NATIONAL Assessment Centr	e Services. 14	F! 1 Jan'05/4N	92000000			
Date In: MIMW-IN.	Jeb description		Date & Time Comp	leted	Done pi.	
Ref No: 61/14/2014449/24	SAS e-filing					
Veh No: 5179334	E-mail (within Shr	rs, AIC 2hrs)				*
D.O.A : 73 1 12 17:45	i-Motor Claim	Form	M7/11/4898-	u 24	upo hi	54
	i-Motor W/O (Within: OD 2hrs	, 7'P 4hrs)			
OD / TP/ Reporting Only	i-Photo Upload	led				
V	Assessment/Surv	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: JV	1264	. INC()		
Owner / Driver: (Tel:			
Policy No: () Pe	eriod: ()	Cover Type: (
Confirmed by: (Date:	Time:	7 00 1000/		
Insured/Driver Liability: (%) [[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%.	P: 80-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()		PORT PROF	W. V.	
General Remarks:-					<u> </u>	•
() Walk-In Customer: Customer's info		fidential & S	trictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insur)
Drive-In ()/ Towed-In (); Invoice	e: YES () / No	0();	Towing Co: (£	*************************************	
Remarks: (INC hotline: 6788 6616)			Date&Time Com	ple od	Done by	• .
	Courtesy Car ()	1	-	*		
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$	()					
Injury:						
Date/Time Actions					10.001	······································
Date (time Actions					-	
,					Anit (S) A	Lml (3)
MANUON8		CCCCCCC (CCCCCCCCCCCCCCCCCCCCCCCCCCCCC	eparation Checkl	st	fit Bill A	dd Bill
		1) AR : Accide	ent Reporting (\$30); ge Assessment (\$100);	INC (\$80)		
Claimant's Particulars :-		3) TF : Towing	Fee .	\$40/\$45 \$120		
Driver/Owner:		SET - Follow	-Through Survey -Through Survey (Resurv	(cy) \$30		
Contact No:	•	For claimin	e against INC Only (well	10 Jan 2005) \$75		
Damäged Portion:		6) TR: Re-ins 7) N1: Idac D	A + SMRT Survey	\$160		
	3	8) NTUC Add	itional Services:-			
QC Checked by (Engr-In-Charge):		*N5: Court	csy Car / Tpt Allowance	\$5 \$10		
	a la constituido do Carlo do Mario do M	*N6: Repai	r Co-ordination Repair Inspection	\$25		
Auditors! Comments :=		*N8: DV /	Collect Excess Coordinat	ion \$3		
Cat. 1:		TP (N11): 9) N12: Idac	TP (Non INC) against IN Mobile	3(DI T	die T
		Invoice dated	F.	ee Charged		
Cat. 2/3;		Invoice dated	E.	ee Charged		

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a comment of the



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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

24/12/2020 12:51 (SGT) Date of Submission 23/12/2020 17:45 (SGT) Date of Accident KJE, Singapore Exact Location of Accident twds bke Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV7953U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD RUDY FIRDAUS BIN MASBAN SXXXX545G NRIC No Email Address nevtby@gmail.com (Phone) +65-97568769 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Fit Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5114062328 Cover Note Number

DRIVER

MUHAMMAD RUDY FIRDAUS BIN MASBAN Name of Driver SXXXX545G NRIC No 26/04/1990 Date Of Birth Occupation Indoor

Date Of Driving Pass 27/08/2014 Driving experience 6 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97568769 Alt. Phone Number Email Address nevtby@gmail.com Address BLK 423 CHOA CHU KANG AVENUE 4 Address complement #01-252 Postcode 680423 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 Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV426Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver JEREMY TAN ZHI HAO NRIC No SXXXX330J Contact Number Address Address complement Postcode

Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP3348P
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE JUN HAO
NRIC No	SXXXX230A
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	1. -
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	5. 50
140. Of Fasseriger (including Driver)	:: =

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD RUDY FIRDAUS BIN MASBAN
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJV7953U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	
vvas and injured conveyed to hospital by ambulance:	No

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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) 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 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 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
 - 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 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; 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 lawyer/ 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:
 - . 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;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Veh A; S5V79534 Veh B : SLV 4267 Veh C : SMP 3348P

On 23 December 2020 at 5.45 pm 1 was driving (veh 4 STV 79534
ON KJE towards BEE BKE at the Slip road of towards BKE (SESLE).
1 stopped my car following traffic, suddenly, veh 8 (SLV426Y)
crashed onto the near of my car. The impact of the hit or forced
my can to Jungo forward: (auting me to bit 1/0h c (smp 2248 D)
my cow to lunge forward; causing me to hit vehic (smp3348P). After 1 alighted my cow 1 realised 1 was involved in a 3-car
chain collision.
After the acident I am I ball all and it I was I
After the accident I was not feeling well and visited the doctor at Unihealth 24-Hr clinic Cjurong east) and was given I day mc
(0000004708).
(00000004,08)

DECLARATION

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

Policyholder's Signature Date & Time:

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

NRIC/ FIN No:

Reporting Centre Personnel's Signature Name:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: $23/20$ (dd/mm/yy) Time of Accident: $3:45$ 24 -HR-FORMAT)
Vehicle No.: SSV 1953 U Vehicle Make & Model: Honda FH
Exact location of Accident: KSE towards BKE slip road towards BKE (SLE)
Policyholder's Name/IC No.: Muhammad Rudy Firdaus Bin Masban s (90135459)
Driver's Name/ IC No.: (As Above)
Driver's Contact No.: 9756 8769 Company Contact No.:
Driver's Address: 81k 423 (hoa Chu Kang Ave 4 \$ 01-252 8(680 423)
Insurance Company: NTUC 5114062328 Email address (if any): nevtby @ 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 was being used at time of accident? Occupation (nature of job): Indoor/ Outdoor
<u> </u>
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?
Any Injuries: Yes/ No (If YES) Injured Person's Name: Driver
njuries Sustain: Neck and back. Injured Person's in which vehicle:
Police Report filed: Yes/ No (If YES) Which Police Station:
The Other Party(s) Details:
1. Driver's Name/IC No.: Jeveny Tan Zhi Hao (S97333303) Vehicle No. B SLV 4264 Driver's Contact No.: Insurance Company (If any): 2. Driver's Name/IC No.: Lee Jun Hao (S9407230A) Vehicle No. C SMP 3348 P
2. Driver's Name/IC No.: Lee Jun Hao (\$9407230A) Vehicle No. © SMP 3348 P 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.



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: 5114062328

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJV7953U

Chassis Number

: GE61155615

2. Name of Policyholder

: MUHAMMAD RUDY FIRDAUS BIN MASBAN

3. Effective Date of Insurance

: 12 Nov 2019

4. Expiry Date of Insurance

: 08 Feb 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 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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 : MUHAMMAD RUDY FIRDAUS BIN MASBAN

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : EFIZZIG 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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 12 Nov 2019 17:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech						2.2		10000000000000000000000000000000000000		Gener	alClaim		
Hello, NAC_PAYA_UBI_8 My Desktop	Policy Query Change Password							ge Password	Log Out				
Notice of Loss	Policy N	No.(For Motor)	SJV795	30			of Accident	[2	3/12/2020	2/2020 17:45			
					Search								
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5114062328		MUHAMMAD RUDY FIRDAUS BIN MASBAN	S9013545G	GPC	drivo CLASSIC	SJV7953U	SJV7953U	12/11/2019	08/02/2021		

Policy No.	5114062328	Policyholder Name	MUHAMMAD RUDY FIRDAUS BIN	Policyholder NRIC	S9013545G
Certificate No.				MIC	
Address	BLK 674 #03-419 CHOA CHU KA	ANG CRESCEN	T SINGAPORE 680674		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/11/2019	Effective Date	12/11/2019 00:00	Expiry Date	08/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	CCT Flor	
Co- Insurance Flag	No		00.103113	GST Flag	Y
Open Policy Info Certificate					
nfo					
▼ Policyho	older Mailing Address				
Address 1	BLK 674 #03-419	Addres	s 2 CHOA CHU KANG CR	RESCENT A	ddress 3 SINGAPORE 680674
Address 1 Address 4	BLK 674 #03-419	Addres			ddress 3 SINGAPORE 680674 ost Code 680674
Address 4 Unit No.			s Type Singapore address		
Address 4 Unit No.	BLK 674 #03-419 Object: SJV7953U	Addres Related	s Type Singapore address		
Address 4 Unit No.	Object: SJV7953U	Addres Related	s Type Singapore address		
Address 4 Jnit No. Insured	Object: SJV7953U ments	Addres Related Numbe	s Type Singapore address I Policy 5114062328 Indoorsement Type E		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Nov 2019 TO 08 Feb 2021 In view of this amendment, an additional premium of \$267.32 (inclusive of GST) is payable under your policy Please ignore this premium

Claim Handling Accident MT/1114898							
Policy No.	5114062328	Vehicle No.	S3V7953U	CST Pagistration No.	THE RESERVE OF THE PARTY OF THE		
ertificate No.		venicie no.	31479330	GST Registration No.			
licyholder Name	MUHAMMAD RUDY FIRDAUS BIN MASBAN			Dalla halda NDIO	and the square		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S9013545G		
intact No.(Mobile)				Loading	0		
	97568769	Contact No.(Office)	0	Contact No.(Home)	0 N∈ ✓		
nail Address		Special Remark		eCode			
FK .	No ○ Yes	TCA	No ○ Yes	eCode Reason			
CD Protection	No	NCD Entitlement(%)	10	Private Hire			
Accident Details							
eport Date	24/12/2020 12:53	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision		
ate of Accident	23/12/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore		
porting Centre		Orange Force		ICM No.			
cident Location	KJE	GOVERNMENT OF THE PARTY OF THE					
▼ Total Excess Applicable							
cess Type	Per Accident	Windscreen Excess	100.00				
Standard Excess	600.00	TP Standard Excess	0.00				
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
Iditional Excess	0						
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00				
7 Benefits							
GST Registered Informa	tion						
T Registered	No		GST Registration Date				
T Registration No.			GST Status Verified				
dification History			OST Status vernies	165			
02-01/2014-0-0-01/2014-0-00-00-00-0-00-0-00-0-0-0-0-0-0-0-0							
Policyholder Mailing Add	dress						
dress 1	BLK 674 #03-419	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680674		
dress 4		Address Type					
it No.			Singapore address	Post Code	680674		
OI Driver Info		Related Policy Number	5114062328				
ver Name	MUHAMMAD RUDY FIRDAUS BIN MASBAN	Datas Tuna	Mala Railina				
	MONAMINAD ROOT FIRDAUS BIN MASBAN	Driver Type	Main Driver		22.64.5.22		
named driver Name		Driver NRIC	S9013545G	Driver DOB	26/04/1990		
gister Date of Driver License		Driver Age	30	Driving Experience	6		
ntact No.(Mobile)	97568769	Contact No.(Office)	0	Contact No.(Home)	0		
dress 1	BLK 423	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423		
dress 4		Address Type	Singapore address	Post Code	680423		
nit No.	01-252						
pes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
gistered curr				STATE OF THE PROPERTY OF THE P			
claration							
eathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No				
ading?		5000 T 10					
dification History							
Claim 001 New							
im Type *	OD-MX	Insured Name	MUHAMMAD RUDY FIRDAUS BIN	Insured NRIC	S9013545G		
ntact No.(Mobile)		Contact No.(Home)	SECURITION OF THE PARTY OF THE	Contact No.(Office)			
ail Address		OI Vehicle Number	SJV7953U	TP Vehicle Number	SLV426Y		
	Please Select	Type of Benefit *	Please Select	The same of the sa			
imant Name *		Claimant NRIC *	, case Select				
mant Address	≥≥	Claimant NRIC •	/ L				
	CN/70E211 / CIV/426V ON 22 5			Waller 32 2 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
im Description	SJV7953U / SLV426Y ON 23 Dec 2020			Name of Preferred Workshop			
ferred Workshop Contact		Insured Liability *	Not at Fault				
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
e Registered	24/12/2020 12:54	Claim Close Date		Date Received	24/12/2020 00:00		
ort Taken By	Jackson						
2.5							
Print AK letter							
			Save Submit				
ttachment							
Ø							
ident No.	MT/1114898	Claim No.	001				
t Doc. Received	● Yes ○ No	Upload Date	24/12/2020 12:57				
- Don Needlydu		Opload Date		2 3 3			
	Path *		Category *	Confidential Urgen			
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	NAC_PAYA_UBI_800601(NAT CES) on 24	FIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20	20-12-24		
Ŋ	CES) on 2	FIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20	20-12-24		
	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20	20-12-24		
	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20	20-12-24		
4	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20)20-12-24		
	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 4 Dec 2020 12:55	Photos		Normal	Photos 20	020-12-24		
EV.	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 24 Dec 2020 12:55	Photos		Normal	Photos 20	020-12-24		
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W.	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601)	ATIONAL ASSESSMENT CENTRE SERVI 24 Dec 2020 12:56	Photos		Normal	Photos 2	2020-12-24		
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI SAS Normal SAS 2020-12-24		20-12-24						
	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 24 Dec 2020 12:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving L	icense 2020-12-24	(10)	
achment	Upl	oaded By/Date	Category	9	Urgency	Des	cription	Msg Sent	?