NATIONAL Assessment Centre Service		920(7000)	ı İ	Done by	
Date In: 7/10/2 - 14:53 Jeb deser	ription	Date & Time Completed	1	Done	
Res No: MALINC 12013457174 SAS e-1	filing	1	-		
Veh No: FBP860B E-mail	(within 8hrs, AIC 2hrs)		1		
	r Claim Form	m/11/2638-001	7/1	ע ברן ע	A:15
i-Moto	r W/O (Within: OD 2hrs	, 7'P 4hrs)			
OD (TP)! Reporting Only	Uploaded		-		
	nent/Survey Report	<u> </u>			
TP Insurer: Ass't Re	eport by Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SungSS12	. INC()/Non-INC()	·		
Owner / Driver: (Tel:		<u>)</u>	
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	0.1000/1)	
	The second secon	0%; P: 21-79%. P: 8	0-100%		
Year of Registration: () Warranty: Y)			
Excess. (c	\$2,000()		S (1) (3) (4)		:
			er.		<u></u>
() Walk-In Customer: Customer's information stric		nictly 140 Tales of Tepon			
() Total Loss Case : to e-mail Insurer URGEN		Cowing Co: ()
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();T		WE7439		
Remarks: (INC hotline: 6788 6616)		Date&Time Complete		Done	У
1) Apply for Transport Allowance ()/ Courtesy Ca	r()	**	-		
2) QC Check / Post Repair Inspection	()		+		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:	4	. '-			1 X 250 X 25 X
Date/Time Actions		- E-1	36.60	0.00	
					
Na.	T	eparation Checklist	S	18. 8. 8.	Amt (\$)
182006A	100000000000000000000000000000000000000	66060466664664600000000000000000000000	<u> </u>	MBH!	Add Bill
Claimant's Particulars:	1) AR : Accider 2) DA : Damag	c Assessment (\$100); IN	C (\$80)		
Driver/Owner:	3) TF : Towing	Fee . Through Survey	\$40/\$45		
	Si FT - Follow-	Through Survey (Resurvey)	2(105)		
Contact No:	6) TR : Re-insp	against INC Only (wef 10 Jan	3.13		
Damaged Portion:	7) N1 : Idao DA	A + SMRT Survey lional Services:-	\$160		
	OD.	•	\$5		
C Checked by (Engr-In-Charge):	*N6: Repair	sy Car / Tpt Allowance Co-ordination	510		
	*N7: Fost R	epair Inspection Collect Excess Coordination	\$25 \$5		
Auditors! Comments::	TP(N11):	TP (Non INC) against INC	\$20 30		
'at. 1:	9) N12: Idne N Invoice dated	lobile Fee Cha	ryea		aday's
at. 2/3:	Invoice dated	Fee Cha	rged	SERIE!	

is a part of the con-

-1



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 Submission	07/12/2020 14:53 (SGT)
Date of Accident	04/12/2020 06:45 (SGT)
Exact Location of Accident	Chin Bee Dr, Singapore
Additional Location Information	=
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP860B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No NURHALIZA BINTE M ZAHAID
NRIC No	SXXXX868D
Email Address	nurhaliza21102011@gmail.com
Mobile Phone No	(Phone) +65-96421357

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer	Honda
Model	CB150R MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
A	

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5107380311-01
Cover Note Number	-

DRIVER

Name of Driver	NURHALIZA BINTE M ZAHAID
NRIC No	SXXXX868D
Date Of Birth	23/09/1997
Occupation	Indoor

Date Of Driving Pass 01/10/2018 Driving experience 2 YEARS AND 2 MONTHS Gender Female (Phone) +65-96421357 Mobile Number Alt. Phone Number Email Address nurhaliza21102011@gmail.com **BLK 326 TAH CHING ROAD** Address Address complement #04-26 610326 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police (Phone) +65-65470000 Police Station Phone No Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201205/7098. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGU9551Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NURHALIZA BINTE M ZAHAID
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBP860B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	 KRUDZAN
Phone	 (Phone) +65-85111420
Email	

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as investigation.
- 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including settlement of the claims and any necessary i. investigations relating to the claims;
 - Investigating the accident and/ or my claims; ii.
 - Carrying out and/ or dealing with my instructions or responding to any enquiries by me; iii.
 - Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims. ٧. (Collectively the "Purposes")
- b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
- 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 lawyer/ law firms), which may be sited outside of Singapore, for one or more of the above
- 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:
 - 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 purposed stated, or;
 - For complying with the requirements under any regulations, law or court orders. ii.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Car B: SGU 9651Z SKETCH PLAN Chin Bee Drive Refer to Police report. **DECLARATION** I/ We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not policyholder) Date & Time: NRIC/ FIN No:

Date & Time:

Motor A: FBP860B

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: OA / 13 / OC (dd/mm/yy) Time of Accident: OC : AS (24-HR-FORMAT)
Vehicle No.: FBP 860 B Vehicle Make & Model: Honda CB 150R
Exact location of Accident: Chin Bee Drive
Policyholder's Name/IC No.: Nurhaliza Birte M Zahaid 597328680
Driver's Name/IC No.: Nurhaliza Binte M Zahaid S9732868D (As Above)
Driver's Contact No.: 96421357 Company Contact No.:
Driver's Address: BIK 326 Tah Ching Road #04.26.5610326
Insurance Company: NTUC Email address (if any): nurhaliza 21102011 @ gmail. com
Relationship between Owner & Driver: Owner Spouse / Children / Friend / Parent / or Others specify:
What do you wish to claim? (Please TICK ONE only)
Own Insurance/ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)
Exact purpose for which the vehicle Occupation (nature of job): Indoor/ Outdoor
was being used at time of accident? □ Private use/ ✓ Work purpose No. of Passengers (Including Driver): ○ \ ■ Private use/ ✓ Work purpose
Passenger Name: Gender:
Passenger Name: Gender:
Weather Condition & Road Conditions? (On the day of accident) ✓ Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others:
Was there any video captured by your Car Camera? Yes/ No
Any Injuries: Yes/ No (If YES) Injured Person's Name: Nurhaliza Binte M Zahaid
Injuries Sustain: Right Leg Pibia bone Fracture Injured Person's in which vehicle: FBP 860B
Police Report filed: Yes/ No (If YES) Which Police Station: Online report.
The Other Party(s) Details:
1. Driver's Name/ IC No.:
Driver's Contact No.: Insurance Company (If any):
2. Driver's Name/ IC No.: Vehicle No
Driver's Contact No.: Insurance Company (If any):
*Independent Witness (If Any): Contact No.:
Preferred Workshop Name: Contact No.:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





020120071000

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201205/7098

REPORT OF A TRAFFIC ACCIDENT

Date/Time 05/12/2020		ade:	Vide Report No.: J/20201204/0037	Station Diary No.:
Informant	's Particu	lars		
Name of Ir		M ZAHAID	Address: 326 TAH CHING ROAD #04-2	26 SINGAPORE 610326
ID Type / I NRIC NO		8D	Contact No.: Home/Office:	Mobile: 96421357
Nationality SINGAPO		ΞN	Email: NURHALIZA21102011@GMA	AIL.COM
Sex: Female	Age: 23	Date of Birth: 23/09/1997	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation Nursery w			Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 04/12/2020 06:45	Type of Location T-Junction
Location:				
CHIN BEE DI	NV L			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
to a management of the control	e Way			

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP860B	Motorcycle	HONDA	CB150R MANUAL	Black	Seriously Damaged	1
SGU9551Z	Car	TOYOTA	Vios	Silver		0

Details of Vehicle Insurance		KARTINE DE LA LA	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20201205/7098

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBP860B	NTUC Income Insurance Co-Operative Limited	5107380311-01	01/02/2020	31/01/2021	

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	lestrian	Cross	ing: NA
Rider						
Name	NURHALIZA BINTE I	M ZAHAID		ID No.		S9732868D
Related Vehicle	FBP860B (Motorcycle		Contact No.		96421357	
Hospital/Clinic	NATIONAL UNIVERS	TAL	Class Driving Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL	
Date	04/12/2020		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Serio	us

Brief Details.

I was riding motor plate number FBP860B on Chin Bee Drive toward Jalan Boon Lay way. The vehicle coming on ops lane Toyota Vios SGU9551Z turning to his right into Quality road ,before he turning right, I honk a lot a lot of time but he still drive and hit my motor and there where I got the accident . I do have witness KRU DZAN 85111420 driving at quality road and saw the whole incident .





3 of 3

Report No. T/20201205/7098

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

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 22:48
Officer In Charge Of Case: TP / TPIB / TANG SIEW PING Contact No.: 65476223	Classification Of Case:

eBao Tech								Genera	lClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e Char	ge Password	→ Log Out
My Desktop	Polic	cy Query									•
Notice of Loss	Policy N	lo.				Date o	of Accident		04/12/2020	06:45	
	Vehicle	No.(For Motor)	FBP860	В		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107380311- 01		NURHALIZA BINTE M ZAHAID	S9732868D	GMC	Third Party, Fire & Theft	FBP860B	FBP860B	01/02/2020	31/01/2021
	-		W.			Continue					- WIONESONO -

Agent	AXIS LINK PTE LTD	Agent Tel.	68419308		GST Flag	Υ	
Co-		Agent Tel.	68419308		GST Flag	Y	
insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 326 #04-26	Addre	ess 2	TAH CHING ROAD		Address 3	SINGAPORE 610326
Address 4		Addre	ess Type	Singapore address		Post Code	610326
			ed Policy				
Unit No.		Numl		5107380311-01			
▶ Insure	d Object: FBP860B						
▽ Endors	ements						
Seguer	nce Date of Endorsem	ent	Endorsemer	nt Type	Endorsement	Status	Endorsement Content

cident MT/1112638	F103300311 01	Vehicle No.	FBP860B	GST Registration No.	
cy No.	5107380311-01	Vehicle No.	FBP80UB	GST Registration No.	
tificate No.					C07770600
icyholder Name	NURHALIZA BINTE M ZAHAID			Policyholder NRIC	S9732868D
duct Code	MOTORCYCLE INSURANCE	Cover Type	STATE OF THE STATE	Loading	0
ntact No.(Mobile)	96421357	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	Nc 🗸
K	● No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	07/12/2020 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
		Time of Accident hh:mm	06:45	Country of Accident	Singapore
te of Accident	04/12/2020		56.45	ICM No.	
porting Centre		Orange Force			
cident Location	Chin Bee Dr				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
	0.00	TP Standard Excess	0.00		
Standard Excess	0.00			Driver is Covered?	Not Covered
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is covereur	NOT COVERED
ditional Excess					
tal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	iress				
ddress 1	BLK 326 #04-26	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 610326
ddress 4		Address Type	Singapore address	Post Code	610326
nit No.		Related Policy Number	5107380311-01		
OI Driver Info					
river Name	NURHALIZA BINTE M ZAHAID	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S9732868D	Driver DOB	23/09/1997
	01/10/2018	Driver Age	23	Driving Experience	2
egister Date of Driver License	01/10/2018		0	Contact No.(Home)	0
ontact No.(Mobile)	96421357	Contact No.(Office)		Address 3	SINGAPORE 610326
ddress 1	BLK 326	Address 2	TAH CHING ROAD		
ddress 4		Address Type	Singapore address	Post Code	610326
nit No.	04-26				
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
cystered carr					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
eading?		17 D. C.			
odification History					
Claim 001 New					
Claim 001 New					
aim Type *	OD-MX	Insured Name	NURHALIZA BINTE M ZAHAID	Insured NRIC	S9732868D
ontact No.(Mobile)	96421357	Contact No.(Home)		Contact No.(Office)	
mail Address	nurhaliza21102011@gmail.com	OI Vehicle Number	FBP860B	TP Vehicle Number	SGU9551Z
	Please Select	Type of Benefit *	Please Select		
laimant Type Claimant Type *		Claimant NRIC *			
aimant Name *	<u>>></u>	Cidinian ANIC -		1	
laimant Address				Name of Preferred Workshop	
laim Description	FBP860B / SGU9551Z ON 4 Dec 2020			_ Name of Preferred Workshop	
referred Workshop Contact o.		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	07/12/2020 14:57	Claim Close Date		Date Received	07/12/2020 00:00
are megistered	Jackson	West of the Control of the Control			
enort Taken By	Particol II				
			Save Submit		
Print AK letter			Save Submit		
			Save Submit		
Print AK letter			Save Submit		
Print AK letter Attachment	MT/11/2638	Claim No.	Save Submit 001		
Print AK letter Attachment	MT/1112638	Claim No.	001		
Print AK letter Attachment	● Yes ○ No	Claim No. Upload Date	001 07/12/2020 15:04		
Attachment ccident No.		Upload Date	001 07/12/2020 15:04 Category •	Confidential Urger	
Attachment cident No.	● Yes ○ No		001 07/12/2020 15:04 Category •	Confidential Urger ▼ NO ▼ Normal	<u> </u>
Attachment ccident No.	● Yes ○ No	Upload Date	001 07/12/2020 15:04 Category •		
Attachment ccident No.	● Yes ○ No	Upload Date Browse	001 07/12/2020 15:04 Category • e Clear Please Select	NO V Normal	<u> </u>
Print AK letter Attachment	● Yes ○ No	Upload Date Browse Browse	001 07/12/2020 15:04 Category • e Clear Please Select Se	V NO V Normal V NO V Normal V NO V Normal	V
	● Yes ○ No	Upload Date Browse Browse	001 07/12/2020 15:04 Category * e Clear Please Select	NO V Normal	V

	Uploaded By/Date Folder Date	F	ile Name		Source	
Video List	Unlayed Bu/Date		N- N		9 -	
F	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	VI Photos		Normal	Photos 2020-12-7	
K	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	VI Photos		Normal	Photos 2020-12-7	
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	eVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:57	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 07 Dec 2020 14:58	tVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEC CES) on 07 Dec 2020 14:58	RVI Photos		Normal	Photos 2020-12-7	
1 5-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:58	RVI Photos		Normal	Photos 2020-12-7	
16	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEI CES) on 07 Dec 2020 14:58	Photos		Normal	Photos 2020-12-7	
W	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEI	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEI	RVI Photos		Normal	Photos 2020-12-7	
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:59	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:59	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:59	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:59	RVI Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 14:59	RVI Photos		Normal	Photos 2020-12-7	
***	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 15:04	RVI SAS		Normal	SAS 2020-12-7	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 15:04	RVI NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 15:04	RVI NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-7	
a	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 15:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 07 Dec 2020 15:04	RVI NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2020-12-7	
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)