

NATIONAL Assessment Centre Services

Print 1 Jan 05

Date In: 29/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006751/13	SAS e-filing		
Veh No: SLX 1922P	E-mail (within 3hrs, AIC 2hrs)		
DTA: 27/06/20 1285	I-Motor Claim Form	MT/1095524-001	
OT: (IP) Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wesp / INC Assign Wesp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGL85080	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 repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 100000 6484616)	Date Claim 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	Action

NA2003395	Invoice Preparation Checklist	Amo (\$)	Adj (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idea Mobile \$0		
	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	29/06/2020 11:07
Date Of Accident	27/06/2020 12:35
Exact Location Of Accident	CHOA CHU KANG DRIVE SLIP RD INTO KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1922P
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	5XXXX329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5113783668
Cover Note Number	

Driver

Name of Driver	ONG CHUN BENG,KELVIN
NRIC No	SXXXX050J
Date Of Birth	19/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90062161
Fax Number	
Contact Number	
Email Address	NEON.ONG78@GMAIL.COM

Address	BLK 184 YUNG SHENG ROAD #15-77
Postcode	610184
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING FROM CHOA CHU KANG DRIVE SLIP RD INTO KJE. I STOP MY VEH AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AND B4 I START TO MOVE OFF SUDDENLY VEH B FROM BEHIND HIT ONTO MY REAR RIGHT PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL8508D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KENG LONG
NRIC/Passport Number	SXXXX818D
Contact Number	97766341

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.
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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 - SLX1922A
B - SGL85080

CHUA CHU KA
DRIVE SLIP R
INTO RJE

CHUA CHU KANG
DRIVE SLIP RD
INTO KJE

P/s refer to the statement.

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



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

29/6/20

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/06/2020) (DD/MM/YYYY), TIME: (12:34) (HH:MM)

LOCATION: CHOA CHU KANG ST 53 SLIP RD INFO

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX1922P
 b) INSURANCE COMPANY: ~~NTUC~~ NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: MENGL CHENG TRANSPORT & SERVICES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 97766341 90088701
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90062161
 c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGL85080 MODEL: 97766341
 b) DRIVER'S NAME: LEE KENG LONG
 c) NRIC/FIN/PASSPORT: S92208180 CONTACT: 97766341

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger
 (including driver)
 (3)

PASSENGER

1 M

2 F

*No of passenger
 (including driver)
 ()

*No of passenger
 (including driver)
 ()

Email = NEON.ONA78@GMAIL.COM

fax =

VIDEO =

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: 5113783668-000007

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SLX1922P**
Chassis Number : JTDER12W303002908
2. Name of Policyholder : MENG CHENG TRANSPORT & SERVICES
3. Effective Date of Insurance : 03 Nov 2019
4. Expiry Date of Insurance : 02 Nov 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ALL INS AGENCY PTE. LTD. (00000571908)

Date of Issue : 01 Nov 2019 14:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No.:	53378329A
Owner ID Type:	Business
Owner Name:	MENG CHENG TRANSPORT & SERVICES
Registered Address:	531A UPPER CROSS STREET #04-113 HONG LIM COMPLEX SINGAPORE 051531
Mailing Address:	-
Birth Date:	-
Vehicle Particulars	
Vehicle No.:	SLX1922P
Previous Vehicle No.:	-
Effective Date of Ownership:	06 Mar 2019
Original Regn Date:	24 Mar 2009
Registration Date:	24 Mar 2009
Year of Manufacture:	2009
Vehicle Type:	Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	6
Chassis No.:	JTDER12W303002908
Engine No.:	1ZZ3238511
Engine Capacity / Power Rating:	1794 cc / -
Maximum Power Output:	97.0 kW (130 bhp)
Propellant:	Petrol
Max Unladen Weight:	1310 kg
Maximum Laden Weight:	1885 kg
Open Market Value:	\$18,662.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1122943607
COE No.:	2009040103001863K
COE Expiry Date:	23 Mar 2029
COE Category:	B - Car (1601cc & above)
COE Registration Category:	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium:	\$5,001.00 / -
PQP Paid:	\$33,018.00
QP (Regn Cat):	\$5,001.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$5,001.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$18,662.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.



MENG CHENG TRANSPORT & SERVICES

BLK 531A, UPP CROSS STREET, #04-113, HONG LIM COMPLEX, SINGAPORE 051531
TEL : 65 9239 5579 (Rui Fen) / 65 9008 8701 (Stephen)
ROC NO: 53378329A

Date: 11 June 2020

S/no.: _____

RENTAL AGREEMENT

Name:	<u>Ong Chun Beng Kelvin</u>	NRIC / ROC:	<u>S7827050J</u>
Address:	<u>BLK 184 Yung Cheng Road #15-77 S (610154)</u>		
Contact Hp:	<u>90062161</u>	Office:	
		Email/Fax:	

Name:			NRIC / Permit:	
Address:				
Driving Experience:		Licence No:		D.O.B:

Vehicle No:	<u>SLX1922P</u>	Make & Model:	<u>Toyota Wish 1.8</u>	
Rental Period:	<u>3 months</u>	Charges:	<u>\$275/-</u> WEEKLY / MONTHLY	Deposit:
Date Out:	<u>11 June 20</u>	Time:	<u>2pm</u>	Mileage:
				Fuel Level:

IMPORTANT NOTES: Restricted to Singapore use only.

No refund will be given for fuel left in vehicle.

Hirer is liable to pay Own Damage Insurance Excess of S\$ 2500/- & Third-Party Insurance Excess of S\$ 2500/- in any accident plus loss of earnings while damaged vehicle is under repair.

Hirer is liable for all Parking Fines and Traffic Violations.

Driver must be above 23 years with minimum 2 years driving experience.

Vehicles return during office hours only. No services on Public Holidays and Sundays.

- ☐ I/WE DECLARE THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT IN EVERY ASPECT AND
☐ I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT AND AGREED.

[Signature]
Hirer's Signature & Date

[Signature]
Company Authorised Signature & Stamp

Checked By:	Deposit Refund:		
Remarks:			
Date In:	Time:	Mileage:	Fuel Level:

I hereby confirm that I / We had returned the vehicle in good condition as _____ @ _____.

Hirer's Signature & Date

Company Authorised Signature & Stamp

Claim Handling

Accident MT/1095524

Policy No.	5113783668	Vehicle No.	SLX1922P	GST Registration No.	
Certificate No.	5113783668-000007				
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	533783296
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	29/06/2020 11:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	27/06/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHOA CHU KANG DRIVE SLIP RD INTO KJE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
▼ 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 533A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5099177068-02		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG CHUN BENG,KELVIN	Driver NRIC	SXXXX0503	Driver DOB	19/09/1971
Register Date of Driver License	27/06/2008	Driver Age	41	Driving Experience	12
Contact No.(Mobile)	90062163	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 184	Address 2	YANG SHENG ROAD	Address 3	CORPORAT
Address 4	SINGAPORE 610184	Address Type	Singapore address	Post Code	610184
Unit No.	#15-77				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Workshop Finalisation

Date Registered

Report Taken By

☐ Print AK letter

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

29/06/2020 11:42

ROSINDA

Insured Name

MENG CHENG TRANSPORT & S

Contact No. (Home)

92395579

Vehicle Number

SLX1922P

SLX1922P / SGL8508D ON 27 Jun 2020

Claim Close Date

Workshop Repairer

ROSINDA

Save

Submit

Attachment

Accident No.

MT/1095524

Claim No.

001

Last Doc. Received

Yes No

Upload Date

29/06/2020 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen
















Choose FileNo file chosen

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	SAS		Normal	SAS 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:41	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 11:40	Photos		Normal	Photos 2020-6-29

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	