

# NATIONAL Assessment Centre Services

[Ref: J2103]

Date In: 06/08/2018 13:31

Ref No: NA/INC18014238/K4

Veh No: SLM 6977G

D.O.A: 04/08/2018 23:00

OD: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by:

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

MT/1006220-001 7/8/18 09:50

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLE1340.T

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

NA1804916

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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: Idav DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idav 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	06/08/2018 13:31
Date Of Accident	04/08/2018 23:00
Exact Location Of Accident	PASIR RIS AVE 7 FITTER TWDS TPE / SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6977G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	20173420N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97281808
Alternative Phone No	OFFICE-97281808

### Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098417189
Cover Note Number	

### Driver

Name of Driver	TOH YU QUAN
NRIC No	S9431898Z
Date Of Birth	18/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97281808
Fax Number	
Contact Number	OTHERS-97281808
EMail Address	NOEMAIL

Address	BLK 626 BUKIT BATOK CENTRAL #03-634
Postcode	650626
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
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	SLE1340T
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)	

## 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.

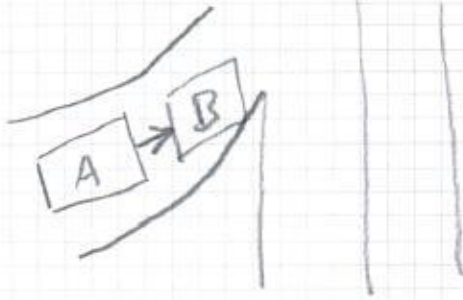


Policyholder's Signature  
Date & Time:

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

*6/8/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



R3  
pasir, arena 7 filter  
towards TPE/SLE

A — SLM6977 G

B — SLE1340 T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- It was a filter out lane and both cars were stationary.
- The 3rd lane was clear and I assumed that car B will move.
- But he did not and I bumped onto his back of the car.

## 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.:

6/8/2018

Reported on 6/8/2018  
C. B. 45HR

ACCIDENT STATEMENT

ACCIDENT DATE: 4/8/2018 (DD/MM/YYYY), TIME: 23:00 (HH:MM)

LOCATION: Park 23 Ave 7 Filter twas TPE/SLE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM. 6977G  
b) INSURANCE COMPANY:  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE 1340T MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Private Hire

Email =

Fax =

V1000

Email: JacobsLeasing@gmail.com ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9431898Z



Name

TOH YU QUAN

卓育銓

Race

CHINESE

Date of birth

18-08-1994

Sex

M

Country of birth  
SINGAPORE

S9431898Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9431898Z

Name

TOH YU QUAN

Birth Date: 18 Aug 1994

Issue Date: 26 Jul 2019



4343137



NRIC No. S9431898Z



Date of issue

22-01-2009

Address

APT BLK 626 BUKIT BATOK CENTRAL  
#03-634  
SINGAPORE 650626

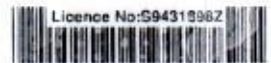
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg

21 Nov 2015

NP 426A



Licence No: S9431898Z

Email: JacobsLeasing@gmail.com ✓

## 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:** 5098417189

**Cover :** Third Party

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLM6977G                    |
| Chassis Number  | : GE61112134                  |
| 2. Name of Policyholder   | : JACOB'S CAR LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 26 Feb 2018                 |
| 4. Expiry Date of Insurance   | : 25 Nov 2018                 |
| 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 or Hirer's business.  |                               |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 26 Feb 2018 10:27 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.	<input type="text"/>	Date of Accident	<input type="text" value="04/08/2018 23:00"/>
Vehicle No. (For Motor)	<input type="text" value="SLM6977G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098417189		JACOB'S CAR LEASING PTE LTD	20173420N	GPC	Third Party	SLM6977G	SLM6977G	26/02/2018	25/11/2018

 **Policy Information**

Policy No.	5098417189	Policyholder Name	JACOB'S CAR LEASING PTE LTD	Policyholder NRIC	20173420N				
Certificate No.									
Address	10 UBI CRESCENT #05-16 UBI TECHPARK SINGAPORE 408564								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	26/02/2018	Effective Date	26/02/2018 00:00	Expiry Date	25/11/2018 23:59				
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500						
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

 **Policyholder Mailing Address**

Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5098417189		

 **Insured Object: SLM6977G**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/1006220

Policy No.	5098417189	Vehicle No.	SLM6977G	GST Registration No.	
Certificate No.					
Policyholder Name	JACOB'S CAR LEASING PTE LTD			Policyholder NRIC	2017
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97281808	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(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	07/08/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	04/08/2018	Time of Accident hh:mm	23:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS AVE 7 FITTER TWDS TPE / SLE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4085
Unit No.	05-16	Related Policy Number	5098417189		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TOH YU QUAN	Driver NRIC	S94318982	Driver DOB	18/0
Register Date of Driver License	21/11/2015	Driver Age	23	Driving Experience	2
Contact No.(Mobile)	97281808	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 626	Address 2	BUKIT BATOK CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	6506
Unit No.	#03-634				
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	JACOB'S CAR LEASING PTE LTD	Insured NRIC	2017
Contact No.(Mobile)	90309074	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLM6977G	TP Vehicle Number	SLE1
Claim Description	SLM6977G / SLE1340T ON 4 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	07/08/2018 09:53	Claim Close Date		Date Received	07/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No. MT/1006220

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/08/2018 09:50

Path \*

Category \*

Confidential

Urgency \*

<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	SAS	Normal	SAS 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:51	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Aug 2018 09:50	Photos	Normal	Photos 2018-8-7

## Video List

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