NATIONAL Assessment Centr	e Services	r' ' Jan'9:3;	S' &			
Date In: 14/04/20	Job description			Time Completed	Don	e by:
Res No. NA/INC20005187/13	SAS e-filing		i			
Veh No. 56189487 .	E-mail (within 8hi	rs, AIC 2hrs)			onio escolució L	1/2
D.O.A: 13/04/20 1445			1	m7/10913	53 -00) (.
~	I-Motor W/O	Within: OD 2hrs.	TP 4hrs)			
OD . (TP): Reporting Only	i-Photo Upload	ied				
TD 4	Assessment/Surv	vey Report	į	8		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (TWINCAR		Tel;	F	ax:)
TP Particulars: Veh No: .	SFA7767.Z	, INC()/N	on-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover	Туре: ()	
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W		%; P:	21-79%. F: 80-	100%]	
)/NO()			
	000 () / \$2,000 ()	S 35-221-4			-
General Remarks						
() Walk-In Customer: Customer's Info		idential & Str	ictly NO	refer of repairer.		
() Total Loss Case : to e-mail Insur				<u> </u>	·	
Drive-In () / Towed-In (); Invoic	e: YES () / NO		owing (
Remarks: (INC hor)me: 6788 6616)		1	Dales	Time Completed	Dor Dor	16.by
1) Apply for Transport Allowance ()/	Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()					
Injury:			•			
		New York	6000	PEREZZON		
Date/Time Actions	SOUR PASTERS AND TO A CALL	10.1342.00 MH242.00 M	487459000	MI BOR WAY STRIKE 35	24	
	MPAGENE		•			
18 - V. Carlot II. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18						
				letes Stantage	Control Anices) . Amt (\$)
NA 2003 6		Invoice Pre	paratio	n Checklist 🚧	10000000000000000000000000000000000000	
	POSTATA PROPERTY AND PROPERTY OF	1) AR : Accident	Reportin	g (\$30);		-
Cluimant's Particulars -	SHELL SERVICE WAS SELECTED AS	3) TF : Towing 1	Foe		40/\$45	
Driver/Owner:		4) FT : Follow-T	hrough S	urvey (Resurvey)	\$120 \$30	
Contact No:		For claiming	gainst IN	C Only (wef 10 Jen 20	105) \$75	
Damaged Portion:	A STATE OF THE STA	6) TR : Re-impe 7) N1 : Idao DA	+ SMRT	Survey	\$160	
	3	8) NTUC Addit				
QC Checked by (Engr-In-Charge):	4	*N5: Courles			\$5 \$10	4
The state of the s	nestander ett i t	*NG: Repair (pair Inspe	otion	\$25	
10.10 1.1 1.11.1 20 1.1	- 152 A 1015 100			Coordination (C) against INC	\$3	1,
Zat.1:	1.	9) N12: Idno M		Fee Charge	30	17.00
Cat. 2/3:		Involce dated		Fee Charg	THE PERSON NAMED IN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

aloresald.	
建筑工作的	ACCIDENT STATEMENT
Date Of Report	14/04/2020 11:23
Date Of Accident	13/04/2020 14:45
Exact Location Of Accident	JUNC OF BEDOK NORTH AVE 1 & BEDOK NORTH RD
Country/State of Loss	SINGAPORE
第4年20日 中央公司 (1995年)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ8948T
Insured/Policyholder	
Name Of Registered Owner	A.T. INTER DECOR
Co Reg No	3XXXX700L

Mobile Phone No

Email Address

Alternative Phone No. OFFICE-99999999

Vehicle Particulars

Manufacturer HONDA VEZEL Model

Exact Purpose for which vehicle was being used at CHAUFFEUR

time of accident

NOEMAIL

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5114870151 Policy Number

Cover Note Number

Driver

TAY BENG KIANG Name of Driver NRIC No SXXXX628D 21/06/1958 Date Of Birth Occupation OUTDOOR 17/06/1978 Date Of Driving Pass

41 YEARS AND 9 MONTHS Driving Experience

Gender

(LOCAL) +65-90606728 Mobile Number

Fax Number Contact Number

ALVINTATBK@GMAIL.COM EMail Address

Address BLK 4 MARINE TERRACE

#10-316

Postcode 440004

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

ecseve.co

-

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? YES

Was any injured conveyed to hospital by ambulance?

NO 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)

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFA7767Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAY BENG KIANG

SLIGHT

SLJ8948T

YES

NO

Vehicle No.	SLO 8948 T. Model/Make Honda Vezel.
Date-of Accident	13/04/2020 -
Time of Accident	14 2 HRS
ocation of Accident	Bedok North Ave I junction Bedok North Road
Exact purpose use during accid	
Name of Owner	A. T. Inter' decor
Telephone No.	H/P: Home: Office:
NRIC NRIC	38 2737 00 L
Address	110, Everitt Road, CR) 428634
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTHE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5114870151
Name of Driver	As Above If No, TAY BENG KIANG
NRIC	21336628D Any Passengers: N.A.
Date of birth	21/09/ 1958.
Occupation <	Outdoor / Indoor
Driving License Pass Date	17 /06 / 1978 .
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	BUX 4 Marine Terrace # 10-316 (8) 440004
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state oww.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	TAY BENG KIANG (H/P. 9060 6728.)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SFA 7767 Z . Any Passengers: N. A .
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: N.A.
Accident Portion	Rew Portion.
Camera Recorder	Yes / No
Email Address	- alvintay & K@ smajl. Com
PARTICULAR WORKSHOP	Turner:
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JOSEPH TON.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 aforesald.
- 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
- 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:

Report ng Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN		1 3	
		15	
		1 1 3	
	The state of the s	3	
		4	
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	7 0	Z E	
Bedok	North Ave 1		
	(A) 210	J 8948 T	
		7767 Z.	
	(B) 3/11		8 K (2 4-1 H 60
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT		
On 13/04/	2000 at @ 1445 hg.	1 -1-1-1	mala-la
		1 stopped my	rehade
(SLJ 8948 T) alm	1		edok North Road
on the extreme 1	Eight lane due to	red light. Aft	er stopping for
awhole, a car (3)	CA 7767 Z) from	behand colleged	ontol the
rear portion of m.	1 vehicle.		/
			
		Alexander and the second and the sec	
DECLARATION			
I/We declare the foregoing particulars a	are true in every respect.	\circ	
8 (1) (2)	Not the second	Luca	14/04/20
16	" Wall	Hym	17/04/20
Policyholder's Signature Date & Time:	Driver's Signature	Reporting Centre Per	sonnel's Signature
Pete & Hille.	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	
*		= 1000 450 distribute 545900	
Will Committee of the C			



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114870151

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLJ8948T : RU31219174

Chassis Number

: A.T. INTER DECOR

2. Name of Policyholder

: 29 Dec 2019

3. Effective Date of Insurance

Expiry Date of Insurance

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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) : \$\$2,000 **EXCESS (SECTION 2)** : \$\$1,500 WINDSCREEN EXCESS : S\$100 : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

· PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : NO : NO TRANSPORT ALLOWANCE **EXCESS WAIVER** : NO

PRIMARY DRIVER

: TAY BENG KIANG : N/A

NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A : N/A

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

: B.A.S. INSURANCE AGENCY (00000573236)

: 19 Dec 2019 10:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1091353							
Policy No.	5114870151	Vehicle No.	SLJ8948T		GST Regi	stration No.	
Certificate No.							
Policyholder Name	A.T. INTER DECOR				Policyhol	Ser NRIC	3827370
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo GLASSIC		Loading		0
Contact No.(Mobile)	0	Contact No.(Office)	0		10000000	io.(Home)	n
Email Address	0760	Special Remark	5.9			(o.(rionse)	parameters.
	Colo Manager Colores				eCode		No Y
KFK	= No Yes	TCA	# No Yes		eCode Re	ason	
NCD Protection	No.	NCD Entitlement(%)	20		Private H	ing	Yes
Report Date	14/04/2020 12:55	Accident Report Within 24 hrs	Yes		Accident	Type	Collision
Date of Accident	13/04/2020	Time of Accident hh:mm	14:45			of Accident	
	13) 04) 1020		1-1-2			n Accident	Singapo
Reporting Centre		Drange Force			ICM No.		
Accident Location	JUNC OF BEDOK NORTH AVE 1 & BEDOK NORTH	RD					
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
		NEWS PROPERTY.					
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00			
/IED OD Excess	0.00	VIED TP Excess		0.00	Driver is	Covered?	Covered
Additional Excess	0.00						
fotal OD Excess Applicable	2,000.00	Total TP Excess Applicable		t,500.00			
→ Benefits							
	tion						
ST Registered	No		GST Regis	tration Date			
SST Registration No.	759G		GST Statu			100	
lodification History	14/04/2020 12/57-22 Sustem /	hanged GST Status Verified from No.		s vernied		Yes	
Tourneactors History	14(14)2020 12:37.22 393000 0	henged day atelds verified from No.	CO-FES				
Policyholder Mailing Add	fress						
iddress 1	110 EVERITT ROAD	Address 2	CHICAROS INC.				
	TIO EVERTITI ROAD		SINGAPORE 42863	4	Address 1		
Address 4		Address Type	Singapore address		Post Code		428634
Jnit No.	01-234	Related Policy Number	5114870151				
✓ OI Driver Info							
Oriver Name	TAY BENG KIANG	Driver Type	Main Driver				
Innamed driver Name		Driver NRIC	\$1336628D		Driver DO	6	21/06/1
Register Date of Driver License	01/07/1978	Driver Age	61		Driving E	iperience	41
Contact No.(Mobile)	90606728	Contact No.(Office)	0				
					Contact N		0
Address 1	BLK 4	Address 2	MARINE TERRACE		Address 3		MARINE
Address 4	SINGAPORE 440004	Address Type	Singapore address		Post Code	60	440004
Unit No.	*10-316						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Ins	urer Company	
CONTRACTOR OF THE PROPERTY OF							
Declaration							
Reading? todification History Claim 001 OD-MX New							
	ı				▼ Insured		
Claim Type *				OD-MX	Name	A.T. INTER DECOR	
ontact No.(Mobile)				90606728	Contact No.		
					(Hame) 01	C.	
mail Address						SL38948T	
					Vehicle		
					Number Number		
talm Description				SL)8948T / SFA7767Z ON 13	Number		
referred	Project Linkilly			SL38948T / SFA7767Z ON 13	Number		
Verlerred Vorkshop	Preference Liability Not at Fault	, GIA	21	SL)8948T / SFA7767Z ON 13	Number		
Claim Description Preferred Workshop Stanuket No. Yes Trialisation	Insured Liability Not at Fault Preference Repair Option Preferred Workshop, Name	CTA I	•		Number i Apr 2020		
Preferred Workshop	Preference Preferred Workshop, Name	unknown V GIA Paraburd	*)	SL38948T / SFA7767Z ON 13	Number Apr 2020 Claim Close		
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vererred Vorkshop Intellet No. Yes inalisation Ves late Registered	Preference Preferred Workshop, Name	unknown V GIA Pershad	*)	14/04/2020 13:00	Claim Close Date		
referred Vorkshop Bettide No. Ves ate Registered eport Taken By	Preference Preferred Workshop, Name	unknown V GIA Pershad		14/04/2020 13:00	Claim Close Date		
Preferred Vorkshop Battiste No. Finalisation	Preference Preferred Workshop, Name	unknown V GIA Pershad	Save Submit	14/04/2020 13:00	Claim Close Date		
Attachment	Preference Preferred Workshop, Name	unknown V GIA Pershad		14/04/2020 13:00	Claim Close Date		
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referred korkshap gettiet No. Yes ate Registered eport Taken By Print AK letter Attachment ccident No. ast Doc. Received	Preference Preferred Workshop, Name Option MT/1091353 Yes O No	eunknown GIA report Received Cleim No.	Save Submit	14/04/2020 13:00 ROSLINDA 101 14/04/2020 00:00	Number Apr 2020 Claim Close Date Workshop Repairer		
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0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTR 14 Apr 2020 13:00	E SERVICES) on SAS		Normal	SAS 2020~4+14
Time Time	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTR 14 Apr 2020 13:00	E SERVICES) on NRIC/ Driving License	¥	Normal	NRIC/ Driving License 2020-4-14
achment	Uploaded By/Date	Category	?	Urgency	Description

Display in New Window Scan and uploading