

# NATIONAL Assessment Centre Services

Date In: 17/10/2018 13:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC1808848/K4	SAS e-filing		
Veh No: SGB 870L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/10/2018 17:500	I-Motor Claim Form	MT/1016100 + 001 18/10/18 09:45	
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: SLM 4385C, 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	Actions	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

NA1806657

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpf 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: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	17/10/2018 13:03
Date Of Accident	13/10/2018 17:00
Exact Location Of Accident	PATAZN ROAD JUNCTION STURDEE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB870L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG GEK KIM
NRIC No	S6923653G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91852130
Alternative Phone No	OTHERS-91852130

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 1.6
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	5101073700
Cover Note Number	

### Driver

Name of Driver	ONG CHENG CHOON
NRIC No	S1632970C
Date Of Birth	08/07/1964
Occupation	INDOOR
Date Of Driving Pass	17/08/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93711275
Fax Number	
Contact Number	OTHERS-93711275
EMail Address	NOEMAIL

Address	BLK 561 PASIR RIS STREET 51 #09-275
Postcode	510561
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER
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?	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: : LOH CHOI YEUNG
	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	SLM4385C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOO YOKE YING
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	ONG CHENG CHOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGB870L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LOH CHOI YEUNG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGB870L
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:

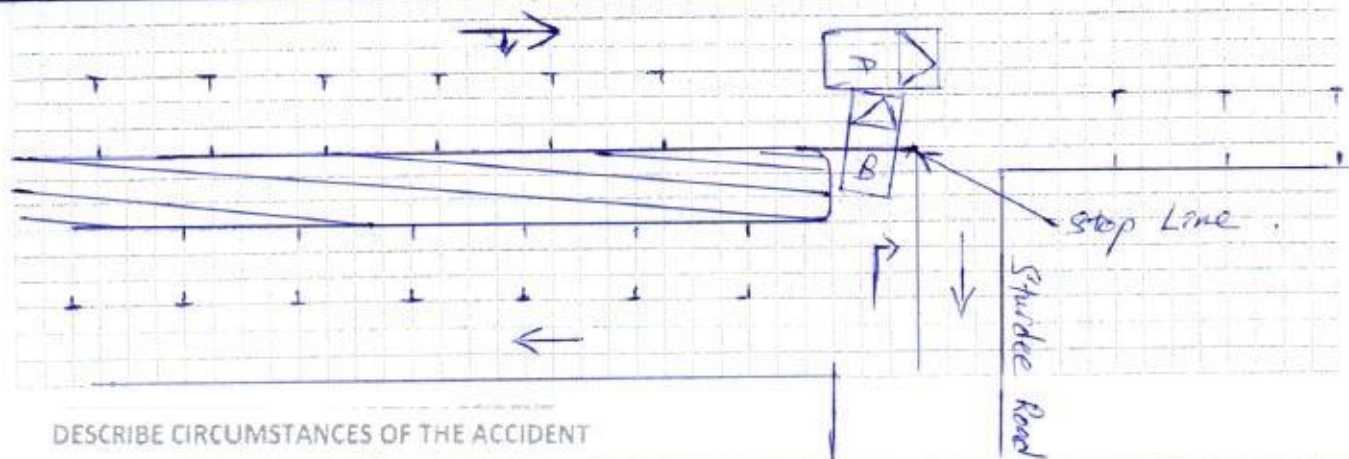
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 17/10/2018  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

(A) SGB 870 L  
(B) SLM 4385 C

Paterson Road.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/18 at @ 1700hrs, I was travelling in my vehicle SGB 870 L along Paterson Road heading straight. Suddenly, a vehicle (SLM 4385 C) turning out from Sturdee Road did not stop at the stop line. As a result, the said vehicle collided onto the right portion of my vehicle. The driver of (SLM 4385 C) agreed to private settle for my damaged, but we could not come to an agreement. That's the reason I reported late.

## 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)  
Name & Time:

Reporting Centre Personnel's Signature  
Name:  
ID No. / Date:

17/10/2018



<b>Vehicle No.</b>	SGR 870 L	Model / Make	Toyota Altis
Date of Accident	13 / 10 / 18		
Time of Accident	1700 HRS		
Location of Accident	Pataen Road Junction Sturdee Road		
Exact purpose use during accident	Private Used		
<b>Name of Owner</b>	Ony Gek Kim		
Telephone No.	H/P: 9125 2130	Home :	Office :
NRIC	S 6923653 G		
Address	BLK 328, Woodlands St 32 #05-69 (S) 730 328		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NJUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5101073700		
<b>Name of Driver</b>	As Above If No, Ony Cheng Choon		
NRIC	S 1632970 C	Any Passengers :	01 (F)
Date of birth	08/07/1964		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	17/08/1989		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9371 1275	Home :	Office :
Address	BLK 561 Pass Res St 51 #09-275 (S) 510 561		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Brother		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Ony Cheng Choon H/P: 9371 1275		
Name And Contact No.	Loh Choi Yee H/P: 9664 6278		
Police Report	<u>No</u> If Yes, Where?		
<b>Vehicle B No.</b>	SLM 4385 C	Any Passengers :	N.A.
Name of Driver	Noo Toke Ying	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
<b>Accident Portion</b>	Right Side		
<b>Camera Recorder</b>	Yes <u>No</u>		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes <u>No</u>	
<b>PARTICULAR WORKSHOP</b>	Purnear		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Hui Xun		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n5i.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1632970C**

Name: **ONG CHENG CHOON**

Birth Date: **08 Jul 1964**

Issue Date: **13 Feb 2003**

000199374J

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1632970C**

Name: **ONG CHENG CHOON**

王振春

Race: **CHINESE**

Date of Birth: **08-07-1964** Sex: **M**

Country of Birth: **SINGAPORE**

S1632970C

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	02 Mar 1987
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug 1989

Licence No: S1632970C

NP 428A

0382177

S1632970C

NRIC No. **S1632970C**

Blood Group: **O+** Date of issue: **14-06-1992**

Address: **APT BLK 331 PASIR RIS STREET 51 #08-275 SINGAPORE 1051**

NRIC No: **S1632970C** Date: **14-07-1993** No: **0277214**



## 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:** 5101073700

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGB870L**  
Chassis Number : **MR053ZEC107105453**
2. Name of Policyholder : **ONG GEK KIM**
3. Effective Date of Insurance : **08 Jun 2018**
4. Expiry Date of Insurance : **07 Jun 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.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
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	: YES
PRIMARY DRIVER	: ONG GEK KIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : **ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)**

Date of Issue : **30 May 2018 16:15 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Countersigned By:



Authorised Officer

Tel: 6841 0900 (23 HR SERVICE)  
HP: 9785 0900 Fax: 6841 1721

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="13/10/2018 17:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SGB870L"/>	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"/>	5101073700		ONG GEK KIM	S6923653G	GPC	drivo CLASSIC	SGB870L	SGB870L	08/06/2018	07/06/2019
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5101073700	Policyholder Name	ONG GEK KIM	Policyholder NRIC	S6923653G
Certificate No.					
Address	BLK 328 #05-69 WOODLANDS STREET 32 SINGAPORE 730328				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/05/2018	Effective Date	08/06/2018 00:00	Expiry Date	07/06/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 328 #05-69	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730328
Address 4		Address Type	Singapore address	Post Code	730328
Unit No.		Related Policy Number	5101073700		

## ► Insured Object: SGB870L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

## Accident MT/1016100

Policy No.	5101073700	Vehicle No.	SGB870L	GST Registration No.
Certificate No.				
Policyholder Name	ONG GEK KIM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91852130	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▼ Accident Details				
Report Date	18/10/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/10/2018	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PATAZN ROAD JUNCTION STURDEE ROAD			
▼ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ Benefits				
Coverage		Sum Insured		
Excess Waiver		99999999.99		
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 328 #05-69	Address 2	WOODLANDS STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101073700	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG CHENG CHOON	Driver NRIC	S1632970C	Driver DOB
Register Date of Driver License	17/08/1989	Driver Age	54	Driving Experience
Contact No.(Mobile)	93711275	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 561 #	Address 2	PASIR RIS STREET 51	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG GEK KIM
Contact No.(Mobile)	91852130	Contact No. (Home)	636722
Email Address		OI Vehicle Number	SGB870L
Claim Description	SGB870L / SLM4385C ON 13 Oct 2018		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	18/10/2018 09:45	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	



☒ Print AK letter

Save Submit

## Attachment



Accident No.	MT/1016100	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/10/2018 09:45

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:45	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:43	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:43	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:43	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Oct 2018 09:42	Photos	Normal	Photos ;

## Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading