

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA1814a6v

Date In: 24/10/18 - 15:41	Job description	Date & Time Completed	Done by
Ref No: NA/INC0019 67/24	SAS e-filing		
Veh No: 5U 3523R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/10/18 - 16:30	i-Motor Claim Form	MN 1017342-001	24/10/18 14:38
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: 5L 231 38M	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

NA 180700v	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	7) N1: Idao 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 (N-in INC) against INC \$20		
	9) N12: Idao 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	29/10/2018 13:41
Date Of Accident	27/10/2018 16:30
Exact Location Of Accident	EXPO DR TWDS UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2523R
Insured/Policyholder	
Name Of Registered Owner	SKSG INTERNATIONAL
Co Reg No	53355760K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98432424
Alternative Phone No	OFFICE-98432424

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 SEDAN 1.6 AT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087879164
Cover Note Number	

Driver

Name of Driver	MAYEKAR SHAILESH PRAKASH
NRIC No	S7568861Z
Date Of Birth	16/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98432424
Fax Number	
Contact Number	OFFICE-98432424
Email Address	NOEMAIL

Address	BLK 32 MARINE CRESCENT #03-123
Postcode	440032
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3138M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.


SKSG INTERNATIONAL
Reg No: 53355760K
Policyholder's Signature
Date & Time:

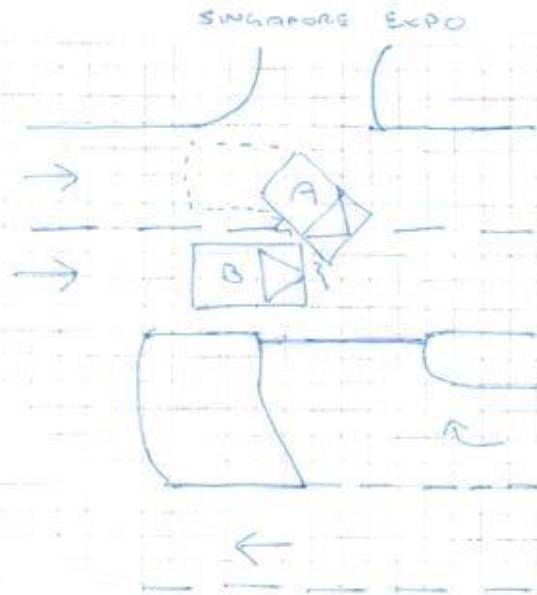

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

VEHICLE A - SJU 2523 R

VEHICLE B - SL23138 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE LEFT LANE OF EXPO DRIVE TOWARDS UPPER CHANGI RD EAST DIRECTION.

AS THERE WAS A VEHICLE STATIONARY STOPPED AT THE FRONT. SO I SIGNALED AND MAKE A LANE CHANGE, I CHECKED AND SUPPOSED THE IN-COMING VEHICLE WAS STILL QUITE A DISTANCE AWAY. SO I PROCEED TO MAKE A LANE CHANGE, AND SUDDENLY I FELT A IMPACT ON THE SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE (SL2 3138 M) THAT HIT ONTO MY VEHICLE WHEN I WAS MAKING A LANE CHANGE.

VEHICLE A - SJU 2523 R

VEHICLE B - SL2 3138 M

DECLARATION

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

SKSG INTERNATIONAL
No Reg No: 53355760K

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.	SSU 2523 R	Model / Make	SUZUKI SX 4
Date of Accident	27 / 10 / 2018		
Time of Accident	1630	HRS	
Location of Accident	EXPO DRIVE TOWARDS UPPER CHANGI RD EAST		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	SKSG INTERNATIONAL		
Telephone No.	H/P: 9843 2424	Home :	Office :
NRIC	S3355760K		
Address	BLK 32 MARINE CRESCENT #03-123 S(440032)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5087879164		
Name of Driver	As Above If <input checked="" type="radio"/> No, MANEER SHAILESH PRAKASH		
NRIC	S75688612	Any Passengers : 3 (2 FEMALE 1 MALE)	
Date of birth	16 / 12 / 1975		
Occupation	<input checked="" type="radio"/> Outdoor / <input checked="" type="radio"/> Indoor		
Driving License Pass Date	01 SEP 2009		
Gender	<input checked="" type="radio"/> Male / Female		
Contact No.	H/P: 9843 2424	Home :	Office :
Address	BLK 32 MARINE CRESCENT #03-123 S(440032)		
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.		
Relationship	Employee,	If no, state	Co-owner
Weather condition	<input checked="" type="radio"/> Clear	Raining	Other
Road Surface	<input checked="" type="radio"/> Dry	Wet	Other
Any Injuries	<input checked="" type="radio"/> No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No, If Yes, Where?		
Vehicle B No.	SL2 3138 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	Witness Contact :		
Accident Portion	RIGHT FRONT PORTION		
Camera Recorder	<input checked="" type="radio"/> Yes / No		
Email Address	irensiew Lian @ gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7568861Z



Name
MAYEKAR SHAILESH PRAKASH

Race
INDIAN

Date of birth
16-12-1975

Sex
M

Country of birth
INDIA

S7568861Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name
S7568861Z

MAYEKAR SHAILESH PRAKASH

Birth Date: **16 Dec 1975**

Issue Date: **26 Sep 2011**



002003125A



9019640

NRIC No. **S7568861Z**



Nationality

INDIAN

Date of issue

07-04-2009

**APT BLK 32 MARINE CRESCENT #03-123
SINGAPORE 440032**

NRIC No: **S7568861Z**

Date: **17/10/2009**

No: **6313476**

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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc 01 Sep 2009
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Sep 2009

NP 428A



Licence No: **S7568861Z**

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 : 5087879164

Cover : Comprehensive

- | | |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU2523R |
| Chassis Number | : JSAGYC21500310188 |
| 2. Name of Policyholder | : SKSG INTERNATIONAL |
| 3. Effective Date of Insurance | : 07 Feb 2017 |
| 4. Expiry Date of Insurance | : 24 Nov 2018 |
| 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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 08 Feb 2017 09:48 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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087879164		SKSG INTERNATIONAL	53355760K	GCV	Comprehensive	SJU2523R	SJU2523R	07/02/2017	24/11/2018

Policy Information

Policy No.	5087879164	Policyholder Name	SKSG INTERNATIONAL	Policyholder NRIC	53355760K
Certificate No.					
Address	BLK 32 #03-123 MARINE CRESCENT MARINE CRESCENT VILLE SINGAPORE 440032				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	08/02/2017	Effective Date	07/02/2017 00:00	Expiry Date	24/11/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 32 #03-123	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT VILLE
Address 4	SINGAPORE 440032	Address Type	Singapore address	Post Code	440032
Unit No.	03-123	Related Policy Number	5087879164		

Insured Object: SJU2523R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/11/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2017 TO 24 May 2018 In view of this amendment, an additional premium of \$340.65 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-6094.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2017 TO 24 Nov 2018 In view of this amendment, an additional premium of \$585.77 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-6094.</p>
2	07/05/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Exit

Accident MT/1017547

Policy No.	5087879164	Vehicle No.	SJU2523R	GST Registration No.	
Certificate No.					
Policyholder Name	SKSG INTERNATIONAL			Policyholder NRIC	S3355760K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98422424	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFR	<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	Yes

☐ **Accident Details**

Report Date	29/10/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	27/10/2018	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EXPO DR TWOS UPP CHANGI RD EAST				

☐ **Excess**

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

☐ **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 32 #03-123	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT VILLE
Address 4	SINGAPORE 440032	Address Type	Singapore address	Post Code	440032
Unit No.	03-123	Related Policy Number	5087879164		

☐ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/12/1975
Unnamed driver Name	HAYEKAR SHAILESH PRAKASH	Driver NRIC	S75688612	Driving Experience	9
Register Date of Driver License	01/09/2009	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	98422424	Contact No.(Office)	0	Address 3	MARINE CRESCENT VILLE
Address 1	BLK 32	Address 2	MARINE CRESCENT	Post Code	440032
Address 4	SINGAPORE 440032	Address Type	Singapore address		
Unit No.	03-123				
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
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Claim Type *	OD-MK	Insured Name	SKSG INTERNATIONAL	Insured NRIC	S3355760K	
Contact No.(Mobile)	98422424	Contact No.(Home)		Contact No.(Office)	N/L	
Email Address		OI Vehicle Number	SJU2523R	TP Vehicle Number	SLZ3138M	
Claimant Type Claimant Type *	Please Select	Type of Benef *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJU2523R / SLZ3138M ON 27 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	29/10/2018 00:00	
Date Registered	29/10/2018 14:38	Claim Close Date				
Report Taken By	Jackson					

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1017547	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/10/2018 14:39

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

Please Select

Please Select

Please Select

Please Select












Please Select

Please Select

Please Select

Please Select

☒ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	SAS	Normal	SAS 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:39	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 14:38	Photos	Normal	Photos 2018-10-29		Edit
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☒ 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"/>				