

# NATIONAL Assessment Centre Services

[Ref: J2102]

Date In: 07/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000290/13	SAS e-filing		
Veh No: FBL5745P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 09/12/20 1940	i-Motor Claim Form	07/01 MT/1116418-001	
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: ( KIM KEAT (BBDC)	Tel:	Fax:
TP Particulars:	Veh No: FBK 7145M	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:
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Date/Time	Actions

NA2101102

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (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 Submission	07/01/2021 12:20 (SGT)
Date of Accident	09/12/2020 19:40 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	BBDC CIRCUIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5745P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonkiat@bbdc.sg
Mobile Phone No	(Phone) +65-64833167
Alternative Phone No	(Office) +65-64833167

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	NC750L
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114136261
Cover Note Number	-

#### DRIVER

Name of Driver	JORDAN TAN DING XUAN
NRIC No	SXXXX024E
Date Of Birth	12/12/1992
Occupation	Indoor

Date Of Driving Pass .....	09/12/2020
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83231212
Alt. Phone Number .....	-
Email Address .....	tanboonkiat@bbdc.sg
Address .....	BLK 643 JURONG WEST STREET 61
Address complement .....	#10-80
Postcode .....	640643
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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

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 .....	FBK7145M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	[-]
Details of property damaged in accident .....	[-]
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.

*Edm*  
BUKIT BATOK DRIVING CENTRE LTD  
815 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6569 0777

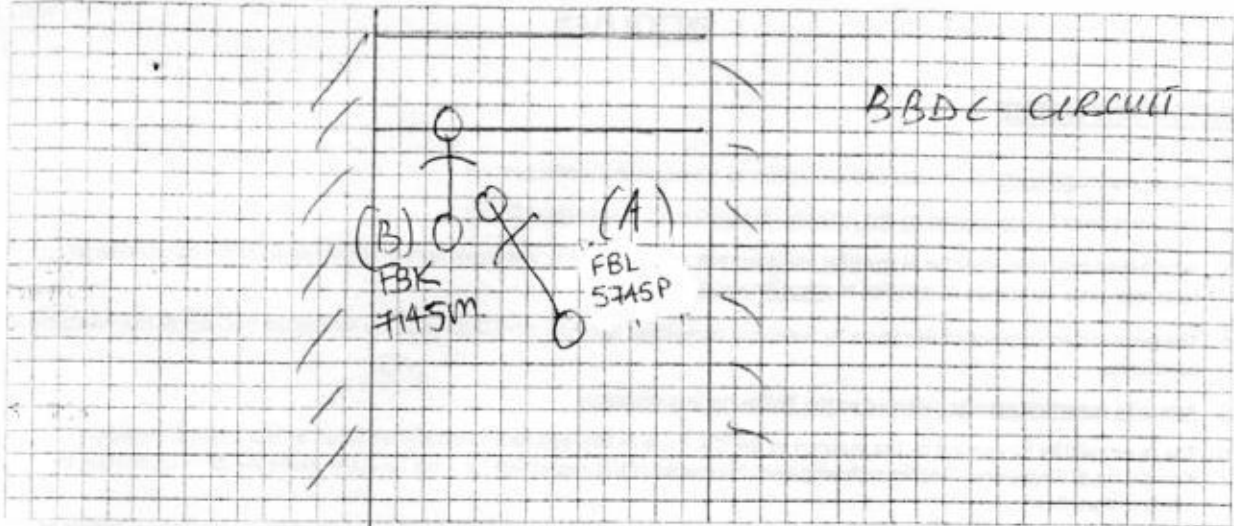
Policyholder's Signature  
Date & Time:

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

*shy 07/01/21*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was doing E-brake, I brake too hard and my bike skidded. My bike FBL 5745P skid and hit the stationary bike on the left at the rear resulting it to fall to it right - (FBK 7145m). That all I have to say.

## DECLARATION

I/We declare the foregoing to be true in every respect.

BUKIT BATOK DRIVING CENTRE LTD.  
815 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6569 0773

Policyholder's Signature  
Date & Time:  
Company Chop (if applicable)

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

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

*Signature* 07/01/21

☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

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Date of Accident 9/12/2020	Time 1940	Location of Accident BBD C circuit
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## INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBL574SP
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: Hp:
Occupation	

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA NC750LH
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, <u>Motorcycle</u> , Others:
Exact Purpose for which vehicle was being used at the time of accident.	
Are you claiming under your own insurance policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

## INSURANCE COMPANY (VEHICLE A)

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

## DRIVER

Name of Driver	Jordan Tan Ding XUAN
NRIC/ FIN/ Passport	S9247024E
Date of Birth	
Occupation	
Pass Date (Driving Experience)	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 83231212
Address	BLK 643 Jurong West Strail 61 #10-80 Singapore 640643
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured.	
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

## GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others:
Weather Conditions	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:
Road Surface	
Damage Area	Front brake level broken. Front Fork Right mm
Approximate Speed	30 km/h

## OTHER INFORMATION

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

## DETAILS OF POLICE ACTION

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

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

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

**Other Vehicle or Property 2**

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

**DETAILS OF WITNESS**

Name \_\_\_\_\_  
 Phone / Email Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 NRIC/ FIN/ Passport \_\_\_\_\_

**DETAILS OF INJURED PERSON 1**

Name \_\_\_\_\_  
 NRIC/ FIN/ Passport \_\_\_\_\_  
 Address \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Injuries Sustained \_\_\_\_\_  
 If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
 Were Seat Belts Worn? ☐ Yes ☐ No  
 Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

**DETAILS OF INJURED PERSON 2**

Name \_\_\_\_\_  
 NRIC/ FIN/ Passport \_\_\_\_\_  
 Address \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Injuries Sustained \_\_\_\_\_  
 If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
 Were Seat Belts Worn? ☐ Yes ☐ No  
 Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

**Declaration**

I/We declare that the above details & information provided above are true in every aspect.

*Echum*  
 BUKIT BATOK DRIVING CENTRE  
 815 BUKIT BATOK WEST AVENUE  
 SINGAPORE 659085  
 TEL: 6561 1233 FAX: 6569 0777

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

Date & Time



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

09/12/2020 19:40

Vehicle No.(For Motor)

FBL5745P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000025	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBL5745P	FBL5745P	01/01/2020	31/12/2020

Continue

304

Transaction ref 20161223162610440845

The owner and vehicle particulars for Vehicle No. FBL5745P as at 23 Dec 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBL5745P
8.	Effective Date of Ownership	: 23 Dec 2016
9.	Original Registration Date	: 23 Dec 2016
10.	First Registration Date	: 23 Dec 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: NC750L
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: RC671100019 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100041 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: \$8,545.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016080106000626M
35.	COE Expiry Date	: 22 Dec 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,302.00
38.	Actual Quota Premium/PQP Paid	: \$6,302.00
39.	Actual ARF Paid	: \$1,282.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$192.00
46.	Road Tax Start Date	: 23 Dec 2016
47.	Road Tax End Date	: 22 Dec 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

## Claim Handling

Accident MT/1116416

Policy No.	5114136261	Vehicle No.	FBL5745P	GST Registration No.	M200805321
Certificate No.	5114136261-000025				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	198801155R
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

## ▼ Accident Details

Report Date	07/01/2021 12:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	09/12/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				

## ▼ Total Excess Applicable

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

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136654-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JORDAN TAN DING XUAN	Driver NRIC	S9247024E	Driver DOB	12/12/1992
Register Date of Driver License	09/12/2020	Driver Age	27	Driving Experience	0
Contact No.(Mobile)	83231212	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 643	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640643
Address 4		Address Type	Singapore address	Post Code	640643
Unit No.	#10-80				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI	TANCHOONGMENG@BBDC.SG	TP Vehicle Number	FBL5745P
Claim Description	FBL5745P / FBK7145M ON 9 Dec 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Option	Preferred	Preferred Workshop (refer below)		GIA report	Received
Date Registered		Claim Close Date	07/01/2021 12:50	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	
<input type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Save Submit

## Attachment

Accident No. MT/1116416 Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

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

Message Board

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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 07 Jan 2021 12:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	SAS		Normal	SAS 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	Photos		Normal	Photos 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	Photos		Normal	Photos 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	Photos		Normal	Photos 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	Photos		Normal	Photos 2021-1-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2021 12:50	Photos		Normal	Photos 2021-1-7

## Video List

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