

NATIONAL Assessment Centre Services. Part 1 (cont'd) MMA 1200 68633

| | | | |
|-----------------------------|--|---------------------------|---------------|
| Date In: 13/8/20 15:15 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 2000 8390/64 | SAS e-filing | | |
| Veh No: SLB 841L | E-mail (within 2hrs, AIC 2hrs) | | |
| TPA: 12/8/20 17:20 | 1-Motor Claim Form | MT/1099798 ⁰⁰¹ | 13/8/20 15:29 |
| OD - TP Reporting Only | 1-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: Unknown | 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 2000 8390/64) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | | | |
|---------------------------------|--|--|-------------|-------------|---------|
| NA 200 4150 | | Invoice Declaration Checklist | | Amount (\$) | Remarks |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30) | | 30.00 | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| Contact No: | | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | | 4) PT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engi-In-Charge): | | 5) PT: Follow-Through Survey (Resurvey) \$30 | | | |
| Witnesses/Comments: | | For claiming against INC Only (wa 19 Jan 2003) | | | |
| Tel: (| | 6) TR: Re-inspection \$75 | | | |
| | | 7) NI: Idao DA + SMRT Survey \$160 | | | |
| | | 8) NTUC Additional Services: | | | |
| | | ON: | | | |
| | | *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| | | *N6: Repair Coordination | \$10 | | |
| | | *N7: Post Repair Inspection | \$25 | | |
| | | *N8: DV / Collect Excess Coordination | \$5 | | |
| | | TP (N11): TP (Non INC) against INC | \$20 | | |
| | | 9) N12: Idao Mobile | \$0 | | |
| | | Invoice dated | Fee Charged | | |
| | | Invoice dated | Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 13/08/2020 15:15 |
| Date Of Accident | 12/08/2020 17:20 |
| Exact Location Of Accident | GEYLANG RD LOT 34 TANJONG KATONG COMPLEX CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLB841L |
| Insured/Policyholder | |
| Name Of Registered Owner | FAUZIAH BINTE MOHAMOOD |
| NRIC No | SXXXX702H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97847852 |
| Alternative Phone No | OFFICE-97847852 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | PARKED |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | 5088656478-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | UTHLI BIN ATAN |
| NRIC No | SXXXX138I |
| Date Of Birth | 04/01/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/01/2001 |
| Driving Experience | 19 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97847852 |
| Fax Number | |
| Contact Number | |
| EMail Address | UTHLI_ATAN@HOTMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 511 PASIR RIS ST 52 #11-131 |
| Postcode | 510511 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES N.P.C |
| Police Station Address | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20200812/2142

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 | UNKNOWN |
| 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

A= 5LB 8412.



Geylang Rd
Tanjong Katong Complex open carpark


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200812/2142

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.:



SINGAPORE POLICE FORCE



T/20200812/2142

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200812/2142

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|----------------------------|--------------------------|
| Date/Time Report Made: 12/08/2020 22:07 | | | Vide Report No.: | | Station Diary No.: 71 |
| Informant's Particulars | | | | | |
| Name of Informant: UTHLI BIN ATAN | | | Address: APT BLK 511 PASIR RIS STREET 52 #11-131 SINGAPORE 510511 | | |
| ID Type / ID No.: NRIC NO / S1584138I | | | Contact No.: Home/Office: Mobile: 97847852 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 57 | Date of Birth: 04/01/1963 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | Institution / School Name: | |
| Occupation: FREELANCE | | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 12/08/2020 17:20 | Type of Location: Car Park |
| Location: GEYLANG ROAD | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: Not Controlled | Traffic Volume: | | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------|-------|------------------|-----------------|
| SLB841L | Car | TOYOTA | Wish | White | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20200812/2142

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200812/2142

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------|------------------|--|---------------------------------------|
| Driver: | | | | |
| Name | UTHLI BIN ATAN | | ID No. | S1584138I |
| Related Vehicle | NIL | | Contact No. | 97847852 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |

Brief Details.

On 12/08/2020 at about 3pm, I parked my vehicle SLB841L at the lot 34 of the open space carpark of Tanjong Katong complex.

On 12/08/2020 at 5.20pm, I returned to my car, only to discover a huge dent and crack line along the front left side of my vehicle. I do not have any in car camera and I do not know who did it. To my knowledge, there was a lorry parked on the left side of my vehicle at lot 33. There is a CCTV at the exit of the carpark belonging to the parking company. They require me to lodge a police report before being able to view the CCTV footages.



**SINGAPORE
POLICE FORCE**



T/20200812/2142

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200812/2142

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:

G /

Sgt 2 BRYAN CHENG CHUN HENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

12/08/2020 22:07

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

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="12/08/2020 14:37"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLB841L"/> | 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"/> | 5088656478-03 | | FAUZIAH BINTE MOHAMOOD | S1761702H | GPC | drivo CLASSIC | SLB841L | SLB841L | 28/03/2020 | 27/03/2021 |

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 8 / 20) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Geylang Rd Lot 34

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 841 L
b) INSURANCE COMPANY: INLC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
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: Fauziah Binte Mohd Noor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97847852
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Uthir Bin Atan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97847852
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: Tampines NPC

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

Email = UTHIR - ATAN@gmail.com

fax =

VIDEO = No.

Claim Handling

Accident MT/1099798

| | | | | |
|---------------------|---|---------------------|---|-----------------|
| Policy No. | 5088656478-03 | Vehicle No. | SLB841L | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | FAUZIAH BINTE MOHAMOOD | | | Policyholder NI |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 97847852 | Contact No.(Office) | | Contact No.(H |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--|-------------------------------|-------|----------------|
| Report Date | 13/08/2020 15:26 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 12/08/2020 | Time of Accident hh:mm | 17:20 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | GEYLANG RD LOT 34 TANJONG KATONG COMPLEX CARPARK | | | |

▼ 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 Cover |
| 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 Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|
| Address 1 | BLK 511 #11-131 | Address 2 | PASIR RIS STREET 52 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5088656478-03 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|---------------------|----------------|
| Driver Name | UTHLI BIN ATAN | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S15841381 | Driver DOB |
| Register Date of Driver License | 04/01/2001 | Driver Age | 57 | Driving Experi |
| Contact No.(Mobile) | 97847852 | Contact No.(Office) | | Contact No.(H |
| Address 1 | BLK 511 #11-131 | Address 2 | PASIR RIS STREET 52 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 11-131 | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault

Repair Option Preferred Workshop, Name unknown

Date Registered

Report Taken By

☐ Print AK letter

OD-MX Insured Name FAI

Contact No. (Home) 65

Vehicle Number SLI

SLB841L / UNKNOWN ON 12 Aug 2020

GIA report Received

13/08/2020 15:28 Claim Close Date

LIEW SHAN HUI

Save Submit

Attachment

Accident No.

MT/1099798

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

13/08/2020 15:29

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Multiple Files

Clear

Please Select

Confider

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|---|---|-----------------------|---------|-----------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | SAS | Normal | S |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | NRIC/ Driving License | Normal | NRIC/ Dri |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:29 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2020 15:28 | Photos | Normal | Ph |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------|--|
| | | | |

Display in New Window

Scan and uploading