

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA18 118095

Date In: 11/9/18-18:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18016593/24	SAS e-filing		
Veh No: JLE 23102	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/9/18-10:10	i-Motor Claim Form	M7/10/1092-001	11/9/18 19:39
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: YPC819K

INC () / Non-INC ()

Owner / Driver: ()

Tel: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time

Actions

NA1805807

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ:

*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-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	11/09/2018 18:08
Date Of Accident	11/09/2018 10:10
Exact Location Of Accident	UPP CHANGI RD EAST TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2310Z
Insured/Policyholder	
Name Of Registered Owner	SIN SIEW CHUEN (CHEN XUQUAN)
NRIC No	S7513616A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82888064
Alternative Phone No	OFFICE-82888064

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5102160766
Cover Note Number	

Driver

Name of Driver	SIN SIEW CHUEN (CHEN XUQUAN)
NRIC No	S7513616A
Date Of Birth	07/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82888064
Fax Number	
Contact Number	OFFICE-82888064
EMail Address	NOEMAIL

Address	BLK 226 PASIR RIS STREET 21 #09-88
Postcode	510226
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6819K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO CHN ANN
NRIC/Passport Number	S1642172C
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.

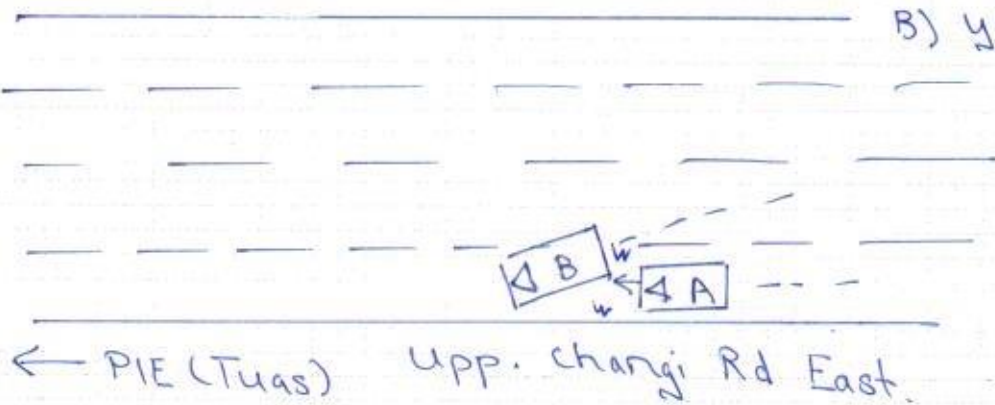
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A) SLE 2310Z
B) YP 6819K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upp. Changi Rd East. I had just accelerated after the traffic light turned green when Veh (B) abruptly cut into my lane. I was then driving in lane 1. Veh (B) was on my next lane on the right. I brake immediately but could not avoid hitting the rear left of Veh (B)

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

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

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

VEHICLE NO : <u>S2E 23102</u>		MAKE/MODEL : <u>Honda Vezel</u>	
Date of Accident	<u>11.08.18</u>	Time: <u>10:10 AM</u>	Foreign Veh Involved <u>YES/NO</u>
Location of Accident	<u>Upp Changi Rd East</u>		Foreign Veh No
Country of Loss	<u>→ PIE (Tues)</u>		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	<u>-OD / TP / REPORTING-</u>	Was There Any Witness	<u>YES/NO</u>
INSURANCE CO	<u>NTUC</u>	Name of Witness :	
Coverage	<u>(Comprehensive) TPFT/Third Party Only</u>	Contact No :	
Policy No	<u>5102160766</u>		
Fleet Policy	<u>YES/NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	<u>SIN SIEW CHUEN</u>	VEHICLE B	<u>YP 6819K (MSIG)</u>
NRIC / Co's Reg No.	<u>S7513616A</u>	Category :	
Address	<u>BLK 226, PASEY RIS St 21</u>	Driver's Name :	<u>TED CHIN ANN</u>
	<u>#08-88 (510226)</u>	NRIC No :	<u>S1642172C</u>
Contact / Mobile No	<u>82888064 / 90488446</u>	Contact No :	
Email Address	<u>shanshan_lim@hotmail.com</u>	No. of Passenger :	
Date of Birth	<u>07.05.1975</u>		
Gender	<u>(M)/F</u>	VEHICLE C	
DRIVER'S NAME	<u>As same above</u>	Category :	
NRIC No	<u>-</u>	Driver's Name :	
Address	<u>-</u>	NRIC No :	
		Contact No :	
Contact / Mobile No	<u>-</u>	No. of Passenger :	
Email Address	<u>-</u>		
Date of Birth	<u>-</u>	VEHICLE D	
Gender	<u>(M)/F</u>	Category :	
LICENSE PASSED DATE	<u>25.06.2004</u>	Driver's Name :	
		NRIC No :	
Occupation	<u>Indoor (Outdoor)</u>	Contact No :	
Relation with Owner	<u>Driver</u>	No. of Passenger :	
Does Driver Own Any Other Veh ? <u>YES/NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear</u> / Raining / Others	Video Captured :	<u>Yes / No</u>
Road Surface	<u>Dry</u> / Wet / Others		
INJURED : <u>YES/NO</u>			
Name of Injured :		Police Report :	<u>YES/NO</u>
Convey To Hospital by Ambulance :	<u>YES / NO</u>	If YES, Where :	
NO. OF PASSENGERS : <u>1 (F)</u>			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
REMARKS : <u>SUCCESS UNITED PTE LTD</u>			
Name of Workshop :	<u>2 Kaki Bukit AutoHub</u>	Contact No :	
Address :	<u>Kaki Bukit Ave 2, #01-33/#02-29</u>	Email :	
	<u>Singapore 417921</u>		
	<u>Tel: 6746 1515 Fax: 6748 5015</u>		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7513616A





Name
SIN SIEW CHUEN
(CHEN XUQUAN)
陈 绪 权

Race
CHINESE

Date of birth
07-05-1975

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S7513616A

Name
SIN SIEW CHUEN
(CHEN XUQUAN)

Birth Date: 07 May 1975

Issue Date: 25 Jun 2004




001245459B

3682621



NRIC No: S7513616A



Valid till expiry
28-12-2016

Address
226
APT BLK 226 BASIL AIS STREET 21
P09-08 09-88
SINGAPORE 510226 510226


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

PASS DATE
25 Jun 2004

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 428A

Licence No: S7513616A



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: 5102160766

Cover : drivo CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLE2310Z |
| Chassis Number | : RU11112923 |
| 2. Name of Policyholder | : SIN SIEW CHUEN (CHEN XUQUAN) |
| 3. Effective Date of Insurance | : 13 Jul 2018 |
| 4. Expiry Date of Insurance | : 12 Jul 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	: SIN SIEW CHUEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : IMOTOR INSURE (00000573595)
 Date of Issue : 10 Jul 2018 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5102160766		SIN SIEW CHUEN (CHEN XUQUAN)	S7513616A	GPC	drive CLASSIC	SLE2310Z	SLE2310Z	13/07/2018	12/07/2019

▼ Policy Information

Policy No.	5102160766	Policyholder Name	SIN SIEW CHUEN (CHEN XUQUA	Policyholder NRIC	S7513616A
Certificate No.					
Address	BLK 226 #09-88 PASIR RIS STREET 21 SINGAPORE 510226				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/07/2018	Effective Date	13/07/2018 00:00	Expiry Date	12/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 226 #09-88	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510226
Address 4		Address Type	Singapore address	Post Code	510226
Unit No.	09-88	Related Policy Number	5102160766		

▶ Insured Object: SLE2310Z

▼ Endorsements

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

Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1011092

Policy No.	S102160766	Vehicle No.	SLE2310Z	GST Registration No.	
Certificate No.					
Policyholder Name	SIN SIEW CHUEN (CHEN XUQUAN)			Policyholder NRIC	S7513616A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82888064	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<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(%)	20	Private Hire	No

▼ Accident Details

Report Date	11/09/2018 19:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/09/2018	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		PCM No.	
Accident Location	UPP CHANGI RD EAST TWDS PHE (TUAS)				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 226 #09-88	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510226
Address 4		Address Type	Singapore address	Post Code	510226
Unit No.	09-88	Related Policy Number	S102160766		

▼ O1 Driver Info

Driver Name	SIN SIEW CHUEN	Driver Type	Main Driver	Driver DOB	07/05/1975
Unnamed Driver Name		Driver NRIC	S7513616A	Driving Experience	14
Register Date of Driver License	25/06/2004	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	82888064	Contact No.(Office)	0	Address 3	SINGAPORE 510226
Address 1	BLK 226	Address 2	PASIR RIS STREET 21	Post Code	510226
Address 4		Address Type	Singapore address		
Unit No.	09-88				
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 [New](#)

Claim Type *	DO-VX	Insured Name	SIN SIEW CHUEN (CHEN XUQUAN)	Insured NRIC	S7513616A
Contact No.(Mobile)	80488448	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLE2310Z	TP Vehicle Number	YP6819K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLE2310Z / YP6819K ON 11 Sept 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/09/2018 19:39	Claim Close Date		Date Received	11/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1011092	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2018 19:39

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

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear


Please Select

NO

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	SAS	Normal	SAS 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Sep 2018 19:39	Photos	Normal	Photos 2018-9-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------