

NATIONAL Assessment Centre Services [ver 1a-100] 2/2

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 11/01/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC21000419/13 | SAS e-filing | | |
| Veh No: 4P6396M | E-mail (within 8hrs, AIC 2hrs) | | |
| D.OA: 08/01/21 1820 | i-Motor Claim Form | 12/01 MT/11/740-001 | |
| OD / TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SKN77945 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: | 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 |
|-----------|---------|
| | |
| | |
| | |

| Claimant's Particulars | Invoice Preparation Checklist | Amnt (\$) In Bill | Amnt (\$) 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 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Dat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Dat. 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idno 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: Idno 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 Submission 11/01/2021 10:29 (SGT)
Date of Accident 08/01/2021 18:20 (SGT)
Exact Location of Accident Ubi Rd 2, Singapore
Additional Location Information SLIP RD TWDS AIRPORT RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6396M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JEB ASIA PTE LTD
Company Reg No 1XXXXX140K
Email Address mabeltay@jebgroup.com
Mobile Phone No (Phone) +65-93665844
Alternative Phone No +65-93665844

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117559033
Cover Note Number -

DRIVER

Name of Driver HUNDAL GURVINDERSINGH MANGAL SINGH
Passport No/FIN GXXXX862W
Date Of Birth 25/03/1988
Occupation Outdoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 26/01/2016 |
| Driving experience | 5 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-88930051 |
| Alt. Phone Number | - |
| Email Address | gurvinder.hundal15@gmail.com |
| Address | BLK 9D HOE CHIANG RD |
| Address complement | - |
| Postcode | 089314 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | DRIZZLING |
| 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? | Yes |
| Police Station Name | Rochor Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002949999 |
| Alt. Police Station Phone No | (Fax) +65-63918583 |
| Police Station Address | 11 Kampong Kapur Road Singapore 208678 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210109/2019

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 | SKN7794S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 willful 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 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.

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.



Policyholder's Signature / Date & Time

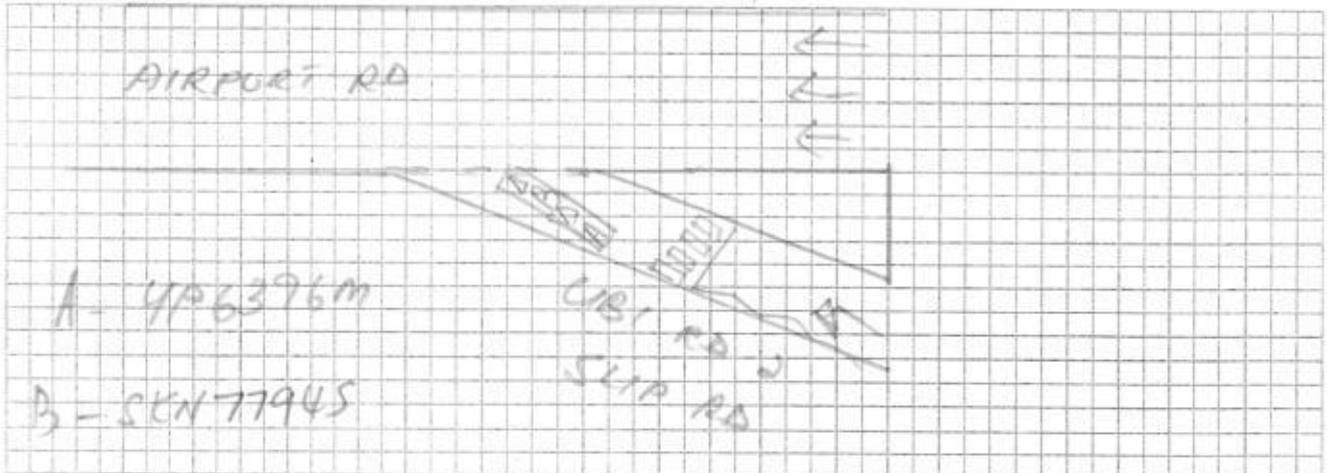
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 09/01/2024

[Signature] 11/01/2024

Sketch Plan





Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210109/2019

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------------------------------|--|--|
| Name | HUNDAL GURVINDERSINGH MANGALSINGH | ID No. | G2207862W |
| Related Vehicle | YP6396M (Lorry) | Contact No. | 88930051 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: 05/07/2025 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 08/01/2021 at about 1820hrs, I was driving the company's lorry, bearing registration no. YP6396M along Ubi Rd 2 towards Airport Rd. After driving across the zebra crossing, I looked to the right side, to keep a look out for pedestrians and other vehicles.

When I turned my attention to the road ahead of me, I noticed that a car, bearing registration no. SKN7794S had stopped and as such, I stepped hard on the brake however, could not stop my lorry in time and as such, collided with the said car.

The driver of the said car, a female subject, was an "L" plate driver and I provided my particulars to the driver's instructor, a male subject. The driver nor her instructor handed over their particulars to me.

That is all.



**SINGAPORE
POLICE FORCE**



T/20210109/2019

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

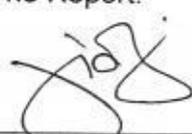
Report No. T/20210109/2019

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: A / Sgt 2 WIDIYA BINTE MISWARI  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 09/01/2021 10:04 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE


SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 07 / 21) (DD/MM/YYYY), TIME: (18 : 20) (HH:MM)

LOCATION: UBI ROAD 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P6396M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5117559033
d) POLICY TYPE: (~~COMPREHENSIVE~~) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MIU CANTER (M)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: JEB ASIA PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93665844
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HUNDAL GURVINDERSINGH MANGALSINGH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: BLK 9D HOE CH CONTACT: 88930051
c) ADDRESS: BLK 9D HOE CHIANG RD (089314)
92207862W

*d) DATE OF BIRTH: (25 / 03 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/01/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING) / OTHERS DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) RUCHOR NPC

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKN 7794S MODEL: _____
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: _____

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

nabeltay@jebgroup.com
Email = gurvinder.hundal15@gmail.com
fax =
VIDEO = yes, haven't + retrieve

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 : 5117559033

Cover : Comprehensive

- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : YP6396M |
| Chassis Number | : FEB21EA21349 |
| 2. Name of Policyholder | : JEB ASIA PTE LTD |
| 3. Effective Date of Insurance | : 12 Jun 2020 |
| 4. Expiry Date of Insurance | : 11 Jun 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|-----------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : GOLDBELL FINANCIAL SERVICES 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 : B.A.S. INSURANCE AGENCY (00000573236)
 Date of Issue : 18 May 2020 14:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1117140

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 5117559033 | Vehicle No. | YP6396M | GST Registration No. | M201037662 |
| Certificate No. | | | | | |
| Policyholder Name | JEB ASIA PTE LTD | | | Policyholder NRIC | 199106140K |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 93665844 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFX | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 15 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|---------------------|
| Report Date | 12/01/2021 19:02 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to |
| Date of Accident | 12/01/2021 | Time of Accident hh:mm | 18:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UBE RD 2 SLIP RD TWDS AIRPORT RD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | Driver is Covered? | Covered |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/04/1994 |
| GST Registration No. | M201037662 | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|----------------|
| Address 1 | 68 DUXTON ROAD | Address 2 | #03-01 68 DUXTON | Address 3 | SINGAPORE 0895 |
| Address 4 | | Address Type | Singapore address | Post Code | 089527 |
| Unit No. | 03-01 | Related Policy Number | 5115030204-01 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 25/03/1988 |
| Unnamed driver Name | HUNDAL GURVINDERSINGH MA | Driver NRIC | G2207862W | Driving Experience | 4 |
| Register Date of Driver License | 26/01/2016 | Driver Age | 32 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 88930051 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | 9D HOE CHIANG ROAD | Address 2 | SINGAPORE 089314 | Post Code | 089314 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|---------------------|-----------------------------------|---------------------|----------------------------------|-------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | JEB ASIA PTE LTD | Insured NRIC | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | OI Vehicle Number | YP6396M | TP Vehicle Number | |
| Claim Description | YP6396M / SKN7794S ON 12 Jan 2021 | | | | Name of Preferred Workshop |
| Preferred Workshop | | Insured Liability | Fully at Fault | | |
| Workshop No. | | Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Finalisation | Yes | Date Registered | 12/01/2021 19:17 | Claim Close Date | |
| Date Registered | | Report Taken By | ROSLINDA | Workshop Repairer | Total Loss but Repaired |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1117140 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

Yes No

Upload Date

12/01/2021 00:00

Path *

Category *

Confidential

Urgency *

- No file chosen
-

| | | | |
|--------------------------------------|--|---------------------------------|-------------------------------------|
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|------------|--|-----------------------|---|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:17 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:17 | SAS | | Normal | SAS 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:16 | Photos | | Normal | Photos 2021-1-12 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|--|-------------|-----------|--|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 14 January 2021 11:48 AM
To: 'ODsupport'
Subject: YP6396M MT/1117140-001

Hi

Pls amend the date of accident it should be on the 08/01/2021 instead of 12/01/2021.
Thank you.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)