

NATIONAL Assessment Centre Services (INC 1 24103) 27

Date In: 25/8/2018 12:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015465/24	SAS e-filing		
Veh No: SLD3712X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/08/2018 .09:10	i-Motor Claim Form	MT/1008812-001	27/8/18 10:25
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: Ych No: GX9297S 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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est. Bill	Add. Bill
NA1805378	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*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 (N7/N INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/08/2018 12:35
Date Of Accident	25/08/2018 09:10
Exact Location Of Accident	PIE TWDS TUAS (ALJUNIED FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3712X
Insured/Policyholder	
Name Of Registered Owner	ASOKAN TRANSPORT
Co Reg No	53284114W
Email Address	HZERUZ87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93889527
Alternative Phone No	OFFICE-93889527

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4G 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081746415-01
Cover Note Number	

Driver

Name of Driver	SURESH GUMAR S/O ASOKAN
NRIC No	S8735791J
Date Of Birth	05/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94514995
Fax Number	
Contact Number	OTHERS-94514995
EMail Address	HZERUZ87@GMAIL.COM

Address	BLK 118D JALAN MEMBINA #10-107
Postcode	164118
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : MANGALAPRIYAA D/O DORAISAMY GENDER: : FEMALE

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	GX9297S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SURESH GUMAR S/O ASOKAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLD3712X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MANGALAPRIYAA D/O DORAISAMY
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLD3712X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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.



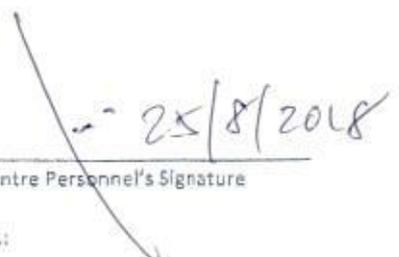
Policyholder's Signature
Date & Time:



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

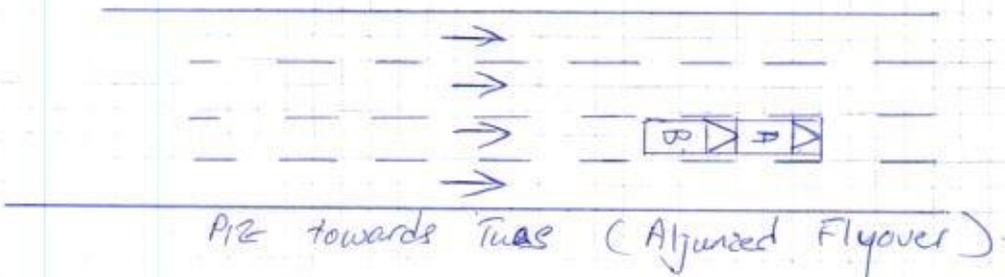


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

(A). SLD 3712X.
(B). GX 9297S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/08/18 at @ 0910 hrs, I was travelling in my vehicle (SLD 3712X) along A12 towards Tuas on top of Aljunied Flyover on the second lane from the right. I slow down and stopped due to traffic jammed. Suddenly, a lorry (GX 9297S) from behind collided onto the rear portion of my vehicle. The rear portion of my vehicle was badly damaged. It was a down slope, the traffic was very heavy and all vehicles was moving very slowly. The vehicle in front stopped and I stopped.

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.:

25/8/2018

*

Vehicle No.	SLD 3712X	Model / Make	Toyota Camry
Date of Accident	25/08/18		
Time of Accident	0910 HRS		
Location of Accident	P/E towards Tuas (Aljunied Flyover)		
Exact purpose use during accident	Private Used		
Name of Owner	Asokan Transport		
Telephone No.	H/P: 9388 9527	Home:	Office:
NRIC	S3284114W		
Address	BLK 118D, Jalan Membana #10-107 (R) 164118		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5081746415-01		
Name of Driver	As Above If No, Suresh Kumar s/o Asokan		
NRIC	S8735791J	Any Passengers:	01 (F)
Date of birth	05/11/1987		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	29/07/2011		
Gender	Male	/	Female
Contact No.	H/P: 9451 4995	Home:	Office:
Address	BLK 118D, Jalan Membana #10-107 (R) 164118		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Son	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Suresh Kumar s/o Asokan (H/P: 9451 4995)		
Name And Contact No.	Mangalaprityaa D/o Dorasamy (H/P: 9168 0724)		
Police Report	No,	If Yes, Where?	
Vehicle B No.	GX 9297S	Any Passengers:	01 (M)
Name of Driver	Contact No.:		
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	N.A.	Witness Contact:	
Accident Portion	Rear Portion		
Camera Recorder	Yes No		
Email Address	hzeruz87@gmail.com		
PARTICULAR WORKSHOP	Towcar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixen		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8735791J



Name

SURESH GUMAR S/O ASOKAN



அ சுரேஷ் குமார்

Face

INDIAN

Date of Birth

05-11-1987

Sex

M

Country of Birth

SINGAPORE



A0254367



NRIC No. S8735791J



Blood Group

Date of issue

-

05-11-2002

APT BLK 118D JALAN MEMBINA #10-107
SINGAPORE 164118

NRIC No:

S8735791J

Date:

27-02-2005

No: 5122467

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S8735791J**
Name: **SURESH GUMAR S/O ASOKAN**

Birth Date: **05 Nov 1987**
Issue Date: **27 Nov 2015**

Barcode: 002497346G

SG 50

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Jul 2011

NP 428A



Driver

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: 5081746415-01 **Cover :** drivo CLASSIC

- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : SLD3712X |
| Chassis Number | : ACV403178874 |
| 2. Name of Policyholder | : ASOKAN TRANSPORT |
| 3. Effective Date of Insurance | : 22 Jul 2017 |
| 4. Expiry Date of Insurance | : 21 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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)

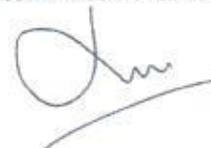
Agency : INCOME-BRANCH SERVICES (00000099613)
 Date of Issue : 12 Jul 2017 12:18 hrs

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081746415-01		ASOKAN TRANSPORT	53284114W	GPC	drive CLASSIC	SLD3712X	SLD3712X	22/07/2017	21/01/2019

▼ Policy Information

Policy No.	5081746415-01	Policyholder Name	ASOKAN TRANSPORT	Policyholder NRIC	53284114W
Certificate No.					
Address	BLK 118D #10-107 JALAN MEMBINA MEMBINA 118 SINGAPORE 164118				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	12/07/2017	Effective Date	22/07/2017 00:00	Group Policy Flag	N
Third Party Excess	1500	Own damage Excess	2000	Expiry Date	21/01/2019 23:59
Additional Excess	0	OS Premium	0	Windscreen Excess	100
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 118D #10-107	Address 2	JALAN MEMBINA	Address 3	MEMBINA 118
Address 4	SINGAPORE 164118	Address Type	Singapore address	Post Code	164118
Unit No.	10-107	Related Policy Number	5081746415-01		

▶ Insured Object: SLD3712X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/07/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Jul 2017 TO 21 Jan 2019 In view of this amendment, an additional premium of \$1,030.41 (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, credit card or NETS.</p>

Claim Handling

Accident MT/1008812

Policy No.	5081746415-01	Vehicle No.	5LD3712X	GST Registration No.	
Certificate No.					
Policyholder Name	ASOKAN TRANSPORT			Policyholder NRIC	5328
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93889527	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(%)	10	Private Hire	Yes

Accident Details

Report Date	27/08/2018 10:15	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	25/08/2018	Time of Accident hh:mm	09:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS (ALUNJED FLYOVER)				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 118D #10-107	Address 2	JALAN MEMBINA	Address 3	MEMI
Address 4	SINGAPORE 164118	Address Type	Singapore address	Post Code	1641
Unit No.	10-107	Related Policy Number	5081746415-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SURESH GUMAR S/O ASOKAN	Driver NRIC	S8735791J	Driver DOB	05/1
Register Date of Driver License	29/07/2011	Driver Age	30	Driving Experience	7
Contact No.(Mobile)	94514995	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 118D	Address 2	JALAN MEMBINA	Address 3	
Address 4		Address Type	Singapore address	Post Code	1641
Unit No.	#10-107				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ASOKAN TRANSPORT	Insured NRIC	5328
Contact No.(Mobile)	93889527	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	5LD3712X	TP Vehicle Number	GX9J
Claim Description	5LD3712X / GX92975 ON 25 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/8
Date Registered	27/08/2018 10:25	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No. MT/1008812 Claim No. 001

Last Doc. Received

Yes No

Upload Date:

27/08/2018 10:25

Path *	Category *	Confidential	Urgency *
<input type="text" value="Browse..."/>	<input type="button" 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="button" 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="button" 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="button" 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="button" 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="button" 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 27 Aug 2018 10:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:22	SAS	Normal	SAS 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:21	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Aug 2018 10:20	Photos	Normal	Photos 2018-8-27

Video List