differ Verside No. Differ Verside No. One No. One No. One No. Differ Verside No. One No. One No. One No. One No. Differ Verside No. One No. One No. One No. One One No. One One No.	Address 1	BLK 141			JALAN BU	KIT MERAH			
Driver Vericle No. O4-1990 Oriver Vericle No. Driver Vericle No. Driver Financer Company Oriver Financer F	Address 4								
Page	Anit No.	04-1190							
	Does he own a Singapore	○ Yes ® No	Driver Vehicle No.					Oriver Insurer Company	
Any injury?	registered carr	(30.000)							
Total Manual Name Contact No (Mooile) Contact No	eclaration								
Color Type * OD-MX	Breathalyser or Blood Test Reading?	0 mg	Any injury?		O Yes ⊕	No			
Claim 001 Next Claim 1/ye *									
Claim 001 Next Claim 1/ye *	Todification History								
Claim Type * OD-MX	Acadamorrado)								
Contact No. (Hobies)	Claim 001 New								
Contact No. (Hobies)									
Contact No. (Hobies) Contact No. (Office) Preferred No. Contact No. (Office) Preferred Workshop Received Contact No. (Insured Liability * Not at Fault	Saim Type *	OD-MX	Insured Name		TAY KAT V	ANS BENJAMIN	9	losured NR3C	882435810
Of Vehicle Number SIL4354X TP Vehicle Number FC4746A Domain Type Claimant Type * Please Select ▼ Type of Benefit * Type of					INT NAT I	ero denomin			392133010
Domant Type Claimant Type Please Select					ETI ADEAV				DC4746A
Carmant Name *		Please Select				ed U		i P venicie reuniber	PC474GR
Darie Description SULASSAX / PC4746A ON 12 Mar 2020 Name of Preferred Workshop Cemied: Insured Liability * Not at Fault Insured Liability					P reserve				
Insured Labelity + Not at Fault V Insured Labelity	Daimant Address			-					
Insured Liability * Not at Fault V Preferred Workshop Contact Insured Liability * Not at Fault V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V Insured Liability * Not at Fault V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V Insured Liability * Not at Fault V Insured Liability		S3L4354X / PC4746A ON 12 Mar 2020						Name of Preferred Work	stop
Preferred Repair Option Preferred Workshop, Name unknown V G1A report Received Value Registered 13/03/2020 17:01 Claim Close Date Date Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Received 13/03/2020 00:00 Preferred Workshop, Name unknown V G1A report Name unknow			Insured Liability +	1	Not at Fau	nt 🔽			2000 XII. 111
Date Received 13/03/2020 17:01 Claim Close Date Date Received 13/03/2020 00:00 perior Taken By Date Received 13/03/2020 00:00 perior Taken By Date Received 13/03/2020 00:00 perior Taken By Date Received Save Submit Attachment Codem No. MT/1088141 Claim No. 001 ast Doc. Received Press Circles Period Category Period Confidential Urgency Description Path Path Path Path Path Path Path Path		Yes 🔍		ption		Carl	V)	GIA report	Received
Print AK Netter Save Submit Attachment White Codem No. 001 ast Doc. Received Path * Calegory * Confidential Urgency * Description * Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse		A CONTRACTOR OF THE PARTY OF TH							- particular and a second and a
Save Submit Attachment Attachment Codem No.									
Attachment Attachment Attachment Attachment Attachment Attachment Attachment		No.							
Attachment Codent No. MT/1088141 Claim No. 001 ast Doc. Received Path * Category * Confidential Urgancy * Description * Browse Claim Please Select V NO V Normal V Browse Claim Please Select V NO V Normal V Browse Claim Please Select V NO V Normal V Browse Claim Please Select V NO V Normal V Browse Claim Please Select V NO V Normal V Browse Claim Please Select V NO V Normal V									
Codent No. MT/1088141 Claim No. 001 ast Doc. Received Yes No Upload Date 13/03/2020 17:04 Path * Category * Confidential Urgancy * Description * Browse. Clair Please Select Y NO Y Normal Y Browse. Clair Please Select Y NO Y Normal Y Browse. Clair Please Select Y NO Y Normal Y Browse. Clair Please Select Y NO Y Normal Y Browse. Clair Please Select Y NO Y Normal Y				1	Save Sut	mit			
Path * Category * Confidential Urgency * Description * Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V	Attachment								
Ast Doc. Received Path * Category * Canfidential Urgency * Description * Browse									
Ast Doc. Received Path * Category * Canfidential Urgency * Description * Browse	No. of the last of								
Path * Category * Confidential Urgency * Description * Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V	locident Na.								
Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V	ast Doc. Received		Upload	Date		13/03/2020 17:04			
Browse Clair Please Select V NO V Normal V Browse Clair Please Select V NO V Normal V Browse Clair Please Select V NO V Normal V		Path *			1	The second state of the se	11111111		
Browse						2000 10 A 2000 to	21.00	Min 200 100	
Browse Cast Please Select V NO V Normal V		Name of Street, or other Party of Street, or		Browse		100000000000000000000000000000000000000		2001	J. China Chi
				Browse_	Char	Please Select	(V)	NO V Nor	mai 💟
Browse Coar Please Select 💟 🕪 🗸 Normal 💟				Browse	Clear	Please Select	Y	NO Y Nor	mai V
				Browse	Clear	Please Select	V	NO V Nor	mai v

	Uploaded By/Date	Folder Date	R	le Name		9	Source	A
Video List	NAC_PAYA_UB1_800601(NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:01	Photos		Normal	Pho	Ros 2020-3-13	
3	CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:01	Photos		Normal	Pho	nos 2020-3-13	
8	NAC_PAYA_UBI_B00601[NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:01	Photos		Normal	Pho	otos 2020-3-13	
	NAC_PAYA_UBI_B00601(NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:01	Photos		Normal	Pho	otos 2020-3-13	
	NAC_PAYA_UBI_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI May 2020 17:01	Photos		Normal	Pho	000s 2020-3-13	
X	NAC_PAYA_UBI_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mer 2020 17:01	Photos		Normal	Pho	otes 2020-3-13	
	NAC_PAYA_UBI_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVE Mar 2020 17:02	Photos		Normal	Pho	otos 2020-3-13	
N	NAC_PAYA_UBI_800601(NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:02	Photos		Normal	Phy	otos 2020-3-13	
-	NAC_PAYA_UBI_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:02	Photos		Normal	Phy	otos 2020-3-13	
X	NAC_PAYA_UBI_B00601(NATE CES) on 13	CNAL ASSESSMENT CENTRE SERVI Mar 2020 17:02	Photos		Normal	Phy	otos 2020-3-13	
•	NAC_PAYA_UBI_B00601[NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI May 2020 17:02	Photos		Normal	Pts	otos 2020-3-13	
45	NAC_PAYA_UB1_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:02	Photos		Normal	Pho	otos 2020-3-13	
	NAC_PAYA_UB1_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 17:02	Photos		Normal	Pho	otos 2020-3-13	
1	NAC_PAYA_UBI_800601(NATI CES) on 13	IONAL ASSESSMENT CENTRE SERVI Mar 2020 17:03	SAS		Normal	s	AS 2020-3-13	
15	NAC_PAYA_UBI_800601(NATI CES) on 13	IONAL ASSESSMENT CENTRE SERVI Mar 2020 17:04	NRIC/ Driving License	Y	Normal	NRIC/ Driv	ving Ucense 2020-3-13	
	NAC_PAYA_UBI_800601(NAT; CES) on 13	IONAL ASSESSMENT CENTRE SERVI Mar 2020 17:04	NR3C/ Driving License	٧	Normal	NR3C/ Driv	ving License 2020-3-13	
TC 8	NAC_PAYA_UBI_800601(NAT: CES) on 13	IONAL ASSESSMENT CENTRE SERVI Mar 2020 17:04	NRIC/ Driving License	Y	Normal	NRIC/ Dra	ving License 2020-3-13	
	NAC_PAYA_UB1_800601(NAT: CES) on 13	IONAL ASSESSMENT CENTRE SERVI Mar 2020 17:04	NRIC/ Driving License	٠	Normal	NRIC/ Dre	ving License 2020-3-13	
ittachment	Upload	ded By/Date	Category	9	Urgency		Description	Msg Sent? (CO)