

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MUAH 0052892

Date In: 2/6/20-14:21	Job description	Date & Time Completed	Done by
Ref No: NA/4C20026427/14	SAS e-filing		
Veh No: JK218536	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/6/20-07:20	i-Motor Claim Form	6/7/19 4847-001	20/6/20 14:34
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: (Tel:	Fax:
TP Particulars:	Veh No: JK218536	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

NA2003-76	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (N/a INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	20/06/2020 14:21
Date Of Accident	19/06/2020 07:20
Exact Location Of Accident	BKE TWDS KJE BEFORE KJE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1853G
Insured/Policyholder	
Name Of Registered Owner	LAI HAI FONG
NRIC No	SXXXX232A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90270163
Alternative Phone No	OFFICE-90270163

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115339220
Cover Note Number	

Driver

Name of Driver	LAI HAI FONG
NRIC No	SXXXX232A
Date Of Birth	02/08/1974
Occupation	INDOOR
Date Of Driving Pass	20/01/2000
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270163
Fax Number	
Contact Number	OFFICE-90270163
Email Address	NOEMAIL

Address	BLK 570C WOODLANDS AVENUE 1 #10-852
Postcode	733570
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	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : LAI JIA EN ALICIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200619/2054.

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	SLW6144R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP2454E
Vehicle Make/Model/Colour MITSUBISHI
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)

DETAILS OF INJURED PERSON 1

Name LAI HAI FONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ1853G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LAI JIA EN ALICIA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ1853G
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:

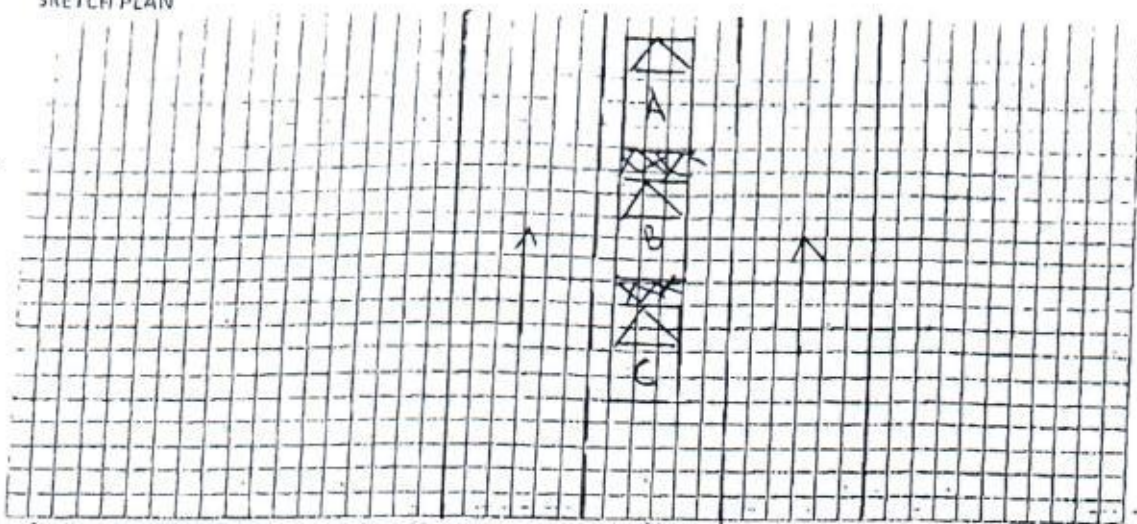

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A: SKZ 1853G

B: SLW 6144R

C: YP2454E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Bkf Towards lctf before lctf ext.

Refer to police Report

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

2019/01/12 10:00 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 14/06/2020 Accident Time: 0720 (24-HR-Format)
Accident Place : BKE towards KJE before KJE Exit
Vehicle Reg. No. (Car Plate No.) : SKZ 1853 G
Vehicle Make/Model : Hyundai Elantra
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : LAI HAI FUNG S7473232A
Owner or Company Contact No. : 9027 0163 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LAI HAI FUNG S7473232A
DRIVER'S Date Of Birth : 2/8/1974 DRIVER'S License Pass Date 21/08/2023
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 570 C Woodlands Ave 1 # 10-852 SG 735570.
DRIVER'S Contact No. / Alt No. : 1) 9027 0163 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 02 1 female
Was there any video Captured by car camera YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLW 6144 R
Vehicle Make/Model: VW
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: YP 2454 E
Vehicle Make/Model: Mitsubishi
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20200619/2054

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784

Tel No: 1800-4849999

Report No. T/20200619/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2020 15:50	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: LAI HAI FONG			Address: APT BLK 570C WOODLANDS AVENUE 1 #10-852 SINGAPORE 733570		
ID Type / ID No.: NRIC NO / S7473232A			Contact No.: Home/Office: Mobile: 90270163		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 02/08/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEERING ASSISTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2020 07:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Towards KJE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ1853G	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	1
SLW6144R	Car	VOLKSWAGO N		White	Seriously Damaged	1
YP2454E	Lorry	MITSUBISHI		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200619/2054

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20200619/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ1853G	NTUC Income Insurance Co-Operative Limited	5115339220	13/01/2020	12/01/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LAI HAI FONG	ID No.	S7473232A
Related Vehicle	SKZ1853G (Car)	Contact No.	90270163
Hospital/Clinic	INTEMEDICAL 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/06/2020	Date Discharge	19/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	LAI JIA EN ALICIA	ID No.	T1005204H
Related Vehicle	SKZ1853G (Car)	Contact No.	90270163
Hospital/Clinic	INTEMEDICAL 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/06/2020	Date Discharge	19/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 19/06/2020 at about 0720hrs, I was driving my car: SKZ1853G along BKE towards KJE, I was on the merging lane of BKE heading towards into KJE. At that point the traffic was heavy, I had already merged into the 4th lane of KJE. I was following the traffic in front, when the car in front came to a stop. I stopped as well, however out of sudden, I heard a loud sound from the back. I alighted and noticed that a car, plate: SLW6144R had collided into the back of my car, I also noticed that a lorry, plate: YP2454E had collided into the back of SLW6144R. I exchange particulars with both the drivers, I have an in car camera that was recording however it is facing the front. As of now, the back of my car is seriously damaged. I suffer from giddiness and back pain. My daughter is suffering pain from her backside.



**SINGAPORE
POLICE FORCE**



T/20200619/2054

3 of 3

Report No. T/20200619/2054

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 LEE CHING HAO NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

19/06/2020 15:50

Classification Of Case:

Authentication Stamp

NP168

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115339220		LAI HAI FONG	S7473232A	GPC	drivo CLASSIC	SKZ1853G	SKZ1853G	13/01/2020	12/01/2021

Policy Information

Policy No.	5115339220	Policyholder Name	LAI HAI FONG	Policyholder NRIC	S7473232A
Certificate No.					
Address	BLK 570C #10-852 WOODLANDS AVENUE 1 SINGAPORE 733570				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/01/2020	Effective Date	13/01/2020 00:00	Expiry Date	12/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 570C #10-852	Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 733570
Address 4		Address Type	Singapore address	Post Code	733570
Unit No.		Related Policy Number	5115339220		

Insured Object: SKZ1853G

Endorsements

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

Claim Handling

Accident MT/1094847

Policy No.	S115339220	Vehicle No.	SKZ1853G	GST Registration No.	
Certificate No.					
Policyholder Name	LAI HAI FONG	Cover Type	drive CLASSIC	Policyholder NRIC	S7473232A
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90270163	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	7/
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	20/06/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	19/06/2020	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWOS KJE BEFORE KJE EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 570C #10-852	Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 733570
Address 4		Address Type	Singapore address	Post Code	733570
Unit No.		Related Policy Number	S115339220		

OI Driver Info

Driver Name	Lai Hai Fong	Driver Type	Main Driver	Driver DOB	02/08/1974
Unnamed driver Name		Driver NRIC	S7473232A	Driving Experience	20
Register Date of Driver License	20/01/2000	Driver Age	45	Contact No. (Home)	0
Contact No. (Mobile)	90270163	Contact No. (Office)	0	Address 3	SINGAPORE 733570
Address 1	BLK 570C	Address 2	WOODLANDS AVENUE 1	Post Code	733570
Address 4		Address Type	Singapore address		
Unit No.	10-852				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LAI HAI FONG	Insured NRIC	S7473232A
Contact No. (Mobile)	90270163	Contact No. (Home)	65655708	Contact No. (Office)	
Email Address	Lhaifg@hotmail.com	OI Vehicle Number	SKZ1853G	TP Vehicle Number	SLW6144R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKZ1853G / SLW6144R ON 19 Jun 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2020 14:34	Claim Close Date		Date Received	20/06/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1094847	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/06/2020 14:35

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List							
Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:35	SAS		Normal	SAS 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:35	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:35	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:35	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jun 2020 14:34	Photos		Normal	Photos 2020-6-20		
Video List							
Uploaded By/Date	Folder Date	File Name	?	Source	Actor		
Display in New Window				Scan and uploading			