

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18047364

Date In: 9/4/8-19:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006548/24	SAS e-filing		
Veh No: YP14762	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/4/8-22:30	i-Motor Claim Form	M7/0989647	9/4/18 20:10
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: 56696929	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 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

NA18047364	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			



## 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	09/04/2018 19:17
Date Of Accident	07/04/2018 22:30
Exact Location Of Accident	JUNC JALAN BESAR & ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1476Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HS INTERNATIONAL PTE LTD
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86118285
Alternative Phone No	OFFICE-86118285

### Vehicle Particulars

Manufacturer	ISUZU
Model	NQR75UL5A
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5092384789
Cover Note Number	

### Driver

Name of Driver	SU ZHONGCHAO
Passport No/FIN	G2472151K
Date Of Birth	10/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82099986
Fax Number	
Contact Number	OFFICE-82099986
Email Address	NOEMAIL

Address	48 TOH GUAN ROAD EAST #09-138 ENTERPRISE HUB
Postcode	608586
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9692P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIEN KIM CHWEE
NRIC/Passport Number	S0827618H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## 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.

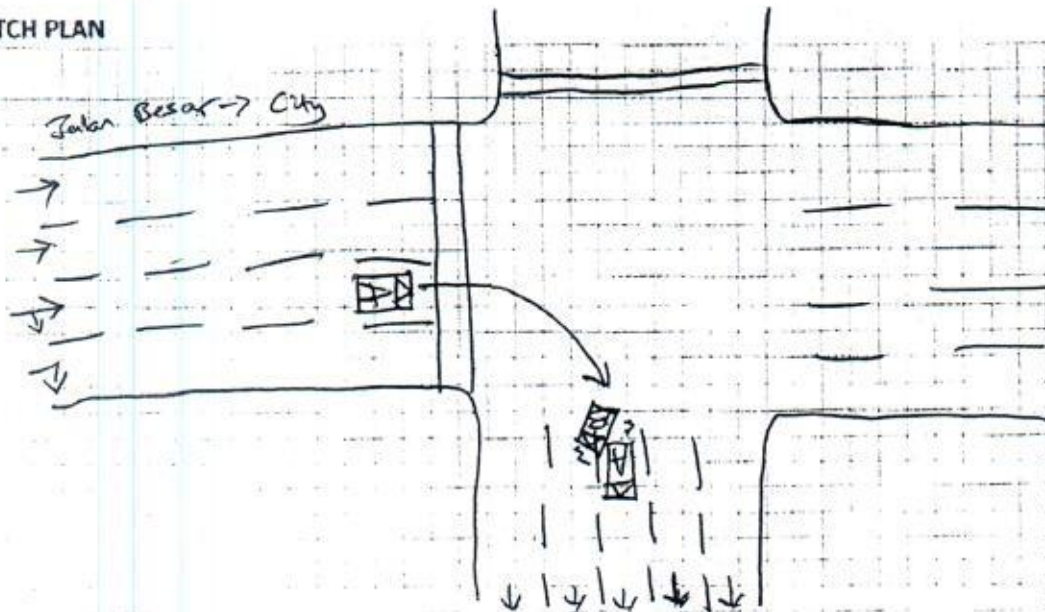
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Rochor Canal Rd

I was driving along Jalan Besar towards city on the 2nd right lane of a 4-lanes road. 2nd right lane is a 'go straight or turn right' lane. Upon at the junction of Rochor Canal Rd, I made a right turn into Rochor Canal Rd. As my vehicle was travelling straight along Rochor Canal Rd on the center lane, I felt an impact on the rear right portion. As such, I stopped and alighted, I realised that veh (B) had collided onto my vehicle.

A - 7P1476Z

B - SL696G2P

## 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.:



Vehicle No.	Y/P 1476Z	Model / Make	Jazzy NQR ES
Date of Accident	7/4/13		
Time of Accident	1030 pm	HRS	
Location of Accident	John Reser junction of Rector Canal Rd		
Exact purpose use during accident	Committed PR		
Name of Owner	HS International P/L		
Telephone No.	H/P: 90273660	Home: (Jeffrey)	Office: 86118285
NRIC	200909445C		
Address	4B, Tsh Guan Rd. Ecst, #09-116, Enterprise Hub, 5608506		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NAC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5092384789		
Name of Driver	As Above If No, Su Zhong chao		
NRIC	62472151C	Any Passengers: 01 (male)	
Date of birth	10/7/1986		
Occupation	(Outdoor)	/	Indoor
Driving License Pass Date	2013/2014		
Gender	(Male)	/	Female
Contact No.	H/P: 82099486	Home:	Office:
Address	C/O: HS International P/L		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	(Employee)	If no, state	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No)	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SG 9692P	Any Passengers: 01 (female)	
Name of Driver	Tien Kim Chuan	Contact No.: 50827414H	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear Right Bumper		
Camera Recorder	Yes / (No)		
Email Address	—		
PARTICULAR WORKSHOP	NSI Automotive P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	HUISEN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@nsi.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identification: **G2472151K**

**SU ZHONGCHAO**

Date of Birth: **10 JUL 1986**  
 Issue Date: **20 Aug 2014**  
 Valid Till: **19 Aug 2019**

**0023374958**

**WORK PERMIT**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer:  
**HC INTERNATIONAL PTE. LTD.**

Sector: **SERVICE**

Name:  
**SU ZHONGCHAO**  
 Occupation:  
**LORRY/ TRUCK DRIVER**

Work Permit No.:  
**O 76218242**

Date of Application:  
**29-02-2016**  
 Date of Issue:  
**09-01-2016**  
 Date of Expiry:  
**28-02-2020**

**L8554727**

**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class	Description	Effective Date
Class 3	Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg	20 Aug 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	24 Oct 2014

**G2472151K**

**S/No. 9000210333**

**Licence No. G2472151K**

**NP 428A**

**VISIT PASS**  
 Immigration Regulations

Name:  
**SU ZHONGCHAO**

Date of Birth: **10-07-1986** Sex: **M** Nationality: **CHINESE**

Fit: **G2472151K** Date of Issue: **09-01-2016** Date of Expiry: **28-02-2020**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



**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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5092384789

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: YP1476Z

Chassis Number

: JAAN1R75LG7100585

2. Name of Policyholder

: HS INTERNATIONAL PTE. LTD.

3. Effective Date of Insurance

: 05 Feb 2018

4. Expiry Date of Insurance

: 04 Feb 2019

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 : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 03 Jul 2017 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



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

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092384789	HS INTERNATIONAL PTE. LTD.	200909445C	GFT	Comprehensive	YP1476Z	YP1476Z	05/02/2018	

### Policy Information

Policy No.	5092384789	Policyholder Name	HS INTERNATIONAL PTE. LTD.	Policyholder NRIC	200909445C
Address	48 TOH GUAN ROAD EAST #09-138 ENTERPRISE HUB SINGAPORE 608586				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/07/2017	Effective Date	05/07/2017 00:00	Expiry Date	04/07/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-138	Related Policy Number	5092384789		

### Insured Object: YP1476Z

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/07/2017 00:00	Basic Information Endorsement	000001286594940	Endorsement Take Effective	<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. GBB5655T 09-07-2017 \$920.70</p> <p>In view of this amendment, an additional premium of \$920.70 (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 confirm that this policy is</p>



Exit

## Claim Handling

Accident MT/0989647

Policy No.	5092384789	Vehicle No.	YP1476Z	GST Registration No.	200909445C
Policyholder Name	HS INTERNATIONAL PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	200909445C
Product Code	FLSBT INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	86118285	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="15"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	09/04/2018 20:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/04/2018	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG (ALAN BESAR & KOCHOR CANAL RD)				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-13B ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-13B	Related Policy Number	5092384789		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/07/1986
Unnamed driver Name	SU ZHONGHAO	Driver NRIC	02472151X	Driving Experience	3
Register Date of Driver License	24/10/2014	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	82099986	Contact No. (Office)	0	Address 3	SINGAPORE 608586
Address 1	48 TOH GUAN ROAD EAST	Address 2	ENTERPRISE HUB	Post Code	608586
Address 4		Address Type	Singapore address		
Unit No.	09-13B				
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 New

Claim Type *	OD-MX	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	200909445C
Contact No. (Mobile)	98731300	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	YP1476Z	TP Vehicle Number	SLG9692P
Claim Description	YP1476Z / SLG9692P DN 7 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/04/2018 20:10	Claim Close Date		Date Received	09/04/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

**Save Submit**

## Attachment

Accident No.	MT/0989647	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/04/2018 20:10

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> <b>Clear</b>	Please Select	<input type="text" value="NO"/>	Normal	

☐ Send Message **Upload**

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? Action (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	SAS		Normal	SAS 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:10	Photos		Normal	Photos 2018-4-9	<a href="#">Edit</a>
 Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						