

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA0038157**

Date In: 9/7/10-12:03	Job description	Date & Time Completed	Done by
Ref No: HA/INC0003157m	SAS e-filing		
Veh No: 5J450492	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/7/10-19:00	i-Motor Claim Form	67/1096457-001	9/7/10 12:43
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: **PEL5M93** 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

HA0003631	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 2003)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
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 (Non INC) against INC \$20		
Dat. 2 / 3:	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	09/07/2020 12:03
Date Of Accident	08/07/2020 19:00
Exact Location Of Accident	CTE EXIT BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU5049Z
Insured/Policyholder	
Name Of Registered Owner	SU CHIEN FANG
NRIC No	SXXXX600A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81272610
Alternative Phone No	OFFICE-81272610

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	5117844653
Cover Note Number	

Driver

Name of Driver	NG CHENG BOON
NRIC No	SXXXX983E
Date Of Birth	19/11/1965
Occupation	INDOOR
Date Of Driving Pass	24/10/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96628122
Fax Number	
Contact Number	OFFICE-96628122
EEmail Address	NOEMAIL

Address	21 LORONG LEW LIAN #06-02
Postcode	536467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200709/2014.

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	FBG5459S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

GBH5364B

Vehicle Make/Model/Colour

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)

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.



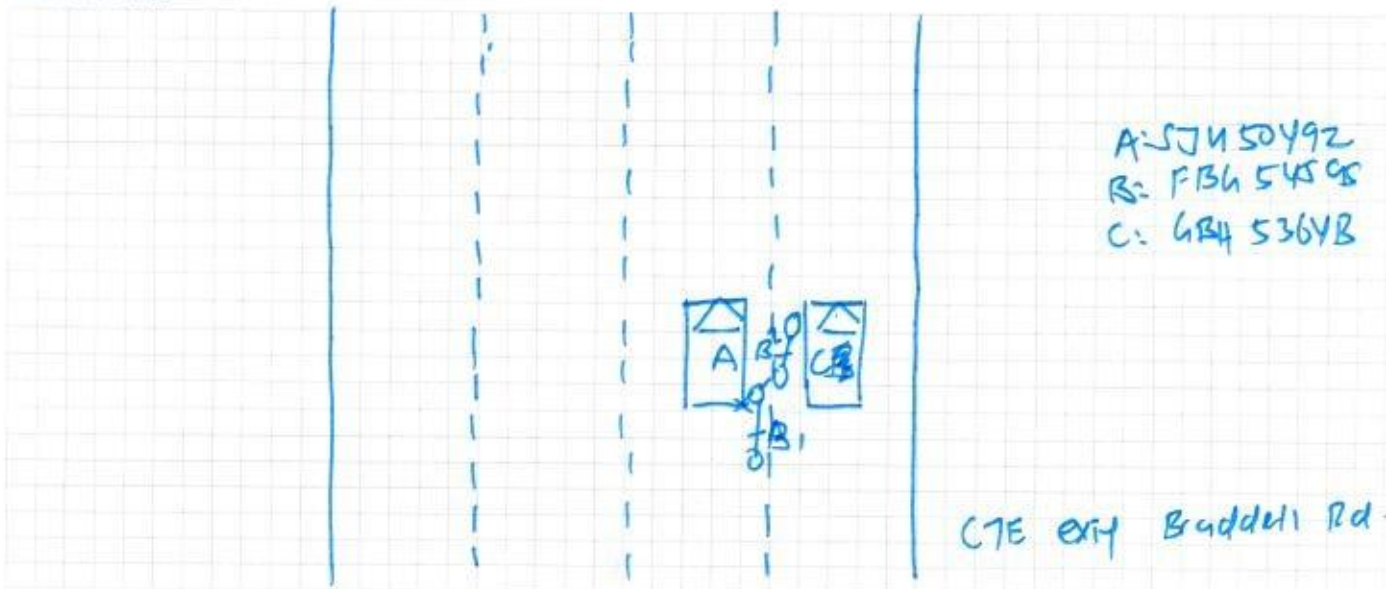
Policyholder's Signature
Date & Time:

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 7/22/2014/2014.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 7 / 20) (DD/MM/YYYY), TIME: (19 :00) (HH:MM)

LOCATION: (7E Exit Braddell Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: (5M 80492)
b) INSURANCE COMPANY: (NTUC)
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SAILOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: (Private)
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: (81272610)
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: (96628122)
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: (Spouse)

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: (Serangoon NPC)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: (FB454595) MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: (4BH5364B) MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ng-james@hcfmail.com

fax = edwin@nseeeng.com.sg

VIDEO = X



SINGAPORE POLICE FORCE



T/20200709/2014

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200709/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2020 10:19		Vide Report No.: F/20200708/0179		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: NG CHENG BOON			Address: 21 LORONG LEW LIAN #06-02 SINGAPORE 536467		
ID Type / ID No.: NRIC NO / S1713983E			Contact No.: Home/Office: Mobile: 96628122		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 19/11/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2020 19:00	Type of Location:
Location: CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL) CTE >> EXIT BRADDELL ROAD. TRAFFIC LIGHT TURNING TO TOA PAYOH				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU5049Z	Car	TOYOTA	COROLLA AXIO 1.5X A	Beige		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200709/2014

2 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200709/2014

CONTINUATION OF REPORT

Driver			
Name	NG CHENG BOON	ID No.	S1713983E
Related Vehicle	SJU5049Z (Car)	Contact No.	96628122
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.

On 08.07.2020 at about 1900hrs, I was driving along CTE (AYE) exited Braddell Road. I stop at the Traffic light and while waiting, there was in coming motorcycle tried to squeeze in between 2 vehicles which including my vehicle and the lorry. However the rider hit onto my right side and he fell off from the bike. I believed that the rider also hit onto the lorry as well. I then alighted my vehicle and tried to bring him up. However he complained that he is in pain. The lorry driver called for Ambulance. Paramedic came and check on him and I believe that the rider right shoulder found dislocate. The rider was then conveyed to hospital. There are damage to my right bumper (behind) and needed to be replace.

Traffic police at scene and the officer require a Traffic Police report to be lodge.

That is all.



**SINGAPORE
POLICE FORCE**



T/20200709/2014

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200709/2014

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 /
Staff Sgt LOW JIANGHAN, JEFFREY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/07/2020 10:19

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_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="08/07/2020 19:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJUS049Z"/>	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"/>	5117844653		SU CHIEN FANG	S2621600A	GPC	drivo CLASSIC	SJU5049Z	SJU5049Z	15/06/2020	13/06/2021

▼ Policy Information

Policy No.	5117844653	Policyholder Name	SU CHIEN FANG	Policyholder NRIC	S2621600A
Certificate No.					
Address	21 LORONG LEW LIAN #06-02 CHERRY HILL CONDOMINIUM SINGAPORE 536467				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/06/2020	Effective Date	15/06/2020 00:00	Expiry Date	13/06/2021 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	SGP BUSINESS CONSULTANCY I	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	21 LORONG LEW LIAN	Address 2	#06-02 CHERRY HILL CONDOMI	Address 3	SINGAPORE 536467
Address 4		Address Type	Singapore address	Post Code	536467
Unit No.		Related Policy Number	5117844653		

▶ Insured Object: SJU5049Z

▼ Endorsements

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

Claim Handling

Accident MT/1096457

Policy No.	5117844553	Vehicle No.	SJU5049Z	GST Registration No.	
Certificate No.					
Policyholder Name	SU CHIEN FANG	Cover Type	drive CLASSIC	Policyholder NRIC	S2621600A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81272610	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	09/07/2020 12:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/07/2020	Time of Accident (hh:mm)	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE EXIT BRADDELL RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	21 LORONG LEW LIAN	Address 2	#06-02 CHERRY HILL CONDOM	Address 3	SINGAPORE 536467
Address 4		Address Type	Singapore address	Post Code	536467
Unit No.		Related Policy Number	5117844553		
Of Driver Info					
Driver Name	NG CHENG BOON	Driver Type	Main Driver	Driver DOB	19/11/1965
Unnamed Driver Name		Driver NRIC	S1713983E	Driving Experience	35
Register Date of Driver License	24/10/1984	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	96628122	Contact No.(Office)	0	Address 3	SINGAPORE 536467
Address 1	21 LORONG LEW LIAN	Address 2	CHERRY HILL CONDOMINIUM	Post Code	536467
Address 4		Address Type	Singapore address		
Unit No.	06-02				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SU CHIEN FANG	Insured NRIC	S2621600A
Contact No.(Mobile)	81272610	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Q1 Vehicle Number	SJU5049Z	TP Vehicle Number	FBG54595
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJU5049Z / FBG54595 ON 8 Jul 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	09/07/2020 12:43	Claim Close Date		Date Received	09/07/2020 00:00
Report Taken By	Jackson				

☒ Print AX letter








Save Submit

Attachment

Accident No.	MT/1096457	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2020 12:45						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				
	Browse	Clear	Please Select	<input type="checkbox"/>	Normal				

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sem? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:45	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:45	SAS	Normal	SAS 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 09 Jul 2020 12:44	Photos	Normal	Photos 2020-7-9	

Video List

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