

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA118133144

Date In: 13/10/18-16:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018596/24	SAS e-filing		
Veh No: XD8393H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/12/18-15:00	i-Motor Claim Form	M7/1015529-001	17/10/18 13:41
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: (

TP Particulars:	Veh No:	Tel:	Fax:
Owner / Driver: (INC () / Non-INC ()		
Policy No: (Period: (Tel: (
Confirmed by: (Cover Type: (
Insured/Driver Liability: (Date: (Time: (
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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

NA1806565

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	for 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:-		
QD*		
*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 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. 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	13/10/2018 16:21
Date Of Accident	10/10/2018 15:00
Exact Location Of Accident	CHANGI AIRPORT T5 CONSTRUCTION SIDE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8393H
Insured/Policyholder	
Name Of Registered Owner	AQUATEMP PTE LTD
Co Reg No	201310647G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97312726
Alternative Phone No	OFFICE-97312726

Vehicle Particulars

Manufacturer	ISUZU
Model	CY252K
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087599956-01
Cover Note Number	

Driver

Name of Driver	SAMPANDAM KARUNAKARAN
Passport No/FIN	G7953176L
Date Of Birth	25/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98655214
Fax Number	
Contact Number	OFFICE-98655214
EMail Address	NOEMAIL

Address	BLK 123 SIMEI STREET 1 #01-374
Postcode	520123
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	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

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

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:

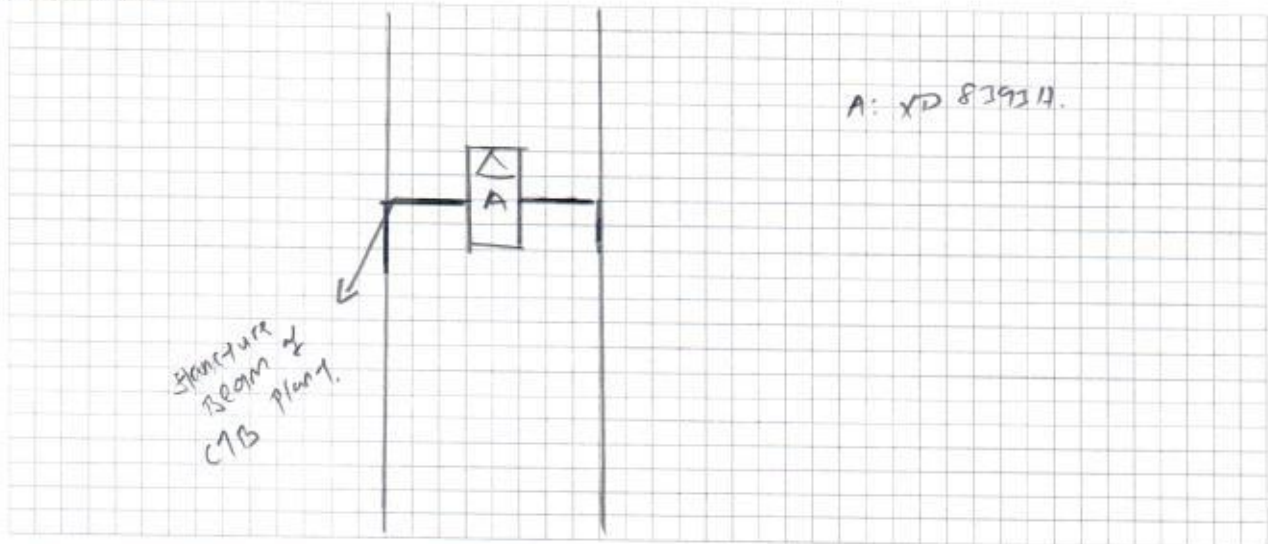
[Signature]

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

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attachment.

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.:

ON STATED DATE AND TIME, AS I WAS LODING GOODS AT CHANGI AIRPORT T5
COSTRUCTION SIDE, MY VEHICLE ACCIDENTALLY GRAZED ONTO STRUCTURE
BEAM OF CTB PLANT.

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Changi Airport T5 construction site.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD839314
 b) INSURANCE COMPANY: MEAN MOT
 c) POLICY NUMBER: 5052599956-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Aquatem He Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97312726
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Limpondin Kyrunalagan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 6755317966 CONTACT: 98655214
 c) ADDRESS: _____

*d) DATE OF BIRTH: (25 / 12 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = pyee@jxc.com.sg & gwyn@jxc.com.sg

fax =

VIDEO =


REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **G7953176L**
 Name
SAMPANDAM KARUNAKARAN



Birth Date **25 Dec 1981**
 Issue Date **11 Mar 2014**
 Valid Till **12 Apr 2019**


002283454F

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore


 Name
SAMPANDAM KARUNAKARAN
 Work Permit No.
0 33558694

Employer
AQUATEMP PTE. LTD.
 Sector
CONSTRUCTION


K0402078

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

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 CC	13 Apr 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Apr 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Jun 2017

G7953176L S / No. 9000270253

NP 428A

Licence No: G7953176L

VISIT PASS
 Immigration Regulations

Name
SAMPANDAM KARUNAKARAN

FIN
G7953176L
 Date of Birth
25-12-1981 Sex
M
 Nationality
INDIAN

Download SGWorkPass App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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 : 5087599956-01

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : XD8393H |
| Chassis Number | : JALCY252KD7000056 |
| 2. Name of Policyholder | : AQUATEMP PTE LTD |
| 3. Effective Date of Insurance | : 19 Jan 2018 |
| 4. Expiry Date of Insurance | : 18 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT 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 : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 10 Jan 2018 12:31 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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087599956-01		AQUATEMP PTE LTD	201310647G	GFT	Comprehensive	XD8393H	XD8393H	19/01/2018	

Continue

Policy Information

Policy No.	5087599956-01	Policyholder Name	AQUATEMP PTE LTD	Policyholder NRIC	201310647G
Certificate No.					
Address	BLK 123 #01-374 SIMEI STREET 1 SINGAPORE 520123				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/01/2018	Effective Date	19/01/2018 00:00	Expiry Date	18/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.	01-374	Related Policy Number	5087599956-01		

Insured Object: XD8393H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	19/01/2018 00:00	Basic Information Endorsement	000001286732547	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 19 Jan 2018 to 18 Jan 2019, this policy is extended to cover the insured vehicles whilst being driven within the airside of Singapore Changi Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. GBD350U, XD2877T, XD3355B, XD6589Z, XD7038R, XD7055R, XD8376H, XD8393H, XD9379T, XD9482C, XD9803K, XE135J, XE2727M, XE3355X, XE3372X, XE3535T & YN135A</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 19 Jan 2018 to 18 Jan 2019 this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport and Seletar Airport. The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability. 1. XD7027Y In view of this amendment, an additional premium of \$267.50 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could</p>
2	19/01/2018 00:00	Basic Information Endorsement	000001286736310	Endorsement Take Effective	

Claim Handling

Accident MT/1015529

Exit

Policy No.	5087599956-01	Vehicle No.	XD8393H	GST Registration No.	201310647G
Certificate No.					
Policyholder Name	AQUATEMP PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201310647G
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97312728	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	13/10/2018 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	10/10/2018	Time of Accident h:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI AIRPORT T5 CONSTRUCTION SIDE				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	20/02/2015
GST Registration No.	201310647G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 123 #01-374	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520123
Address 4		Address Type	Singapore address	Post Code	520123
Unit No.	01-374	Related Policy Number	5087599956-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/12/1981
Unnamed driver Name	SAMPANDAM KARUNAKARAN	Driver NRIC	G7953176L	Driving Experience	1
Register Date of Driver License	05/06/2017	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	98655214	Contact No.(Office)	0	Address 3	SINGAPORE 520123
Address 1	BLK 123	Address 2	SIMEI STREET 1	Post Code	520123
Address 4		Address Type	Singapore address		
Unit No.	01-374				
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 New

Claim Type *	DD-MX	Insured Name	AQUATEMP PTE LTD	Insured NRIC	201310647G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	XD8393H	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XD8393H ON 10 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/10/2018 17:41	Claim Close Date		Date Received	13/10/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1015529	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/10/2018 17:42

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...
Clear
Please Select
SG
Normal

Browse...
Clear
Please Select
SG
Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	SAS	Normal	SAS 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Oct 2018 17:41	Photos	Normal	Photos 2018-10-13		Edit

Video List

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