

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18 14-294

Date In: 29/10/18-16:13	Job description	Date & Time Completed	Done by
Ref No: NA/11C8019682/24	SAS e-filing		
Veh No: 5KA8811M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/10/18-10:05	i-Motor Claim Form	M1/1017648-001	29/10/18 19:15
OD <u>TP</u> 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: 5JL8349K

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

Invoice Preparation Checklist

Am't (\$)
In Bill

Am't (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

- 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) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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 16:13
Date Of Accident	26/10/2018 10:05
Exact Location Of Accident	AIRPORT RD TWDS KPE (MCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8811M
Insured/Policyholder	
Name Of Registered Owner	LOOI CHIN LIANG
NRIC No	S7900324G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96889679
Alternative Phone No	OFFICE-96889679

Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5102777501
Cover Note Number	

Driver

Name of Driver	LOOI CHIN LIANG
NRIC No	S7900324G
Date Of Birth	11/01/1979
Occupation	INDOOR
Date Of Driving Pass	08/05/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96889679
Fax Number	
Contact Number	OFFICE-96889679
Email Address	NOEMAIL

Address	BLK 520C TAMPINES CENTRAL 8 #11-55
Postcode	523520
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL8349K
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC6504T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA7383Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOOI CHIN LIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKA8811M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:


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

SKETCH PLAN

(A) SKA 8811M (C) PC 6504 T
(B) SJL 8349K (D) SHA 73832.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/18 at @ 1005 hrs, I was travelling in my vehicle (SKA 8811M) along Airport Road entrance to KPE toward MCE on a single lane. The taxi (SHA 73832) in front of me stopped due to traffic jammed ahead and I slow down and stopped too. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the said taxi ahead. I got down from my vehicle and found it was a chain collision involving 4 cars.

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: / /
Reporting Centre No: /

Vehicle No.	SKA 8811 M	Model / Make	BMW 520 .
Date of Accident	26 / 10 / 18		
Time of Accident	1005 HRS		
Location of Accident	Airport Road Into KPE → MCE.		
Exact purpose use during accident	Private Used.		
Name of Owner	LOOI CHIN LIANG .		
Telephone No.	H/P : 9688 9679 .	Home :	Office :
NRIC	S7900324 G .		
Address	BLK 520C Tampines Central 8 #11-55 (B) 523520 .		
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.	5102777501 .		
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers :	N.A .
Date of birth	11 / 01 / 1979 .		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	08 / 05 / 2000 .		
Gender	<u>Male</u> Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Owner</u> .		
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.	LOOI CHIN LIANG (H/P: 9688 9679) .		
Name And Contact No.			
Police Report	<u>No</u> , <u>If Yes, Where?</u>		
Vehicle B No.	SJL 8349K .	Any Passengers :	N.A .
Name of Driver		Contact No. :	
Vehicle C No.	PC 6504 T .	Any Passengers :	N.A
Vehicle D No.	SHA 7383 Z .	Any Passengers :	Not sure .
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A	Witness Contact :	N.A .
Accident Portion	Front and Rear Portion .		
Camera Recorder	<u>Yes</u> / No Taken by Traffic Police .		
Email Address	looi.chi11@yahoo.com.sg .		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / <u>No</u>	
PARTICULAR WORKSHOP	Turncar .	90445506 (Joseph)	
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin .	Indrag police rep.	
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7900324G**

Name: **LOOI CHIN LIANG (LU JINGLIANG)**

Birth Date: **11 Jan 1979**

Issue Date: **03 Aug 2007**

001517892H




SINGAPORE ARMED FORCES IDENTITY CARD

Name: **LOOI CHIN LIANG**

NRIC No: **S7900324G**




This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles => 2500kg

PASS DATE: **05 May 2000**

NP 428A

Licence No: **S7900324G**



800 0990129155

NRIC No./Colour: **S7900324G / PINK**

Date Of Birth: **11/01/1979**

Service Status: **REGULAR**

Race: **CHINESE**

Country Of Birth: **SINGAPORE**

Military Rank Status: **OFFICER**

Blood Group: **A+**

Sex: **M**

ADDRESS: **APT BLK 520C TAMPINES CENTRAL 8 #11-55 SINGAPORE 523520**

DATE: **18.09.2017**

S7900324G

CashCard

Use governed by CashCard Terms & Conditions

1111020103563677



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: 5102777501

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

SKA8811M

Chassis Number

WBAXG12080DW33378

2. Name of Policyholder

LOOI CHIN LIANG

3. Effective Date of Insurance

01 Aug 2018

4. Expiry Date of Insurance

31 Jul 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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.

(c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)

: S\$600

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

: NO

PRIMARY DRIVER

: LOOI CHIN LIANG

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: DBS BANK LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

REV AUTO PTE LTD (00000571335)

Date of issue

01 Aug 2018 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102777501		LOOI CHIN LIANG	S7900324G	GPC	drive CLASSIC	SKA8811M	SKA8811M	01/08/2018	31/07/2019

Policy Information

Policy No.	5102777501	Policyholder Name	LOOI CHIN LIANG	Policyholder NRIC	S7900324G
Certificate No.					
Address	BLK 520C #11-55 TAMPINES CENTRAL 8 CENTRALE 8 AT TAMPINES SINGAPORE 523520				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/08/2018	Effective Date	01/08/2018 00:00	Expiry Date	31/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 520C #11-55	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 523520	Address Type	Singapore address	Post Code	523520
Unit No.	11-55	Related Policy Number	5102777501		

Insured Object: SKA8B11M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

- Exit

Accident MT/1017648

Policy No.	S102777501	Vehicle No.	SKA8811M	GST Registration No.	
Certificate No.					
Policyholder Name	LOOI CHIN LIANG			Policyholder NRIC	S7900324G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96889679	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
K/FK	<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(%)	10	Private Hire	No
Accident Details					
Report Date	29/10/2018 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/10/2018	Time of Accident h:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT RD TWDS KPE (MCE)				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 520C #11-55	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 523520	Address Type	Singapore address	Post Code	523520
Unit No.	11-55	Related Policy Number	S102777501		
OI Driver Info					
Driver Name	LOOI CHIN LIANG	Driver Type	Main Driver	Driver DOB	11/01/1979
Unnamed driver Name		Driver NRIC	S7900324G	Driving Experience	18
Register Date of Driver License	08/05/2000	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	96889679	Contact No.(Office)	0	Address 3	CENTRALE 8 AT TAMPINES
Address 1	BLK 520C	Address 2	TAMPINES CENTRAL 8	Post Code	523520
Address 4	SINGAPORE 523520	Address Type	Singapore address		
Unit No.	11-55				
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOOI CHIN LIANG	Insured NRIC	S7900324G
Contact No.(Mobile)	96889679	Contact No.(Home)	84532402	Contact No.(Office)	
Email Address		OI Vehicle Number	SKA8811M	TP Vehicle Number	5JL8349K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKA8811M / 5JL8349K ON 26 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Date Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/10/2018 19:15	Claim Close Date		Date Received	29/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AIC letter					
Save Submit					

Attachment

Accident No.	MT/1017648	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/10/2018 19:16		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> No	Normal	

Please Select

50

Normal

Please Select

50

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	SAS	Normal	SAS 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:16	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Oct 2018 19:15	Photos	Normal	Photos 2018-10-29		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"/>				