

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA70076-7**

|                                 |  |                       |                       |
|---------------------------------|--|-----------------------|-----------------------|
| Date In: <b>25/12-15:11</b>     | Job description                          | Date & Time Completed | Done by               |
| Ref No: <b>NA/INC2004497/24</b> | SAS e-filing                             |                       |                       |
| Veh No: <b>JKW4757K</b>         | E-mail (within 3hrs, AIC 2hrs)           |                       |                       |
| D.O.A: <b>24/12-22:05</b>       | i-Motor Claim Form                       | <b>MA/1589566-04</b>  | <b>25/12/20 15:18</b> |
| OD: <b>TP</b> 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: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: <b>JKW4757K</b>                                  | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:   |                       |
| Policy No: (                             | Period: (  | Cover Type: (         |
| Confirmed by: (                          | Date:  | Time:                 |
| Insured/Driver Liability: ( %)           | [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

**General Remarks:**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks: (INC 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| <b>NA70076-7</b>                | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>Inc Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |                       |                       |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                       |                       |
| Contact No:                     | 3) TF : 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) |                       |                       |
| Cat. 1:                         | 6) TR : Re-inspection \$75                      |                       |                       |
| Cat. 2 / 3:                     | 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           |                       |



## 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             | 25/03/2020 15:21  |
| Date Of Accident           | 24/03/2020 20:05  |
| Exact Location Of Accident | JURONG WEST AVE 5 |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW4752K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NG SENG BOON         |
| NRIC No                     | SXXXX643F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90534988 |
| Alternative Phone No        | OFFICE-90534988      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | VEZEL 1.5X CVT |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING        |
| 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 HIRE   |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5099893432-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | NG TECK SOON          |
| NRIC No              | SXXXX333J             |
| Date Of Birth        | 18/09/1983            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 16/11/2007            |
| Driving Experience   | 12 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90534988  |
| Fax Number           |                       |
| Contact Number       | OFFICE-90534988       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 864 JURONG WEST STREET 81<br>#12-519 |
| Postcode  | 640864                                   |
| 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   | 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?   | YES |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200325/7012.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJP9492B                  |
| Vehicle Make/Model/Colour   |                           |
| Details Of Properties       |                           |
| Vehicle Category            | PRIVATE CAR               |
| Name of Driver              | CHANDARASEKARAN S/O GOPAL |
| NRIC/Passport Number        | SXXXX446H                 |
| Contact Number              | 96958751                  |
| Address                     |                           |
| Postcode                    |                           |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name NG TECK SOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4752K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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 **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:

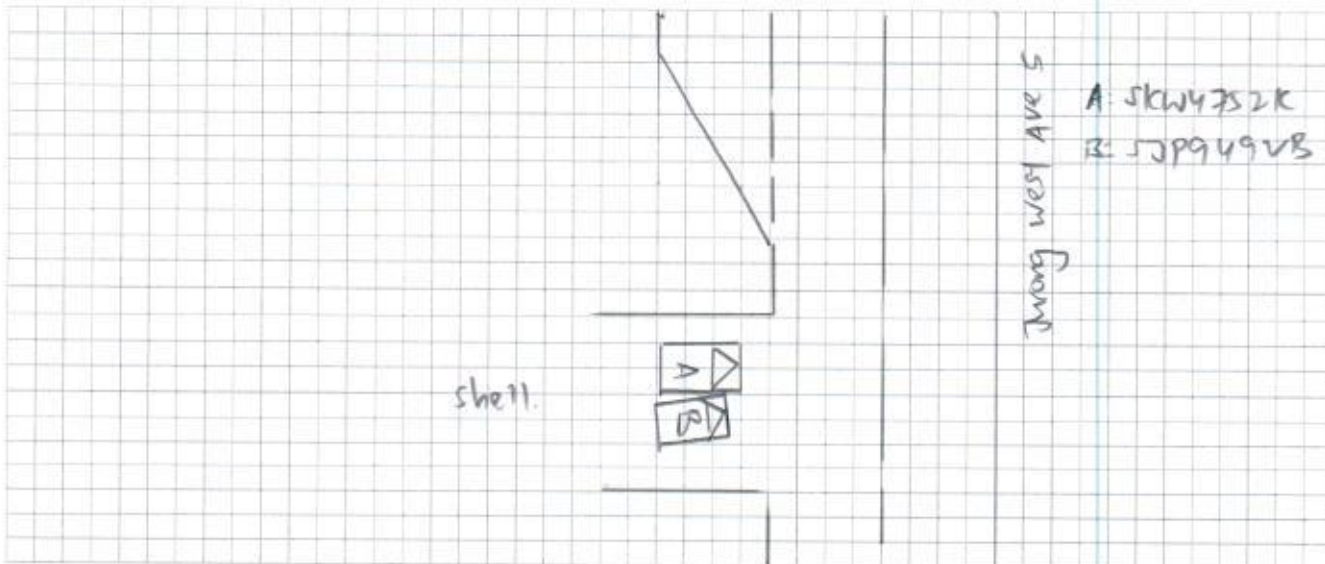
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2200325/772.

## 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.:





# SINGAPORE POLICE FORCE



T/20200325/7012

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

1 of 3

Report No. T/20200325/7012

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |   |                              |                            |  |
|---|------------|---|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>25/03/2020 14:46                            |            | Vide Report No.:  |                              | Station Diary No.:         |  |
| <b>Informant's Particulars</b>  |            |   |                              |                            |  |
| Name of Informant:<br>NG TECK SOON                                    |            | Address:<br>APT BLK 864 JURONG WEST STREET 81 #12-519<br>SINGAPORE 640864 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S8329333J                              |            | Contact No.:<br>Home/Office: Mobile: 84141450                             |                              |                            |  |
| Nationality:<br>SINGAPORE CITIZEN                                     |            | Email:<br>peterng300@gmail.com  |                              |                            |  |
| Sex:<br>Male  | Age:<br>36 | Date of Birth:<br>18/09/1983  | Type of Informant:<br>Driver |                            |  |
| Race:<br>Chinese  |            | Language:<br>English  |                              | Institution / School Name: |  |
| Occupation:<br>Working proprietor (transport, storage<br>and courier) |            | Driving Licence Information:<br>Class:                                    |                              | Date of Expiry:            |  |

**General Information of the Accident**

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>24/03/2020 20:05 | Type of Location:<br>Petrol Station    |
| Location:<br><br>JURONG WEST AVENUE 5                        |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SJP9492B    | Car  |      |       |       |           | 0               |
| SKW4752K    | Car  |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20200325/7012

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

2 of 3

Report No. T/20200325/7012

**CONTINUATION OF REPORT**

|                                   |                                       |  |                                   |
|-----------------------------------|---------------------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                                       |  |                                   |
| Name                              | CHANDARASEKARAN S/O GOPAL             | ID No.                                 | S2612446H                         |
| Related Vehicle                   | SJP9492B (Car)                        | Contact No.                            | 96958751                          |
| Hospital/Clinic                   | NIL                                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                                       |  |                                   |
| Name                              | NG TECK SOON                          | ID No.                                 | S8329333J                         |
| Related Vehicle                   | SKW4752K (Car)                        | Contact No.                            | 84141450                          |
| Hospital/Clinic                   | UNITED HEALTH FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 25/03/2020                            | Date Discharge                         | 25/03/2020                        |
| No. of Days granted Medical Leave | 03                                    | Degree of Injury                       | Serious                           |

**Brief Details.**

I was at the exit area of the Shell Petrol Station along Jurong West Ave 5 and my vehicle was stopped while waiting for traffic along the main road to clear. Suddenly, I felt a big bang on the driver side of my car and I realised that a vehicle SJP9492B which was stationary on the right side on my car suddenly swerved left and hit me. After the impact, i felt pain and numbness on my right shoulder and arm area and subsequently went to see a doctor. I have video evidence.





**SINGAPORE  
POLICE FORCE**



T/20200325/7012

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

3 of 3

Report No. T/20200325/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
25/03/2020 14:46

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UB1\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

|   |                                       |                    |   |                   |         |               |             |                |               |             |
|---|---------------------------------------|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident   | <input type="text" value="24/03/2020 20:05"/> |                   |         |               |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="SKW4752K"/> | Certificate Number | <input type="text"/>                          |                   |         |               |             |                |               |             |
| <input type="button" value="Search"/>   |                                       |                    |   |                   |         |               |             |                |               |             |
| Select                                  | Policy No.                            | Certificate Number | Policyholder Name                             | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5099893432-01                         |                    | NG SENG BOON                                  | S0214643F         | GPC     | drive CLASSIC | SKW4752K    | SKW4752K       | 30/04/2019    | 29/04/2020  |
| <input type="button" value="Continue"/> |                                       |                    |   |                   |         |               |             |                |               |             |



## Policy Information

|                             |  |                             |                  |                                  |                  |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5099893432-01  | Policyholder Name           | NG SENG BOON     | Policyholder NRIC                | 50214643F        |
| Certificate No.             |  |                             |                  |                                  |                  |
| Address                     | BLK 864 #12-519 JURONG WEST STREET 81 SINGAPORE 640864 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                                  | Plan                        |                  | Group Policy Flag                | N                |
| Policy Issue Date           | 29/04/2019   | Effective Date              | 30/04/2019 00:00 | Expiry Date                      | 29/04/2020 23:59 |
| Excess Type                 | Per Accident   | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 1500   | Own damage Excess           | 2000             | Windscreen Excess                | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 2000   | Outside Singapore TP Excess | 1500             | Young/Inexperience Driver Excess |                  |
| Agent                       | TEO YEOW CHONG (ZHANG YAC Agent Tel.                   |                             |                  | GST Flag                         | Y                |
| Co-Insurance Flag           | No   |                             |                  |                                  |                  |
| Open Policy Info            |  |                             |                  |                                  |                  |
| Certificate Info            |  |                             |                  |                                  |                  |

## Policyholder Mailing Address

|           |                 |                       |                       |           |                  |
|-----------|-----------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | BLK 864 #12-519 | Address 2             | JURONG WEST STREET 81 | Address 3 | SINGAPORE 640864 |
| Address 4 |                 | Address Type          | Singapore address     | Post Code | 640864           |
| Unit No.  |                 | Related Policy Number | 5099893432-01         |           |                  |

Insured Object: SKW4752K

## Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

Accident MT/1089566

#### Modification History

|   |                                    |                         |                                  |                      |                            |
|---|------------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|
| Claim Type *  | OD-MX                              | Insured Name            | NG SENG SOON                     | Insured NRIC         | S0214643P                  |
| Contact No. (Mobile)                                | 91995525                           | Contact No. (Home)      | 87912234                         | Contact No. (Office) | NIL                        |
| Email Address                                       |                                    | OT Vehicle Number       | SKW4752K                         | TP Vehicle Number    | SJP9492B                   |
| Claimant Type Claimant Type *                       | Please Select                      | Type of Benefit *       | Please Select                    |                      |                            |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                      |                            |
| Claimant Address                                    |                                    |                         |                                  |                      |                            |
| Claim Description                                   | SKW4752K / SJP9492B ON 24 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           | Received                   |
| Date Registered                                     | 25/03/2020 15:38                   | Claim Close Date        |                                  | Date Received        | 25/03/2020 00:00           |
| Report Taken By                                     | Jackson                            |                         |                                  |                      |                            |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                      |                            |

**Attachment**

25/3/2020



| Attachments   |   |                       |                    |             |                                 |  | Send Message |  |  |  |  |  |  |
|---|---|-----------------------|--------------------|-------------|---------------------------------|--|--------------|--|--|--|--|--|--|
| Attachment List   |   |                       |                    |             |                                 |  |              |  |  |  |  |  |  |
| Attachment  | Uploaded By/Date  | Category              | Urgency            | Description | Msg Sent? (CO)                  |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | NRIC/ Driving License | Y                  | Normal      | NRIC/ Driving License 2020-3-25 |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | SAS                   |                    | Normal      | SAS 2020-3-25                   |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:39 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:38 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:38 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:38 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:38 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 25 Mar 2020 15:38 | Photos                |                    | Normal      | Photos 2020-3-25                |  |              |  |  |  |  |  |  |
| Video List  |   |                       |                    |             |                                 |  |              |  |  |  |  |  |  |
| Uploaded By/Date  | Folder Date   | File Name             | Source             | Action      |                                 |  |              |  |  |  |  |  |  |
|   |   | Display in New Window | Scan and uploading |             |                                 |  |              |  |  |  |  |  |  |