

# NATIONAL Assessment Centre Services

(Ref: 1 Jan 05)

Date In: 18/03/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20004171/13	SAS e-filing		
Veh No: YQ 1364H	E-mail (w/ thru 8hrs, AIC 2hrs)		
D.O.A: 17/03/20 1610	i-Motor Claim Form	MT/1088677-001	
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: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: XB83894	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

NA20002207

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	18/03/2020 09:23
Date Of Accident	17/03/2020 16:10
Exact Location Of Accident	ALONG 19 TUAS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YQ1364H
Insured/Policyholder	
Name Of Registered Owner	SUNRAY WOODCRAFT CONSTRUCTION PTE LTD
Co Reg No	1XXXXX016K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96936057
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112493898
Cover Note Number	
Driver	
Name of Driver	WU TEOW SIONG
NRIC No	SXXXX423E
Date Of Birth	11/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1978
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96538115
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 558 ANG MO KIO AVE 10 #10-1770
Postcode	560558
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8389G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

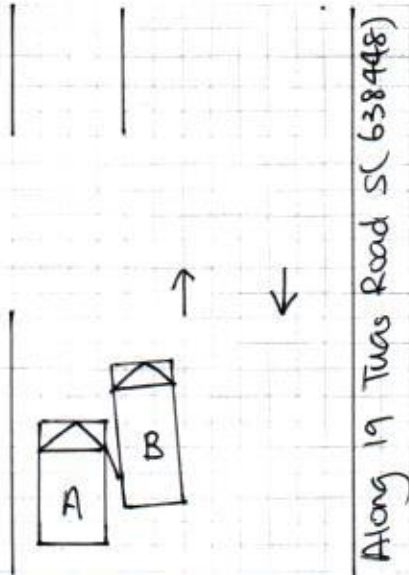
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



Veh A: YQ1364H  
Veh B: XB8389G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (YQ1364H) traveling along 19 Tuas Road S(638448) and stationery my vehicle aside to loading. After loading, I wanted to drive off my vehicle. When I opened my door I realised some stuff haven't tie properly so I went down and tie my stuff. Out of sudden, vehicle B (XB8389G) came from right and left portion of vehicle B collided onto the driver side door of my vehicle. I wanted to state that, my door was slightly open all the way before vehicle B reached the point.

## DECLARATION

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

2

Policyholder's Signature  
Date & Time:

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

shym 18/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	YQ1364H	Model / Make	SUZU NPR75H5A MT
Date of Accident	17/3/2020		
Time of Accident	1610	HRS	
Location of Accident	Along 19 Tuas Road S(638488)		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	Sunray Woodcraft Construction Pte Ltd		
Telephone No.	H/P: 96936057	Home:	Office:
NRIC	198703016K		
Address	9 Sungei Kadut Street 3 S(729143)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5112493898		
<b>Name of Driver</b>	As Above If No, Wu Teow Siong		
NRIC	S1368423E	Any Passengers:	—
Date of birth	11/10/1959		
Occupation	Outdoor / Indoor		
Driving License Pass Date	30/12/1980		
Gender	Male / Female		
Contact No.	H/P: 96538115	Home:	Office:
Address	BLK 558 Ang Mo Kio Avenue 10 #10-1770 S(560558)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	XB 8389G	Any Passengers:	—
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Right portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	doren.koh @ Sunray . com . Sg.		
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales @ n51 . com . sg		



## 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 :** 5112493898

**Cover :** Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **YQ1364H**  
Chassis Number : JAANPR75HK7101117
2. Name of Policyholder : SUNRAY WOODCRAFT CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 11 Sep 2019
4. Expiry Date of Insurance : 10 Sep 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.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : SONA INSURANCE AGENCIES (00000573757)

Date of Issue : 09 Sep 2019 14:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	YQ1364H		
Vehicle Type:	B30 - Goods (Open) Lorry (Wooden Body)	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	ISUZU	Vehicle Model:	NPR75UH5A MT
Chassis No.:	JAANPR75HK7101117	Engine No.:	4HK1792816
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	5193 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	2480 kg	Maximum Laden Weight:	7500 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	11 Sep 2019	Original Registration Date:	11 Sep 2019
Manufacturing Year:	2019	Open Market Value:	\$38,359.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,918.00		

### Owner Particulars

Owner Name:	SUNRAY WOODCRAFT CONSTRUCTION PTE LTD
Owner ID Type:	Company
Owner ID:	198703016K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	9
Registered Street Name:	SUNGEI KADUT STREET 3
Registered Unit No.:	-



Registered Building Name:	SUNRAY BUILDING
Registered Postal Code:	729143
COE No. / Expiry Date:	2019080105000556E / 10 Sep 2029
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$24,599.00

#### Transaction Details

Business Transaction Ref. No.:	20190911151658403778
Business Transaction Date:	11 Sep 2019
Business Transaction Time:	15:16:58

#### Message

The above vehicle has been successfully registered.

Please note that \$16,737.00 will be deducted from your GIRO account.

Claim Handling

Accident MT/1088677

Policy No.	5112493898	Vehicle No.	YQ1364H	GST Registration No.
Certificate No.				
Policyholder Name	SUNRAY WOODCRAFT CONSTRUCTION PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	96936057	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
<div>▼ Accident Details</div>				
Report Date	18/03/2020 11:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/03/2020	Time of Accident hh:mm	16:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG 19 TUAS ROAD			
<div>▼ Total Excess Applicable</div>				
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		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable		
<div>▼ Benefits</div>				
<div>▼ GST Registered Information</div>				
GST Registered	Yes	GST Registration Date	01/04/1994	
GST Registration No.	M200779584	GST Status Verified	Yes	
Modification History	18/03/2020 11:18:13 System changed GST Registration Date from 01/01/2015 to 01/04/1994 18/03/2020 11:18:13 System changed GST Status Verified from No to Yes			
<div>▼ Policyholder Mailing Address</div>				
Address 1	9 SUNGEL KADUT STREET 3	Address 2	SUNRAY BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116512750	
<div>▼ OI Driver Info</div>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	WU TEOW SIONG	Driver NRIC	SXXXX423E	Driving Experience
Register Date of Driver License	10/03/1978	Driver Age	60	Contact No.(Home)
Contact No.(Mobile)	96538115	Contact No.(Office)	0	Address 3
Address 1	BLK 558	Address 2	ANG MO KIO AVENUE 10	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#10-1770			
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				
<div>Claim 001 OD-MX <div>New</div></div>				
Claim Type *	OD-MX	Insured Name	SUNRAY WOODCRAFT CONSTR	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YQ1364H	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	YQ1364H / XB8389G ON 17 Mar 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	18/03/2020 11:20	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/1088677

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 18/03/2020 00:00

Path \*

Category \*

Confidential

Urgency

Browse...

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Please Select

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Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERV

CES) on 18 Mar 2020 11:20

NRIC/ Driving License

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Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

18/3/2020