NATIONAL Assessment Centre Services (wef 1 Jan 09)

Date In: 07/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008202/13	SAS e-filing		
Veh No: SJD6926A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/08/20 1240	i-Motor Claim Form	MT/1099695-001	
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: (TWINCAR) Tel: Fax:

TP Particulars: Veh No: SMM9968B 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

NA2004089

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt 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	07/08/2020 16:55
Date Of Accident	07/08/2020 12:40
Exact Location Of Accident	TPE TWDS SLE B4 JLN KAYU
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD6926A
Insured/Policyholder	
Name Of Registered Owner	ESTATE OF SOE PENG CHEONG
NRIC No	SXXXX315H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622906
Alternative Phone No	OTHERS-64594909
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099197775-02
Cover Note Number	
Driver	
Name of Driver	SOE RONG ZHEN
NRIC No	SXXXX780I
Date Of Birth	07/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90622906
Fax Number	
Contact Number	
EMail Address	ERIC_SRZ@HOTMAIL.COM

Address	BLK 662A EDGEDALE PLAINS #05-658
Postcode	821662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HARDIYANTO JOHANDOKO GENDER: : MALE

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9968B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD6235A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKZ3846P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOE RONG ZHEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJD6926A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HARDIYANTO JOHANDOKO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJD6926A
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:

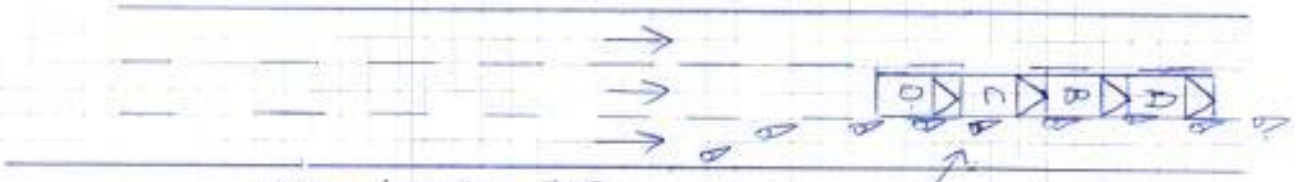
Driver's Signature
(If driver is not the policyholder)
Date & Time:

07/08/20

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

SKETCH PLAN

(A) SJD 6926 A.
(B) SMM 9968B
(C) SMD 6235A.
(D) SKZ 3846P.



TPE towards SLE befor Jalan Kayu Exit

Road Work In Progress.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/08/20 at @ 1240 hrs. I was travelling in my vehicle (SJD 6926A) along TPE towards SLE before Jalan Kayu exit on the centre lane. There was a road work in progress on the extreme right lane. The vehicle ahead of me brake and involved in an accident. I managed to brake and stopped in time. I saw the vehicle (SMM 9968B) behind of me stopped too. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found, it was a chain collision involving 4 cars.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

07/08/20

Vehicle No.	SJD 6926A	**Model / Make**	Toyota Vios
Date of Accident	07/08/2020.		
Time of Accident	1240 **HRS**		
Location of Accident	TPE towards SLE before JLN Kayu.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Estate of SOE PENG CHEONG.		
Telephone No.	**H/P :**	**Home :** 6459 4909	**Office :**
NRIC	S1221315H.		
Address	BLK 662A Edgedale Plains #05-658 (S)821662.		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	(Comprehensive) Third Party	Third Party / Fire /Theft	
Policy No.	509919777S-02		
Name of Driver	As Above If No, SOE RONG ZHEN.		
NRIC	S8824780J.	**Any Passengers :**	01 (M)
Date of birth	07/07/1988.		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	16/07/2007.		
Gender	(Male) / Female		
Contact No.	**H/P :** 90622906	**Home :**	**Office :**
Address	BLK 662A Edgedale Plains #05-658 (S)821662.		
Driver have any own vehicle	(No,)	If yes, Reg No.	
Relationship	Employee,	If no, state	Son.
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	No,	(If Yes, Who?)	
Name And Contact No.	SOE RONG ZHEN (H/P: 90622906).		
Name And Contact No.	Hardiyanto Johandoko (H/P: 97114247).		
Police Report	(No,)	If Yes, Where?	
Vehicle B No.	SMM 9968B	**Any Passengers :**	N.A.
Name of Driver		**Contact No. :**	
Vehicle C No.	SMD 6235A	**Any Passengers :**	N.A.
Vehicle D No.	SKZ 3846P	**Any Passengers :**	N.A.
Vehicle E no.		**Any Passengers :**	
Vehicle F No.		**Any Passengers :**	
Vehicle G No.		**Any Passengers :**	
Witness Name	N.A.	**Witness Contact :**	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes / (No)		
Email Address	eric_grz@hotmail.com.		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

income
made different

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: 5099197775-02 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD6926A**
   Chassis Number : MR053HY9305053102
2. Name of Policyholder : ESTATE OF SOE PENG CHEONG
3. Effective Date of Insurance : 30 Mar 2020
4. Expiry Date of Insurance : 29 Mar 2021
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)	: S$2,000
EXCESS (SECTION 2)	: S$1,500
WINDSCREEN EXCESS	: S$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOE PENG CHEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT PTE LTD
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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 01 Mar 2020 17:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

JPN. LM03

KERAJAAN MALAYSIA
GOVERNMENT OF MALAYSIA

SIJIL KEMATIAN
DEATH CERTIFICATE

Akta Pendaftaran Kelahiran dan Kematian 1957
Births and Deaths Registration Act 1957

No. Daftar / *Register No.* J 421379

Kawasan Pendaftaran / *Registration Area* **MALAYSIA BARAT**	Pusat Pendaftaran / *Registration Centre* **JPN CAWANGAN UTC JOHOR**

SIMATI / *DECEASED*

Nama Penuh / *Full Name*	**SOE PENG CHEONG**		
No. Kad Pengenalan / *Identity Card No.*	**Maklumat Tidak Berkenaan**	Umur / *Age* **62 TAHUN**	Jantina / *Sex* **LELAKI**
Jenis dan No. Dokumen Pengenalan Lain / *Types and No. of Other Identity Document*	**PASPORT SINGAPURA E6573870F**	Tarikh dan Waktu Kematian / *Date and Time of Death*	**03HB. MAC 2019 01:57 AM**
Keturunan / *Race*	**CINA**	Tempat Kematian / *Place of Death*	**NO 74 JALAN HIDAYAT 1 TAMAN RIA PEKAN NENAS PONTIAN JOHOR**
Alamat Terakhir / *Last Address*	**APT BLK 662A EDGEALE PLAINS #05-658 SINGAPORE 821662**		

SEBAB DAN PENGESAH SEBAB KEMATIAN / *CAUSE AND CERTIFIER OF THE CAUSE OF DEATH*

Sebab Kematian / *Cause of Death*	**ACUTE MYOCARDIAL INFARCTION COMPLICATED WITH ACUTE PULMONARY EDEMA, ACUTE RIGHT VENTRICULAR ANEURYSM**		
Nama Pengesah / *Name of Certifier*	**NG WEI MENG**		
No. Kad Pengenalan / *Identity Card No.*	**910927-04-5099**	Jenis dan No. Dokumen Pengenalan Lain / *Types and No. of Other Identity Document*	**Maklumat Tidak Berkenaan**

PEMAKLUM / *INFORMANT*

Nama / *Name*	**PANG KWING NGUAN**		
No. Kad Pengenalan / *Identity Card No.*	**580131-07-5103**	Jenis dan No. Dokumen Pengenalan Lain / *Types and No. of Other Identity Document*	**Maklumat Tidak Berkenaan**
Tarikh Pendaftaran / *Date of Registration*	**03HB. MAC 2019**		

Disahkan bahawa maklumat di atas adalah seperti yang dicatat dalam Daftar Kematian.
Certified as a true extract from the Register of Deaths.

PENGAFTAR BESAR
KELAHIRAN & KEMATIAN MALAYSIA
REGISTRAR GENERAL
BIRTHS & DEATHS MALAYSIA

Tel : 6391 6100
Fax : 6298 0843 / 6298 0837
Internet : http://www.ica.gov.sg

ICA Building
10, Kallang Road #05-00
Singapore 208718
(Next to Lavender MRT Station)
ICA_Feedback@ica.gov.sg

Immigration & Checkpoints Authority

Your ref:
Our ref: ICA/RBD721/19/0268

Application ID: RBD-2019-OSD-000002372
8 March 2019

MS JULIA SOE TING XIAN
APT BLK 662A EDGEDALE PLAINS
#05-658
SINGAPORE 821662

Dear Madam,

SOE PENG CHEONG (DECEASED)
SINGAPORE PINK NRIC NO: SXXXX315H

Please refer to the above subject.

2 The following documents have been invalidated and returned:

a. Singapore Pink IC issued on 29/11/2005; and

b. Singapore Passport issued on 27/02/2017.

3 We wish to inform you that the life status of SOE PENG CHEONG has been updated.

Yours faithfully,

CHIAM YONG KIANG WILLIAM
SENIOR CUSTOMER SERVICES EXECUTIVE
(BIRTHS AND DEATHS)
CITIZEN SERVICES CENTRE
for COMMISSIONER
IMMIGRATION & CHECKPOINTS AUTHORITY
SINGAPORE

Claim Handling

Accident MT/1096495

Policy No.
Certificate No.
Policyholder Name: ESTATE OF SOE PENG CHEONG
Product Code
Contact No.(Mobile)
Email Address
eTK: No Yes
NCD Protection
Vehicle No.
Cover Type
Contact No.(Office)
Special Remark
TCA: No Yes
NCD Entitlement(%)
GST Registration No.
Policyholder NRIC
Loading
Contact No.(Home)
eCode
eCode Reason
Private Hire: Yes

Accident Details

Report Date
Date of Accident
Reporting Centre
Accident Location
Accident Report Within 24 Hrs: Yes
Time of Accident HH:mm
Orange Force
Accident Type: Chain Colli
Country of Accident: Singapore
SCM No.

Total Excess Applicable

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1
Address 2
Address 3
Address 4
Address Type: Singapore address
Unit No.
Related Policy Number
Postal Code

OI Driver Info

Driver Name: Unnamed Driver
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No.
Does he own a Singapore Registered car? Yes No
Driver Type: Unnamed Driver
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type: Singapore address
Driver Vehicle No.
Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Postal Code
Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?: 0 mg
Any injury? Yes No

Modification History

Claim 001 OD-MX New

Claim Type *: OD-MX
Insured Name: ESTATE OF SOE PENG CHEONG
Contact No.(Mobile): 96706543
Contact No.(Home): 64569909
Email Address: SOEPENGCHEONG@GMAIL.COM
OI Vehicle Number: SJD6926A
Claim Description: SJD6926A / SMM9668B ON 7 Aug 2020
Preferred Workshop
Insured Liability: Not at Fault
Estimate No.
Finalization: Yes
Preferred Repair Option: Preferred Workshop, Name unknown
GIA report: Received
Date Registered: 11/08/2020 17:17
Claim Close Date
Report Taken By: ROSLINDA
Workshop Repairer
Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received: Yes No
Claim No.
Upload Date

	Path *		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	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 Aug 2020 17:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:16	SAS		Normal	SAS 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:16	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:16	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:16	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:16	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 17:14	Photos		Normal	Photos 2020-8-11

Video List

Uploaded By/Date	Folder Date	File Name	?	Source

Display in New Window | Scan and uploading