

NATIONAL Assessment Centre Services [Rev. Jan 1992]

Date In: 11/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007182/13	SAS e-filing		
Veh No: FBK70055	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 02/07/20 1200	i-Motor Claim Form	MT/1096568-001	
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 Assgn Wksp / QW: (BBAC) Tel: Fax:

TP Particulars: Veh No: SK15AED 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:	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

Claimant's Particulars	Invoice Preparation Checklist	
	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tp Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N7n INC) against INC \$20	
	9) N12: Idno Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NA2002627

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	11/07/2020 10:31
Date Of Accident	02/07/2020 12:00
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7005J
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF400F
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	LAW RONG ZHI(LIU RONGZHI)
NRIC No	SXXXX419Z
Date Of Birth	22/08/1988
Occupation	INDOOR
Date Of Driving Pass	01/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 374 JURONG EAST ST 32 #02-468
Postcode	600374
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER RIDER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF INJURED PERSON 1

Name	LAW RONG ZHI(LIU RONGZHI)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK7005J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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 purposes 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

KIT BAYOK DRIVING CENTRE LTD
15 BUKIT BATOK CENTRAL AVENUE 5
SINGAPORE 650885
TEL: 6561 1235 FAX: 6569 0777

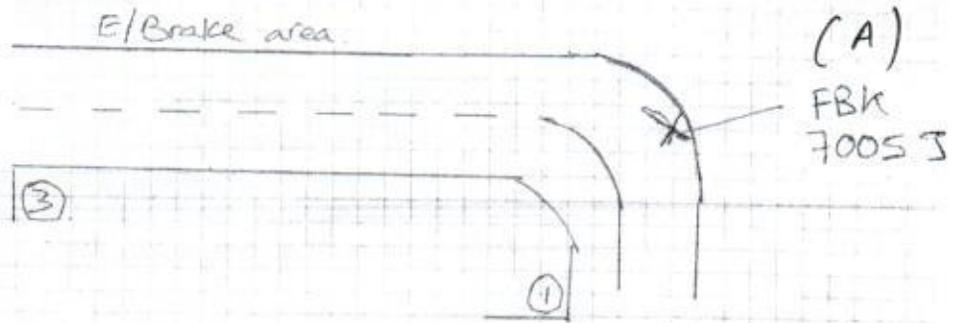
Policyholder's Signature
Date & Time:

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

Report Centre Personnel's Signature
Name:
NRIC/PIN No:

SKETCH PLAN

BBDC CIRCUIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 2/7/2020, Session 3, at about 1200 hrs.
 Customer Name Law Rong ZHI, NRIC S8829419Z,
 attending practical lesson class 2A subject 1.01.
 When he ^{ride} toward narrow plank, he fall at
 the bend due to speed too fast, cause the
 bike skid.

DECLARATION

BUKIT BATOK DRIVING CENTRE LTD.
 815 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 670805
 TEL: 6561 1233 FAX: 6561 0777

[Signature]

Policyholder's signature
 Date & Time:

[Signature]

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

[Signature] 11/07/20

Reporting Centre Personnel's signature
 Name
 NRIC/PIN No:

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

2/7/2020

1200 hrs

BBDC circuit.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBK 70053	
Name of Policyholder		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Contact Number	Tel: 65943515	Hp:
Occupation		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA CB400 F	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, <u>Motorcycle</u> , Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.		
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	NTUC	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Policy Number	00734151220	

DRIVER

Name of Driver	LAW RONG ZHI	
NRIC/ FIN/ Passport	S8829419Z	
Date of Birth	22-08-1988	
Occupation		
Driving Pass Date		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel:	Hp:
Address	AIR 374 JALONG EAST ST 32 AD2-468	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured.	LEARNER	
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: _____	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: _____	
Damage Area		
Approximate Speed		

OTHER INFORMATION

Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, please state which police station & Report No		
Was notice of intended Prosecution given?	<input type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

Other Vehicle or Property 2

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

DETAILS OF WITNESS

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

BUKIT BATOK DRIVING CENTRE LTD. I, _____, and information provided above are true in every aspect.

815 BUKIT BATOK WEST AVENUE
SINGAPORE 359085

TEL: 6561 1233 FAX: 6569 1000
Signature of Policy Holder
(Company Chop if applicable)

Date & Time

[Signature]

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

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 : 5114136261-000009	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: FBK7005J
Chassis Number	: JH2NC4791EK000455
2. Name of Policyholder	: BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance	: 01 Jan 2020
4. Expiry Date of Insurance	: 31 Dec 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 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)	: N/A
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 : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The owner and vehicle particulars for Vehicle No. FBK7005J as at 28 Dec 2015 are as follows:

1	Name	: BUKIT BATOK DRIVING CENTRE LTD
2	Identification No. Type	: Company
3	Identification No.	: 198801155R
4	Place Of Passport Issue	: -
5	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6	Mailing Address	: -
7	Vehicle No.	: FBK7005J
8	Effective Date of Ownership	: 28 Dec 2015
9	Original Registration Date	: 28 Dec 2015
10	First Registration Date	: 28 Dec 2015
11	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12	Vehicle Scheme	: Normal
13	Attachment 1	: No Attachment
14	Attachment 2	: -
15	Attachment 3	: -
16	Vehicle Make	: HONDA
17	Vehicle Model	: CB400F
18	Year of Manufacture	: 2015
19	Primary Colour	: White
20	Secondary Colour	: -
21	Passenger Capacity	: 1
22	Chassis/Trailer Chassis No.	: JH2NC4791EK000455 / -
23	Propellant/Emission Standard	: Petrol / Euro III
24	Engine No./Motor No.	: NC47E5000479 / -
25	Engine Capacity(cc)/Power Rating(kW)	: 399 / -
26	Maximum Power Output(kW/bhp)	: - / -
27	Unladen Weight(kg)	: 190
28	Maximum Laden Weight(kg)	: 372
29	Open Market Value	: \$6,679.00
30	PARF Eligibility	: No
31	PARF Eligibility Expiry Date	: -
32	Minimum PARF Benefit	: \$0.00
33	IU Label No.	: -
34	COE No.	: 2015100106000634R
35	COE Expiry Date	: 27 Dec 2025
36	COE Category	: D - Motorcycle
37	Quota Premium/Prevailing Quota Premium	: \$6,158.00
38	Actual Quota Premium/PQP Paid	: \$6,158.00
39	Actual ARF Paid	: \$1,002.00
40	CO2 Emission(g/km)	: -
41	Actual CEVS Rebate Utilised	: -
42	CEVS Surcharge Paid	: -
43	Actual Green Vehicle Rebate Utilised	: -
44	Vehicle Lifespan Expiry Date	: -
45	Road Tax Amount	: \$71.00
46	Road Tax Start Date	: 28 Dec 2015
47	Road Tax End Date	: 27 Dec 2016
48	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.



Claim Handling

Accident MT/1096568

Policy No.	5114136261	Vehicle No.	FBK7005J	GST Registration No.	M200805321
Certificate No.	5114136261-000009				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD	Cover Type	Comprehensive	Policyholder NRIC	398801135
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	65943515	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/07/2020 12:09	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/07/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659065
Unit No.		Related Policy Number	5114136554		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LAW RONG ZHE(LIU RONGZHE)	Driver NRIC	586294197	Driver DOB	22/08/1981
Register Date of Driver License	02/07/2020	Driver Age	31	Driving Experience	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 374	Address 2	JURONG EAST STREET 32	Address 3	JURONG EAST
Address 4	SINGAPORE 600374	Address Type	Foreign address	Post Code	600374
Unit No.	#02-468				
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
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Modification History

Claim 001 OD-MD New

Claim Type	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE
Contact No.(Mobile)		Contact No.(Home)	
Email Address	RACHEL@BBDC.SG	OT Vehicle Number	FBK7005J
Claim Description	FBK7005J ON 2 Jul 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Consent No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report Received
Date Registered	11/07/2020 12:09	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Attachment

Accident No.	MT/1096568	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/07/2020 00:00			
Choose File	No file chosen	Clear	Please Select	Category	Confidential	Urgency
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:09	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:09	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	SAS	Normal	SAS 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	Photos	Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	Photos	Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	Photos	Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	Photos	Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 12:08	Photos	Normal	Photos 2020-7-11

Video List

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

Scan and uploading