

NATIONAL Assessment Centre Services

Page: 1 of 1003 MNA 118056216

Date In: 30/4/18 11:34	Job description	Date & Time Completed	Done by
Ref No: MA/INC18007862164	SAS e-filing		
Veh No: SLA 8610P	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 28/4/18 18:30	i-Motor Claim Form	MT/0992446-001	30/4/18 16:36
OD: (P) 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: JAP 6907	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

MA 1802720	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming assist INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac 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 \$3			
	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		
Ref 1:				
Ref 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	30/04/2018 11:34
Date Of Accident	28/04/2018 18:30
Exact Location Of Accident	SRI PELANGI 1 JOHOR BAHRU MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8610P
Insured/Policyholder	
Name Of Registered Owner	WONG SOON HAN
NRIC No	S7827768H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90091303
Alternative Phone No	OFFICE-90091303

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088517216-01
Cover Note Number	-

Driver

Name of Driver	WONG SOON HAN
NRIC No	S7827768H
Date Of Birth	19/09/1978
Occupation	INDOOR
Date Of Driving Pass	21/09/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90091303
Fax Number	
Contact Number	OFFICE-90091303
EMail Address	NOEMAIL

Address	BLK 131 JALAN BUKIT MERAH #06-1573
Postcode	160131
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQP6907 (PRIVATE CAR)
Number of vehicles involved in the accident	
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	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	JQP6907
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSR8126
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JRW7586
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG SOON HAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SLA8610P
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:

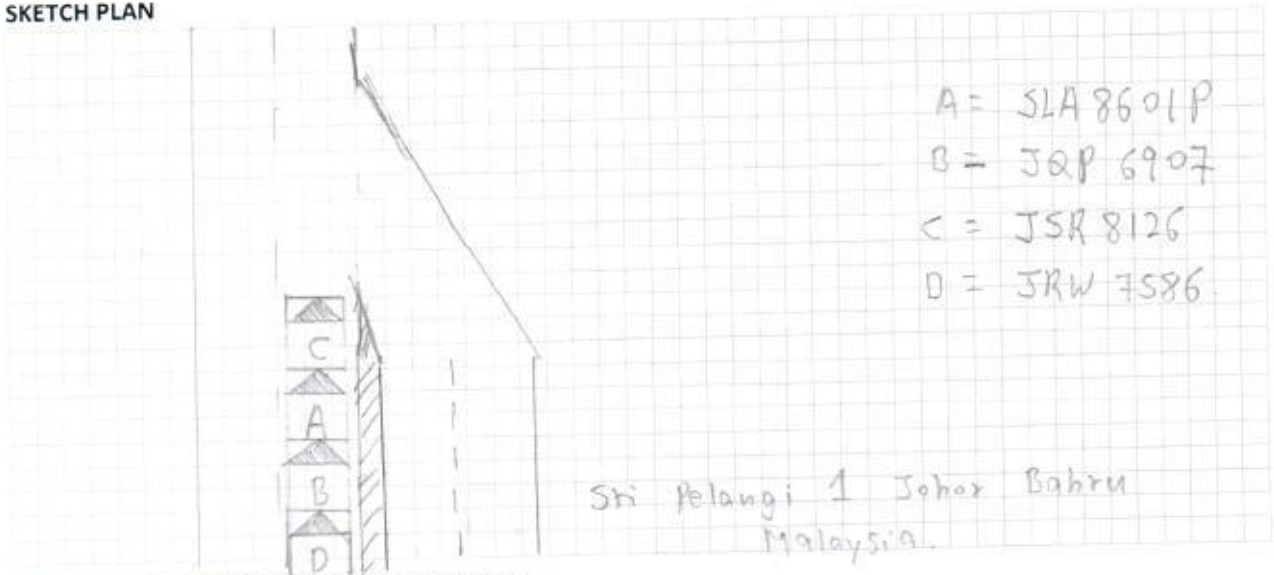
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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**



J/20180429/2056

1 of 2

POLICE REPORT (NP299)

Report No. J/20180429/2056

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Date/Time Report Made 29/04/2018 13:05	Vide Report No.	Station Diary No. 5
Name Of Informant WONG SOON HAN	Address APT BLK 131 JALAN BUKIT MERAH #06-1573 SINGAPORE 160131	
ID Type / ID No. NRIC NO / S7827768H	Contact No. Home/Office Mobile 90091303	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation REGIONAL DIRECTOR	Sex Male	Age 39
Institution/School Name	Date of Birth 19/09/1978	Race Chinese
Date/Time Of Incident 28/04/2018 18:30 - 28/04/2018 18:30	Location Of Incident Sri Pelangi 1, Johor bahru MALAYSIA	

Brief details.

On 28/04/2018 at about 1830hrs, I was driving my vehicle bearing the plate number of V1) SLA8601P along Jalan Pelangi 1 Johor bahru. road was wet and the traffic was heavy. There was no passenger with me. I was approaching the road divider when one vehicle bearing the plate number of V2) JSR8126 jammed brake. I immediately jammed brake and managed to stop, in time. however the car behind me bearing the plate number of V3) JQP6907 hit onto my rear vehicle. few moments later another Malaysian car bearing the plate number of V4) JRW7586 hit onto V3. in total I felt two impact. My vehicle sustained

Signature Of Officer Recording The Report:

J / Staff Sgt AHMAD ADHA BIN SAHARI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
ASP SEAH WOE SIONG, MELVIN
Contact No.: 67910000

Signature Of Informant:

Date/Time:
29/04/2018 13:05

Classification Of Case:

Authentication Stamp

SN 120



Signature: _____

Singapore Police Force



**SINGAPORE
POLICE FORCE**



J/20180429/2056

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180429/2056

the following damages; the bonnet dislodged, the taillight no longer in used due to the impact. a small dent on the hood. On 29/04/2018, I felt uneasiness on my neck and back. I will be proceeding to the doctor for medical check up. I have video recording installed in my car.

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

J / Staff Sgt AHMAD ADHA BIN SAHARI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
ASP SEAH WOE SIONG, MELVIN
Contact No.: 67910000

Signature Of Informant:

Date/Time:
29/04/2018 13:05

Classification Of Case:

Authentication Stamp

SN 120



Signature :

Singapore Police Force

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : WONG SOON HAN
 No Kad Pengenalan / Paspot : E5233844N
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/010157/18
 Tarikh @ Masa Repot Polis : 28/04/2018 @ 19:48
 Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R102049) SJN MOHD YUSOFF BIN ADON
 Tempat Tugas : JOHOR, J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 013-9829871
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :
 (R102049) SJN MOHD YUSOFF BIN ADON
 Pegawai Penyiasat
 J/BAHRU SELATAN

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :
 Waktu Pejabat :

Isnin - Khamis :

08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang

Jumaat :

08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- | | |
|---------------------------|--------------------------|
| 1. Salinan Repot Polis | <input type="checkbox"/> |
| 2. Gambar Kenderaan | <input type="checkbox"/> |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/> |
| 4. Keputusan Siasatan | <input type="checkbox"/> |
| 5. Lain-lain Dokumen | <input type="checkbox"/> |

Tarikh @ Masa Dokumen Diserah :
 Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7827768H**

Name: **WONG SOON HAN (HUANG SHUNHAN)**

Birth Date: **19 Sep 1978**

Issue Date: **10 Mar 2004**

001159665G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7827768H**

Name: **WONG SOON HAN (HUANG SHUNHAN)**
黄顺涵

Race: **CHINESE**

Date of birth: **19-09-1978**

Sex: **M**

Country/Place of birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

13 Apr 1995

21 Sep 15/08

Licence No: **S7827768H**



NP 428A

5839600



NRIC No. **S7827768H**



Date of issue: **13-12-2017**

Address: **APT BLK 131 JALAN BUKIT MERAH #06-1573 SINGAPORE 160131**

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: 5088517216-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA8610P**
Chassis Number : JM6CW1071G0123249
2. Name of Policyholder : **WONG SOON HAN**
3. Effective Date of Insurance : **18 Mar 2018**
4. Expiry Date of Insurance : **17 Mar 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG SOON HAN
NAMED DRIVER (1)	: WONG TIONG SIEW
NAMED DRIVER (2)	: LEE SHU HUI
HIRE PURCHASE COMPANY	: N/A
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 : DBS BANK LIMITED (00000601713)
Date of Issue : 06 Mar 2018 19:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Accident MT/0992446

Accident MT/0992446

Accident MT/0992446					
Policy No.	5088517216-01	Vehicle No.	SLA8610P	GST Registration No.	
Policyholder Name	WONG SOON HAN			Policyholder NRIC	S7827768H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90091363	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
XFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	30/04/2018 16:32	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	28/04/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SR1 PELANGI 1 JOHOR BAHRU MALAYSIA				

➤ Benefits

▼ **Excess**

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

➤ GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 131 #06-1573	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 160131
Address 4		Address Type	Singapore address	Post Code	160131
Unit No.		Related Policy Number	5088517216-01		

▼ OI Driver Info

Driver Name	WONG SOON HAN	Driver Type	Main Driver	Driver DOB	19/09/1978
Unnamed driver Name		Driver NRIC	S7627768H	Driving Experience	20
Register Date of Driver License	01/01/1998	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	90091303	Contact No.(Office)		Address 3	SINGAPORE 160131
Address 1	BLK 131 #06-1573	Address 2	JALAN BUKIT MERAH	Post Code	160131
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading? mg Any injury? ☒ Yes ☐ No

Modification History

Claim 001	New
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Claim Type *	OD-MX	Insured Name	WONG SOON HAN	Insured NRIC	S7827768H
Contact No.(Mobile)	90091303	Contact No.(Home)	62705138	Contact No.(Office)	
Email Address	wongsteven19@gmail.com	OI Vehicle Number	SLA8610P	TP Vehicle Number	JQP6907
Claim Description	SLA8610P / JQP6907 ON 28 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	30/04/2018 00:00
Date Registered	30/04/2018 16:35	Claim Close Date			
Report Taken By	11FW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0992446	Claim No.	001
Last Doc. Received	* Yes <input type="radio"/> No <input type="radio"/>	Upload Date	30/04/2018 16:36
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

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	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:36	SAS	Normal	SAS 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:36	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:36	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:36	Photos	Normal	Photos 2018-4-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:35	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:35	Photos	Normal	Photos 2018-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 16:35	Photos	Normal	Photos 2018-4-30
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