

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118025735

Date In: 22/1/18-14:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003432/24	SAS e-filing		
Veh No: 50L710T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/1/18-18:40	i-Motor Claim Form	MT10983281	22/2/18 18:56
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: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: 50A 668P

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: ()

Date/Time Actions

NA1801110

Invoice Preparation Checklist

Am't (\$)

Est. Bill

Am't (\$)

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 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) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) QD*
- *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: Idac 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 ability.
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 Report	22/02/2018 14:45
Date Of Accident	20/02/2018 18:40
Exact Location Of Accident	JUNC TELOK BLANGAH RD & BUKIT CHERMIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2180T
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97547573
Alternative Phone No	OFFICE-97547573

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5083187969-01
Cover Note Number	

Driver

Name of Driver	MOHAMED HASNI BIN HASHIM
NRIC No	S7738194E
Date Of Birth	20/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85885985
Fax Number	
Contact Number	OFFICE-85885985
EMail Address	NOEMAIL

Address	BLK 868 TAMPINES STREET 83 #03-195
Postcode	520868
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180221/2124.

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	SDG668P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FU SZE KAY
NRIC/Passport Number	S2586985J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MOHAMED HASNI BIN HASHIM
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL2180T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



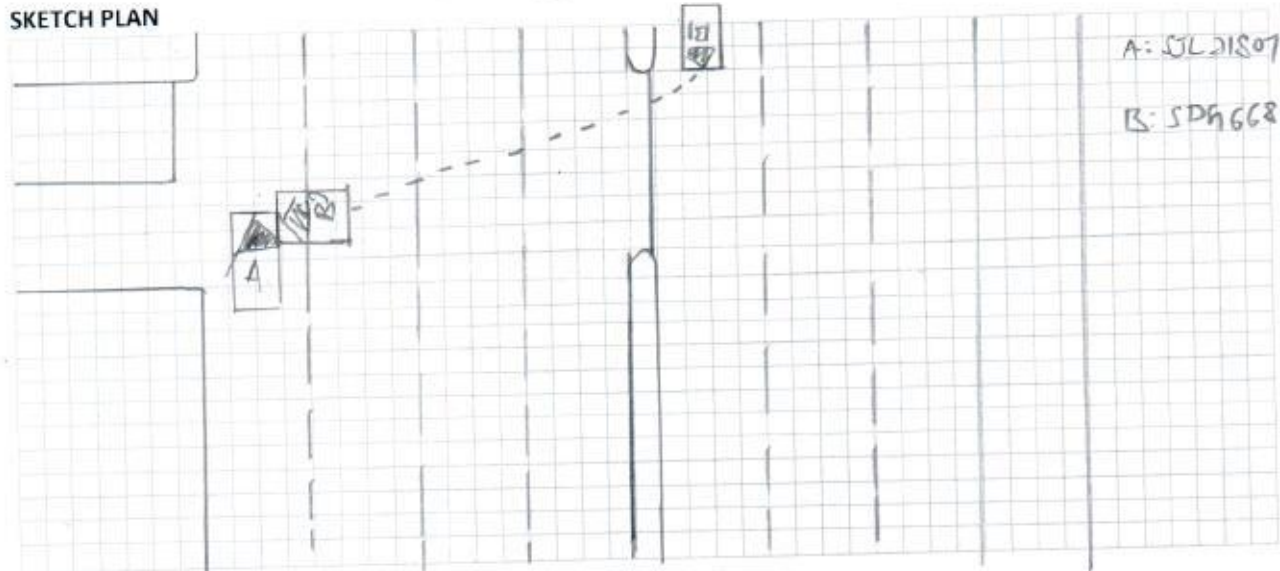
Policyholder's Signature
Date & Time:

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

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

Telok Blangah Rd

SKETCH PLAN



A: JLD 21807

B: SDH 668P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180221/2124.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180221/2124

1 of 3

Police Station Of Origin:

Chai Chee NPP

35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

Report No. T/20180221/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 16:21	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: MOHAMED HASNI BIN HASHIM			Address: APT BLK 868 TAMPINES STREET 83 #03-195 SINGAPORE 520868		
ID Type / ID No.: NRIC NO / S7738194E			Contact No.: Home/Office: Mobile: 85885985		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 20/12/1977	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Private Hirer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 18:40	Type of Location: Straight Road
Location: Along Road 1 TELOK BLANGAH ROAD PASIR PANJANG ROAD Along Telok Blangah Road heading towards Pasir Panjang Road	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Head To Side				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDG668P	Car					0
SJL2180T	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180221/2124

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Report No. T/20180221/2124

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

CONTINUATION OF REPORT

Driver Name	MOHAMED HASNI BIN HASHIM	ID No.	S7738194E
Related Vehicle	SJL2180T (Car)	Contact No.	85885985
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 20/2/2018 at about 1840hrs, I was driving my black in color Toyota Allion with bearing plate number SJL2180T along Telok Blangah Road heading towards Pasir Panjang Road. At that point of time, I was driving on the extreme left lane of the 3 lanes road and the traffic was very busy and congested.

While I was travelling on the said road, suddenly a black in color Lexus bearing plate number SDG668P coming from Telok Blangah Road (opposite direction) turned right into the yellow box and cut through the 3 lanes to head towards Bukit Chermin Road.

When the vehicle suddenly shot out and appeared in front of me, I was shocked and unable to brake on time thus collided on the said Lexus vehicle. The said Lexus's driver did not ensure the 3 lanes road were clear before turning right and head towards Bukit Chermin Road.

After the accident occurred, I managed to exchange particulars with the Lexus's driver. The Lexus's driver is one Fu Sze Kay, S2586985J. My vehicle's damages were front bumper, bonnet and engine were badly damaged.

When the accident occurred, traffic police and ambulance was not at scene. I had a witness for the accident. No one was injured. I had a built-in cctv inside my vehicle.

On 21/2/2018 at about 0200hrs, I felt pain on my rear head, rear neck and my whole shoulder. Due to the unbearable pain, I head to Mount Alvernia Hospital located at 820 Thomson Road to seek for medical assistance. I was given 5 days of medical leave starting from 21/2/2018 to 25/2/2018.



**SINGAPORE
POLICE FORCE**



T/20180221/2124

of 3

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

Report No. T/20180221/2124

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:

G /

Staff Sgt GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2018 16:21

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE



Mount Alvernia Hospital

Medical Certificate

24-Hour Walk-In Clinic and
Emergency Department
No: M18002888

This is to certify that MOHAMED HASNI BIN HASHIM (S7738194E) is granted medical leave for 5 day(s) from 21/02/2018 to 25/02/2018.

Type of medical leave:

- ☒ OUTPATIENT SICK LEAVE
- ☐ HOSPITALISATION LEAVE
- ☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

CHOONG SHANGXIAN DEREK
MBBS
MCR : M17612E

24-Hour WALK-IN CLINIC
Mount Alvernia Hospital
420 Thomson Road
Singapore 574623
Tel: 63476010

21/02/2018

Date

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7738194E**

Person

MOHAMED HASNI BIN HASHIM

Birth Date **20 Dec 1977**

Issue Date **01 Feb 2005**

001318753E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7738194E**

Name

MOHAMED HASNI BIN HASHIM

Race

JAVANESE

Date of birth

20-12-1977

Country of birth

SINGAPORE

Sex

M

YOU ARE LICENCED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles ≤ 200 CC **01 Feb 2005**

Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg **14 Oct 2006**

S7738194E

S/No. 9000055896

Licence No: S7738194E

NP 428A

4153611

S7738194E

NRIC No. **S7738194E**

Date of issue

02-01-2008

APT BLK 868 TAMPINES STREET 83 #03 - 195

SINGAPORE 520868

NRIC No: S7738194E Date: 27/01/2010 No: 6423289

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

20/02/2018 18:40

Vehicle No.(For Motor)

SJL2180T

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083187969-01	KENT AUTO SERVICES	52974332M	GFT	Third Party	SJL2180T	SJL2180T	17/08/2017	

▼ Policy Information

Policy No.	5083187969-01	Policyholder Name	KENT AUTO SERVICES	Policyholder NRIC	52974332M
Address	2 KAKI BUKIT AVENUE 2 #01-21 KAKI BUKIT AUTOHUB SINGAPORE 417921				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/08/2017	Effective Date	17/08/2017 00:00	Expiry Date	16/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	634.52		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5097028160		

► Insured Object: SJL2180T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/08/2017 00:00	Basic Information Endorsement	null	Underwriting Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLP6054D 17-08-2017 \$1,144.90 In view of this amendment, an additional premium of \$1,144.90 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We</p>

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/0983281

Policy No.	5082187969-01	Vehicle No.	SIL2180T	GST Registration No.	
Policyholder Name	KENT AUTO SERVICES			Policyholder NRIC	52974332M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97547573	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Yes

Accident Details

Report Date	22/02/2018 18:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/02/2018	Time of Accident (hh:mm)	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG TELOK BLANCAH RD & BUKIT CHERMIN RD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5097028160		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED HASNI BIN HASHIM	Driver NRIC	S7738194E	Driver DOB	20/12/1977
Register Date of Driver License	14/10/2006	Driver Age	40	Driving Experience	11
Contact No.(Mobile)	85885985	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 86B	Address 2	TAMPINES STREET 83	Address 3	TAMPINES VISTA
Address 4	SINGAPORE 520868	Address Type	Singapore address	Post Code	520868
Unit No.	03-195				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 [New](#)

Claim Type *	OO-Mix	Insured Name	KENT AUTO SERVICES	Insured NRIC	52974332M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SIL2180T	TP Vehicle Number	SDG668P
Claim Description	SIL2180T / SDG668P ON 20 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/02/2018 00:00
Date Registered	22/02/2018 18:56	Claim Close Date			
Report Taken By	JACKSON				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0983281	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 18:59

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Normal	

[Upload Attachment](#) ☐ Send Message [Upload](#)

22/2/2018

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:56	Photos	Normal	Photos 2018-2-22	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:56	Photos	Normal	Photos 2018-2-22	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 18:56	Photos	Normal	Photos 2018-2-22	Edit
					
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					