

NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 18/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002328/13	SAS e-filing		
Veh No GRD33524	E-mail (within 3hrs, AIC 2hrs)		
ICCA 18/02/21 0900	I-Motor Claim Form 18/02	MT/1121546-001	
OT: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax:)
TP Particulars:	Veh No: 5JX 78005	INC () / Non-INC ()
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

() 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

NA 2101476	Invoice Information Checked	Am (S)	Am (S)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt 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 \$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	18/02/2021 16:53 (SGT)
Date of Accident	18/02/2021 09:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	EXIT AIRPORT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3352U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YAGO SERVICES PTE LTD
Company Reg No	2XXXXX242C
Email Address	GOHLAYYIAN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90045466
Alternative Phone No	+65-90045466

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111805590-01
Cover Note Number	-

DRIVER

Name of Driver	GOH LAY YIAN(WU LIYAN)
NRIC No	SXXXX548E
Date Of Birth	07/03/1972
Occupation	Outdoor

Date Of Driving Pass	10/11/1995
Driving experience	25 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96511242
Alt. Phone Number	-
Email Address	GOHLAYYIAN@YAHOO.COM.SG
Address	BLK 121 RIVERVALE DRIVE
Address complement	#05-418
Postcode	540121
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	Clear
Road Surface	Dry

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	SJX7800S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY DAYUAN
NRIC No	SXXXX568Z
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

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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.

YAGO SERVICES PTE LTD
Hp: 9651 1242
Hp: 9004 5466

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE EXIT
AIRPORT RD



A - GBD 3352M
B - SJX 7800S

Describe Circumstances of the Accident

I was driving along KPE Exit towards airport road.
It was traffic heavy at the time and all cars moving slowly.
When car in front of me stopped, I follow to stop. Suddenly,
I felt an impact from behind and realise there was a
car B (SJX 7800S) hit my van from the back

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

YAGO SERVICES PTE LTD

Hp: 9651 1242

Hp: 9004 5466

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

shym 18/02/21

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- (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.

YAGO SERVICES PTE LTD

Hp: 9651 1242

Hp: 9004 5466

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE EXIT
AIRPORT RD

A - GBD 3352M
B - SJX 7800S

A

B

511805590-01

GIA ACCIDENT REPORT

ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 18/2/2021	Time: 0900	Location: KPE Exit Airport Road
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Type of Accident:	In-Car Camera Footage Available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: GBD 3352U		Vehicle Registration No: SJX 7800S	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer: Toyota	Vehicle Model: Hiace	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Auto	CC: 2982	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 1		Number of passengers (including driver):	
Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F	Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F

INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: NTUC		Handling Insurer:	
Coverage Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: 511805590-01	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: Yago Services Pte Ltd		Registered Owner Name:	
ID Type: <input checked="" type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.		ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.	
Registered Owner ID: 201424242C		Registered Owner ID:	
Owner Address:		Owner Address:	
Owner Email:		Owner Email:	
Owner Mobile No: 90045466		Owner Mobile No.:	
Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:

GIA ACCIDENT REPORT

DRIVER DETAILS

Own Vehicle Driver Information		Third Party Vehicle Driver Information	
Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of driver: <u>Goh Lay Kian</u>		Name of driver: <u>Tay Dayuan</u>	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN		Driver ID Type: <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	
Driver ID: <u>S7208548E</u>		Driver ID: <u>S8510568Z</u>	
Driver Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F		Driver Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Driver Date of Birth: <u>7/3/1972</u>	Driving Pass Date: <u>10/11/1995</u>	Driver Date of Birth:	Driving Pass Date:
Driver Address: <u>Blk 121 Rivendale Drive #05-418 S 540121</u>		Driver Address:	
Driver Email: <u>gohlaykian@yahoo.com.sg</u>		Driver Email:	
Driver Mobile No.: <u>9651 1242</u>		Driver Mobile No.:	
Driver Occupation: <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	Driver/Owner Relationship: <u>Employee</u>	Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration No:	Handling Insurer:	Vehicle Registration No:	Handling Insurer:

INJURY DETAILS

Was anybody injured in the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name, Address, Approximate Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Vehicle No:	Nature of Injury:	Seatbelt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WITNESS DETAILS

Was there any witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Witness name:	Witness phone:	Witness email:

OTHERS

Number of vehicles involved in the accident (including own vehicle):					
Name, Address of Driver	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Vehicle No:	Contact No:	Driver ID:	Insurer:
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
Weather Condition: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____			Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others: _____		
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Police Station: _____			Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Against Whom: _____		
Was any foreign vehicle involved in accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/02/2021 09:00"/>
Vehicle No.(For Motor)	<input type="text" value="GBD3352U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111805590-01		YAGO SERVICES PTE LTD	201424242C	GCV	Comprehensive	GBD3352U	GBD3352U	25/09/2020	24/09/2021

Claim Handling

Accident MT/1121546

Policy No.	5111805590-01	Vehicle No.	GBD3352U	GST Registration No.	
Certificate No.					
Policyholder Name	YAGO SERVICES PTE LTD			Policyholder NRIC	201424242C
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90045466	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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	18/02/2021 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	18/02/2021	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE EXIT AIRPORT RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	71 UBI ROAD 1	Address 2	#10-39 OXLEY BIZHUB	Address 3	SINGAPORE 4087
Address 4		Address Type	Singapore address	Post Code	408732
Unit No.	10-39	Related Policy Number	5119548869		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH LAY YIAN(WU LIYAN)	Driver NRIC	S7208548E	Driver DOB	07/03/1972
Register Date of Driver License	10/11/1995	Driver Age	48	Driving Experience	25
Contact No.(Mobile)	96511242	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 121	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE BANK
Address 4	SINGAPORE 540121	Address Type	Singapore address	Post Code	540121
Unit No.	#05-418				
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	YAGO SERVICES PTE LTD	Insured NRIC	
Contact No.(Mobile)	90045466	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBD3352U	TP Vehicle Number	
Claim Description	GBD3352U / SJX7800S ON 18 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered	18/02/2021 18:36	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1121546	Claim No.	001
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Last Doc. Received☒ Yes ☐ No

Upload Date18/02/2021 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

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 18 Feb 2021 18:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:36	SAS		Normal	SAS 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:36	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:35	Photos		Normal	Photos 2021-2-18

Video List

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