

NATIONAL Assessment Centre Services

(w/c 1 Jan 2005)

| | | | |
|--|--|------------------------|----------|
| Date In: 10/08/2018 12:36 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/INC18014499/K4 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: SJN 517J | i-Motor Claim Form | | |
| D.O.A: 09/08/2018 16:30 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| Ass't Report by Fax / Hand to Owner/Wksn | | | |

MT/1007225-001 15/8/18 10:13

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Yeh No: SLE 5648E 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)

| 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| Claimant's Particulars: | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
|---------------------------------|---|------------------|-------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| at 1: | For claiming against JNC Only (w/c 10 Jan 2005) | | |
| at 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idno DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD* | | |
| | *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: Idno Mobile \$0 | | |
| | Invoice dated Fee Charged | | |
| | Invoice dated Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 | 10/08/2018 12:36 |
| Date Of Accident | 09/08/2018 16:30 |
| Exact Location Of Accident | BALESTIER RD TWDS CTE (AMK) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJN517J |
| Insured/Policyholder | |
| Name Of Registered Owner | BLAZE MOTORING PTE LTD |
| Co Reg No | 201531362N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97300912 |
| Alternative Phone No | OFFICE-97300912 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | STREAM 1.8X A |
| 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 | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5095464042 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SHAKROBANI BIN KAMIN |
| NRIC No | S2003331B |
| Date Of Birth | 27/04/1949 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/09/1970 |
| Driving Experience | 47 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97300912 |
| Fax Number | |
| Contact Number | OTHERS-97300912 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 122 BEDOK RESERVOIR ROAD #09-1021 |
| Postcode | 470122 |
| 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? | 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? | 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 | SLE5648E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | OH CHEE SIONG |
| NRIC/Passport Number | S7430047B |
| Contact Number | 98581730 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------------|
| Name | SHAKROBANI BIN KAMIN |
|------|----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN

SJN517J

YES

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:

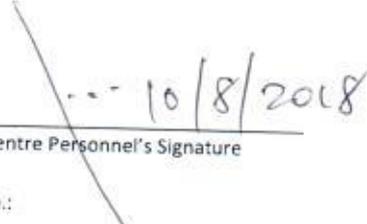
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

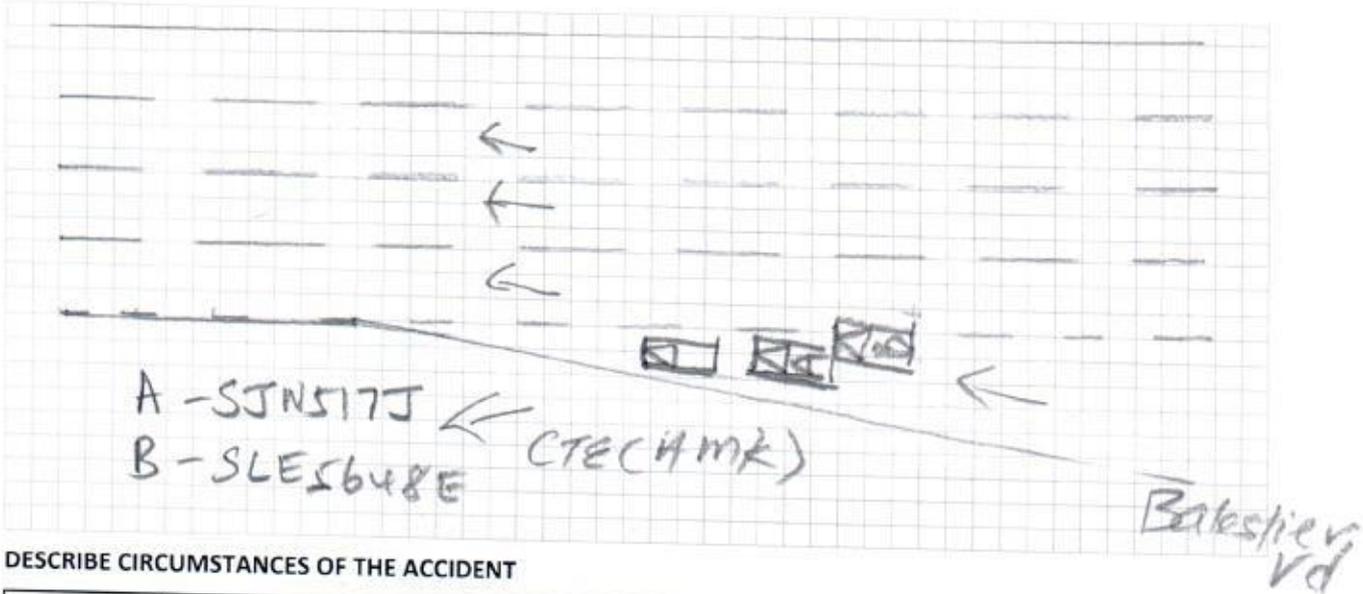


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was entering CTE(4MK) from Balakshier Vd. Traffic is heavy and I waited behind a car to enter CTE(4MK). I ~~stopped~~ waited for around 3-5 seconds. Suddenly Vehicle B banged into my car. From my rear mirror, I could see that vehicle B was behind and on the same lane as me. He wanted to overtake me, but as the traffic is heavy, he tried to overtake but couldn't and banged into me.

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.:

10/8/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2003331B



Name
SHAKROBANI BIN KAMIN
شكروبانى بن كامين

Race
JAVANESE

Date of Birth **27-04-1949** Sex **M**

Country of Birth
JOHORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2003331B**

Name
SHAKROBANI BIN KAMIN

Birth Date **27 Apr 1949**
Issue Date **26 Feb 2004**




1480391



NRIC No. **S2003331B**



Blood Group **A+** Date of issue **02-12-1993**

Address
**APT BLK 122 BEDOK RESERVOIR ROAD
#09-1021
SINGAPORE 1647**

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

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 26 Dec 1972 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 26 Dec 1972 |
| Class 2 | Motorcycles exceeding 400 cc | 26 Dec 1972 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 Sep 1970 |

NP 428A

Licence No: S2003331B



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: 5095464042

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN517J |
| Chassis Number | : RN61090447 |
| 2. Name of Policyholder | : BLAZE MOTORING PTE LTD |
| 3. Effective Date of Insurance | : 31 Oct 2017 |
| 4. Expiry Date of Insurance | : 22 Jan 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 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 | : YES |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TAI THONG LEE TRADING PTE 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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 31 Oct 2017 08:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095464042 | | BLAZE MOTORING PTE LTD | 201531362N | GPC | Third Party, Fire & Theft | SJN517J | SJN517J | 31/10/2017 | 22/01/2019 |

Continue

▼ **Policy Information**

| | | | | | |
|-----------------------------|---|-----------------------------|------------------------|-------------------|------------------|
| Policy No. | 5095464042 | Policyholder Name | BLAZE MOTORING PTE LTD | Policyholder NRIC | 201531362N |
| Certificate No. | | | | | |
| Address | 25 KAKI BUKIT ROAD 4 #01-62 SYNERGY @ KB SINGAPORE 417800 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 31/10/2017 | Effective Date | 31/10/2017 00:00 | Expiry Date | 22/01/2019 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1500 | | |
| Agent | ANIKA INS BROKERS & CONSUI | Agent Tel. | 66729988 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|----------------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | 25 KAKI BUKIT ROAD 4 | Address 2 | #01-62 SYNERGY @ KB | Address 3 | SINGAPORE 417800 |
| Address 4 | | Address Type | Singapore address | Post Code | 417800 |
| Unit No. | 17-204 | Related Policy Number | 5098499412 | | |

▶ **Insured Object: SJS17J**

▼ **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Claim Handling

Accident MT/1007225

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------|
| Policy No. | 5095464042 | Vehicle No. | SJN517J | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | BLAZE MOTORING PTE LTD | | | Policyholder NRIC | 2015 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 97300912 | 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 |

Accident Details

| | | | | | |
|-------------------|------------------------------|-------------------------------|-------|---------------------|--------|
| Report Date | 15/08/2018 10:04 | Accident Report Within 24 hrs | Yes | Accident Type | Collis |
| Date of Accident | 09/08/2018 | Time of Accident hh:mm | 16:30 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BALESTIER RD TWDS CTE (AMK) | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | | 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 No. | | GST Registration Date | |
| Modification History | | | | GST Status Verified | No |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------------|-----------------------|---------------------|-----------|------|
| Address 1 | 25 KAKI BUKIT ROAD 4 | Address 2 | #01-62 SYNERGY @ KB | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 4178 |
| Unit No. | 17-204 | Related Policy Number | 5098499412 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|----------------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | SHAKROBANI BIN KAMJN | Driver NRIC | S2003331B | Driver DOB | 27/0 |
| Register Date of Driver License | 18/09/1970 | Driver Age | 69 | Driving Experience | 47 |
| Contact No.(Mobile) | 97300912 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 122 | Address 2 | BEDOK RESERVOIR ROAD | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 4701 |
| Unit No. | #09-1021 | | | | |
| 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 | BLAZE MOTORING PTE LTD | Insured NRIC | 2015 | |
| Contact No.(Mobile) | 97984296 | Contact No.(Home) | NIL | Contact No.(Office) | | |
| Email Address | | OJ Vehicle Number | SJN517J | TP Vehicle Number | SLE5 | |
| Claim Description | SJN517J / SLE5648E ON 9 Aug 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GJA report | Rece | |
| Date Registered | 15/08/2018 10:13 | Claim Close Date | | Date Received | 15/0 | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | | |

Attachment

Save Submit

Accident No. MT/1007225 Claim No. 001

Last Doc. Received

Yes No

Upload Date

15/08/2018 10:10

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

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|------------------|-----------------------|---------|---------------------------------|
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:13 | | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:12 | | SAS | Normal | SAS 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:11 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:10 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:09 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:09 | | Photos | Normal | Photos 2018-8-15 |
|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:09 | | Photos | Normal | Photos 2018-8-15 |
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|  NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:09 | | Photos | Normal | Photos 2018-8-15 |

Video List

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