

NATIONAL Assessment Centre Services

Ver 1 Jan 2005

Date In: 01/10/2018 13:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017731/K4	SAS e-filing		
Veh No: GBH 7112Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/09/2018 15:20	i-Motor Claim Form	MT/1013906-001	02/10/18 10:20
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:

SKH 4067J

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Bst. 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

NA1806212

Claimant's Particulars:

Driver/Owner:

Contact No:

Imaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:

1:

2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est. Bill

Add. Bill

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

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

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: 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:

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 (Non 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	01/10/2018 13:54
Date Of Accident	29/09/2018 15:20
Exact Location Of Accident	WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7112Z
Insured/Policyholder	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	ROBOTRARASHAFIEERASIAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90015395
Alternative Phone No	OFFICE-90015395

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091161451-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NOOR SHAFIEE BIN JUMA'AT
NRIC No	S9148263J
Date Of Birth	17/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84908418
Fax Number	
Contact Number	OTHERS-84908418
EEmail Address	ROBOTRARASHAFIEERASIAH@GMAIL.COM

Address	BLK 165A TECK WHYE CRESCENT #15-323
Postcode	681165
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	SIDE SWIPE
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	SKH4067J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW BENG YEW
NRIC/Passport Number	
Contact Number	93868232
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.



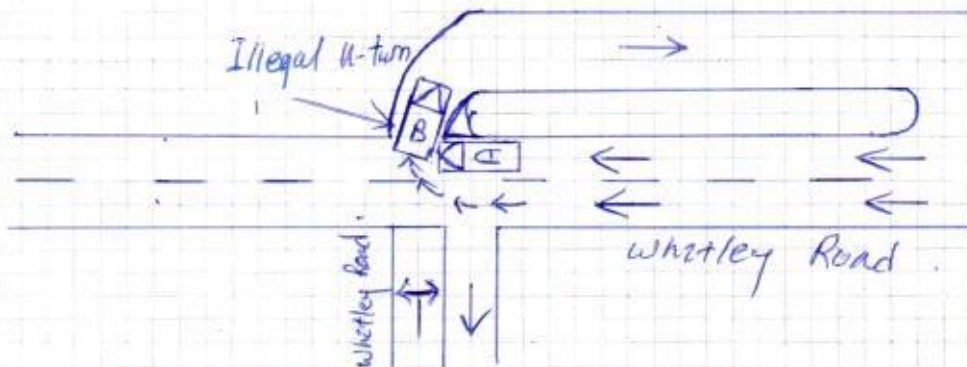
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) GBT 7112Z
(B) SKH 4067J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/09/18 at @ 1520hrs, I was travelling in my vehicle (GBT 7112Z) along Whitley Road towards the direction of PIE (Jury) on the right lane. The traffic was very heavy due to traffic jammed. Suddenly, a vehicle (SKH 4067J) on my left make an illegal U-turn in front of me. As a result, my vehicle front portion collided onto the right rear side of the said vehicle.

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:

01/10/2018

Vehicle No.	GBH 7112 Z	Model / Make	Nissan NV350
Date of Accident	29/09/18		
Time of Accident	1520 HRS		
Location of Accident	Whitley Road		
Exact purpose use during accident	Chauffeur		
Name of Owner	Auto 51 Leasing Pte Ltd.		
Telephone No.	H/P: 90015395	Home :	Office :
NRIC	201632910 R		
Address	15, Yishun Industrial St 1 #01-05 (WuS) S 768091		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5091161451 - 01		
Name of Driver	As Above If No, Mohammad Noor Shafiee Bin Juma'at		
NRIC	S 9148263 J	Any Passengers :	N.A.
Date of birth	17/12/1991		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	29/01/2013		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8490 8418	Home :	Office :
Address	BLK 165A, Teck whye Crescent #15-323 (B) 681165		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>Hires</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SKH 4067 J	Any Passengers :	N.A.
Name of Driver	Chew Beng Yew	Contact No. :	9386 8232
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		Witness Contact :	
Accident Portion	Front Portion		
Camera Recorder	Yes <u>No</u>		
Email Address	ROBOTRASHAFIEERASHAH@GMAIL.COM		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	Tweezer		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S9148263J**

Name: **MOHAMMAD NOOR SHAFIEE BIN JUMA'AT**

Birth Date: **17 Dec 1991**

Issue Date: **29 Jan 2013**

002146602F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9148263J



Name: **MOHAMMAD NOOR SHAFIEE BIN JUMA'AT**

Race: **MALAY**

Date of birth: **17-12-1991**

Sex: **M**

Country of birth: **SINGAPORE**

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Jan 2013
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	29 Jan 2013

NP 428A

Licence No: S9148263J



3981595



NRIC No: **S9148263J**



Date of Issue: **28-12-2005**

APT BLK 165A TECK WHYE CRESCENT #15-323 SINGAPORE 681165

NRIC No: **S9148263J**

Date: **10/04/2018**

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 : 5091161451-01

Cover : Comprehensive

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH7112Z |
| Chassis Number | : JN1MC2E26Z0009173 |
| 2. Name of Policyholder | : AUTO 51 LEASING PTE LTD |
| 3. Effective Date of Insurance | : 07 Sep 2018 |
| 4. Expiry Date of Insurance | : 06 Sep 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: WAA JAWA CREDIT (S) 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 : S & M ALLIANCE PTE LTD (00000614373)

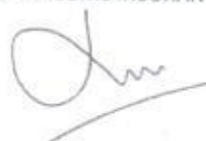
Date of Issue : 12 Mar 2018 08:53 hrs

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.	<input type="text"/>	Date of Accident	<input type="text" value="29/09/2018 15:20"/>
Vehicle No.(For Motor)	<input type="text" value="GBH7112Z"/>	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"/>	5091161451-01		AUTO S1 LEASING PTE LTD	201632910R	GFT	Comprehensive	GBH7112Z	GBH7112Z	07/09/2018	

▼ Policy Information

Policy No.	5091161451-01	Policyholder Name	AUTO 51 LEASING PTE LTD	Policyholder NRIC	201632910R
Certificate No.					
Address	15 YISHUN INDUSTRIAL STREET 1 #01-05 WIN 5 SINGAPORE 768091				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/03/2018	Effective Date	10/03/2018 00:00	Expiry Date	09/03/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3	SINGAPORE 768091
Address 4		Address Type	Singapore address	Post Code	768091
Unit No.	02-06	Related Policy Number	5093489587-01		

► Insured Object: GBH7112Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	31/08/2018 00:00	Basic Information Endorsement	000001286893517	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JN1MC2E26Z0009163 31-08-2018 \$732.93 2. JN1MC2E26Z0009165 31-08-2018 \$732.93 3. JN1MC2E26Z0009167 31-08-2018 \$732.93 4. JN1MC2E26Z0009173 31-08-2018 \$732.93 5. JN1MC2E26Z0030495 31-08-2018 \$732.93 In view of this amendment, an additional premium of \$3,664.65 (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 or NETS.</p>

Claim Handling

Accident MT/1013906

Policy No.	5091161451-01	Vehicle No.	GBH7112Z	GST Registration No.	
Certificate No.					
Policyholder Name	AUTO 51 LEASING PTE LTD			Policyholder NRIC	2016
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90015395	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	No

▼ Accident Details

Report Date	02/10/2018 10:09	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	29/09/2018	Time of Accident hh:mm	15:20	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	WHITLEY ROAD				

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7680
Unit No.	02-06	Related Policy Number	5093489587-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	MOHAMMAD NOOR SHAFIEE BIN	Driver NRIC	S9148263J	Driver DOB	17/1
Register Date of Driver License	29/01/2013	Driver Age	26	Driving Experience	5
Contact No.(Mobile)	84908418	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 165A	Address 2	TECK WHYE CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	6811
Unit No.	#15-323				
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	AUTO 51 LEASING PTE LTD	Insured NRIC	2016
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBH7112Z	TP Vehicle Number	SKH
Claim Description	GBH7112Z / SKH40673 ON 29 Sept 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	02/10/2018 10:20	Claim Close Date		Date Received	02/10
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1013906

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/10/2018 10:20

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="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" 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"/>	<input type="button" 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"/>	<input type="button" 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"/>	<input type="button" 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"/>	<input type="button" 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 02 Oct 2018 10:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:18	SAS	Normal	SAS 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:18	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 10:17	Photos	Normal	Photos 2018-10-2

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"/>			