

NATIONAL Assessment Centre Services

Date In: 08/07/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20007/20/13	SAS e-filing		
Veh No: FBF90286	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/07/20 1655	i-Motor Claim Form	MT/1096395-001	
OD: (TP) Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MOTO 51)	Tel:	Fax:
TP Particulars:	Veh No: SLS3498K	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2003606	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl 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: Idao 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	08/07/2020 15:07
Date Of Accident	07/07/2020 16:55
Exact Location Of Accident	ALONG KJE TWDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF9028G
Insured/Policyholder	
Name Of Registered Owner	KAT BOON HEE (QUE WENXI)
NRIC No	SXXXX026J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90481790
Alternative Phone No	OTHERS-90481790
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096912734-02
Cover Note Number	
Driver	
Name of Driver	KAT BOON HEE (QUE WENXI)
NRIC No	SXXXX026J
Date Of Birth	13/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90481790
Fax Number	
Contact Number	OTHERS-90481790
EMail Address	NOEMAIL

Address	BLK 811A CHOA CHU KANG AVE 7 #18-653
Postcode	881811
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	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
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
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

PLS REFER TO THE POLICE REPORT: T/20200708/7009

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	SLS3498K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIN IT KIONG
NRIC/Passport Number	SXXXX014G
Contact Number	96369005
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KAT BOON HEE (QUE WENXI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF9028G
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.

X



Policyholder's Signature
Date & Time:

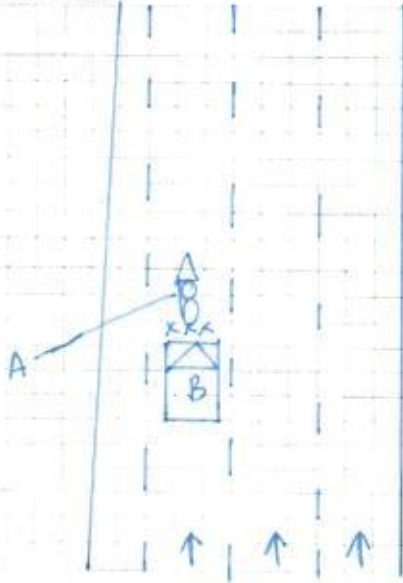


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



ALONG KJE TWD S PIE

Veh A: FBF 9028G

Veh B: SLS 3498K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200708/7009

DECLARATION

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

2

Policyholder's Signature
Date & Time:

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

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



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2020 12:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KAT BOON HEE			Address: APT BLK 811A CHOA CHU KANG AVENUE 7 #18-653 SINGAPORE 681811		
ID Type / ID No.: NRIC NO / S8024026J			Contact No.: Home/Office:		Mobile: 90481790
Nationality: SINGAPORE CITIZEN			Email: wishes80@yahoo.com		
Sex: Male	Age: 39	Date of Birth: 13/08/1980	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Food delivery rider			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2020 16:55	Type of Location: Flyover
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
FBF9028G	Motorcycle	YAMAHA	FZ 16	Red	Seriously Damaged	0
SLS3498K	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9028G	NTUC Income Insurance Co-Operative Limited	5096912734-02	14/01/2020	13/01/2021



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAT BOON HEE	ID No.	S8024026J
Related Vehicle	FBF9028G (Motorcycle)	Contact No.	90481790
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HIN IT KIONG	ID No.	S1198014G
Related Vehicle	SLS3498K (Car)	Contact No.	96369005
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

The accident happened on 7 July 2020 at 4.55pm, I am on my way home riding my motorcycle (FBF9028G) from my parent house in Yishun to Choa Chu Kang. When I entered Kranji Expressway (KJE) from Mandai road and riding for a short while on the left most lane, there is a big truck entering from the filter lane from Woodlands road and cut into the lane in front of me. But then at this timing, a car knocked down my bike from the rear. Along with my bike, I skidded on the road near to lamp post 95F. The driver (Hin It Kiong, NRIC S1198014G) from the car involved, SLS3498K came to me and another road user came to help me stand up and move my motorcycle to the side of the road. The driver (Hin It Kiong) came towards me claiming that he is the person who knocked me down. He claimed that he has car camera and has recorded the incident too. We exchange name and contact numbers. I fell and it injured my back, butt and I sustain a few abrasions on my hand, arm and leg. My motorcycle was damaged badly and the engine failed to start. I called for a vendor to bring my motorcycle to workshop and my wife brought me to Ng Teng Fong General Hospital for a check up, X-ray and seek treatment. I was given a 4 days Hospitalisation leave (MC). Now I am currently at home resting and making this police report. I am a full-time Foodpanda delivery man hence this incident caused me to lose my income as I am unable to work.



**SINGAPORE
POLICE FORCE**



T/20200708/7009

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

3 of 3

Report No. T/20200708/7009

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 /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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:
08/07/2020 12:05

Classification Of Case:

Vehicle No.	FBF 9028G	Model / Make	Yamaha FZ16
Date of Accident	7/7/2020		
Time of Accident	1655	HRS	
Location of Accident	Along KJE twds PIE		
Exact purpose use during accident	Work		
Name of Owner	Kat Boon Hee		
Telephone No.	H/P : 90481790	Home :	Office :
NRIC	58024026J		
Address	BLK 811A Choa Chu Kang Avenue 7 #18-653 S(881811)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5096912734-02		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	-
Date of birth	13/8/1980		
Occupation	Outdoor / Indoor		
Driving License Pass Date	15/12/2011		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Owner		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Kat Boon Hee 90481790		
Name And Contact No.			
Police Report	No, If Yes, Where? Traffic police		
Vehicle B No.	SLS 3498K	Any Passengers :	-
Name of Driver	Hin It Kiong	Contact No. :	96369005
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 :	
Accident Portion	Hit on the rear, fall to the left		
Camera Recorder	Yes / No		
Email Address	wishes80@yahoo.com		
PARTICULAR WORKSHOP	Moto 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096912734-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBF9028G**

Chassis Number

: ME121C07BB2017674

2. Name of Policyholder

: KAT BOON HEE (QUE WENXI)

3. Effective Date of Insurance

: 14 Jan 2020

4. Expiry Date of Insurance

: 13 Jan 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

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

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

(d) 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)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: KAT BOON HEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: 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 : LIM XUI TING JUNE (00000637102)

Date of Issue : 06 Dec 2019 21:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1096395

Policy No.	5096512/34-02	Vehicle No.	FBF9028G	GST Registration No.	
Certificate No.					
Policyholder Name	KAT BOON HEE (QUE WENXI)			Policyholder NRIC	S6024026
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90481790	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NS
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	08/07/2020 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - r
Date of Accident	07/07/2020	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KJE TWD5 PLE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BUK KITA #18-003	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HOH
Address 4	SINGAPORE 081811	Address Type	Singapore address	Post Code	681811
Unit No.		Related Policy Number	5096512/34-02		
OI Driver Info					
Driver Name	KAT BOON HEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8024026	Driver DOB	13-08/1980
Register Date of Driver License	18/01/2008	Driver Age	39	Driving Experience	12
Contact No.(Mobile)	90481790	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 611A	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HOH
Address 4	SINGAPORE 681811	Address Type	Singapore address	Post Code	681811
Unit No.	#18-003				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 OD-MX

New

Claim Type *

OD-MX

Insured Name

KAT BOON HEE (QUE WENXI)

In

Contact No (Mobile)

90481790

Contact No. (Home)

67557411

Co

Email Address

wishes80@yahoo.com

OT Vehicle Number

FBF9028G

TP

Claim Description

FBF9028G / SLS3498K ON 7 Jul 2020

Nr

Preferred Workshop

Selected No

Insured Liability

Not at Fault

Ph

Workshop Finalisation

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Wi

Date Registered

08/07/2020 15:51

Claim Close Date

Re

Report Taken By

ROSINDA

Workshop Repairer

To

Print AK letter

Du

Re

Save

Submit

Attachment

Accident No.

MT/1096395

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/07/2020 08:50

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Clear

Please Select

Confidential

Urgency *

Clear

Please Select

Normal

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Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

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NO

Normal

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	SAS		Normal	SAS 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	Photos		Normal	Photos 2020-7-8
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:51	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jul 2020 15:50	Photos		Normal	Photos 2020-7-8

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