

# NATIONAL Assessment Centre Services

Print 1 Jan 05 MNA118145301

Date In: 9/11/18 - 15:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1802036T/24	SAS e-filing		
Veh No: 5J02168H	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 9/11/18 - 09:30	i-Motor Claim Form	M1/1019154-001	9/11/18 19:14
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: 5J02168H	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

NA1802345	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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)		
	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	09/11/2018 15:59
Date Of Accident	09/11/2018 09:30
Exact Location Of Accident	DUNEARN RD TWDS BUKIT TIMAH RD BEFORE TURF CLUB RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2168H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN TECK BENG
NRIC No	S1745797G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96416955
Alternative Phone No	OFFICE-96416955

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	5095286557
Cover Note Number	

### Driver

Name of Driver	TAN TECK BENG
NRIC No	S1745797G
Date Of Birth	01/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96416955
Fax Number	
Contact Number	OFFICE-96416955
EMail Address	NOEMAIL

Address	67 ROSEWOOD DRIVE #05-40
Postcode	737876
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	RAINING
Road Surface	WET

#### 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?	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: : TAN CHAK YEE 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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP1590E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACLYN
NRIC/Passport Number	
Contact Number	97394568
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFS9789C  
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)

#### DETAILS OF INJURED PERSON 1

Name TAN CHAK YEE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJU2168H  
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:

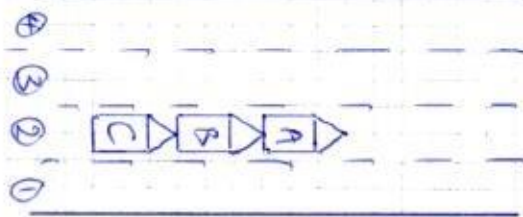


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was travelling along Duncorn Road towards Bukit Timah Road near turf club road on a 4 lane traffic on lane 2. The vehicle in front of me slowed down & I also follow to came to a stop. Suddenly I felt an impact on my rear. I then alighted to check & noticed it was a chain collision involving 3 vehicles

## 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.:

<b>Vehicle No.</b>	SJU2168H		<b>Model / Make</b>	Nissan Sylphy
<b>Date of Accident</b>	9/11/18			
<b>Time of Accident</b>	9:30am HRS			
<b>Location of Accident</b>	Dunearn Road towards Bukit Timah Road (city) before turf club road.			
<b>Exact purpose use during accident</b>	Personal Use			
<b>Name of Owner</b>	Tan Teck Beng			
<b>Telephone No.</b>	H/P: 96416955		<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S17457976			
<b>Address</b>	67 Rosewood Drive #05-40 (737876)			
<b>Claim type</b>	OD	(THIRD PARTY)	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5095286557			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	S17457976		<b>Any Passengers :</b>	1 passenger denial.
<b>Date of birth</b>	1 Dec 1966			
<b>Occupation</b>	(Outdoor)	/	Indoor	
<b>Driving License Pass Date</b>	3 Feb 1994			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	H/P :		<b>Home :</b>	<b>Office :</b>
<b>Address</b>	As Above			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state			
<b>Weather condition</b>	Clear	(Raining)	Other	
<b>Road Surface</b>	Dry	(Wet)	Other	
<b>Any Injuries</b>	No, (If Yes, Who?) Tan Chak Yee			
<b>Name And Contact No.</b>	Tan Chak Yee 98525898			
<b>Name And Contact No.</b>				
<b>Police Report</b>	(No,) If Yes, Where?			
<b>Vehicle B No.</b>	SLP1590E		<b>Any Passengers :</b>	1 Baby
<b>Name of Driver</b>	Jacklyn		<b>Contact No. :</b>	97394568
<b>Vehicle C No.</b>	SFs 9789C		<b>Any Passengers :</b>	Not Sure.
<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 :			
<b>Witness Name</b>	Witness Contact :			
<b>Accident Portion</b>				
<b>Camera Recorder</b>	Yes (No)			
<b>Email Address</b>	Hackben@yahoo.com.sg			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
Yes / No				
<b>PARTICULAR WORKSHOP</b>				
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>				
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1745797G**

Name: **TAN TECK BENG**

Birth Date: **01 Dec 1966**  
Issue Date: **07 Jan 2004**

 001078919D



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO: **S1745797G**



Name: **TAN TECK BENG**

**陈德明**

Race: **CHINESE**

Date of Birth: **01-12-1966** Sex: **M**

Country of Birth: **SINGAPORE**





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Feb 1994

NP 428A

Licence No: **S1745797G**





211943

NPIC No: **S1745797G**



Blood Group: **O+** Date of issue: **11-06-1994**

67 ROSEWOOD DRIVE #05-40  
SINGAPORE 737876

NRIC No: **S1745797G** Date: **22/06/2011** No: **6880351**

## 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:** 5095286557

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJU2168H**  
Chassis Number : JN1BAAG11Z0110430
2. Name of Policyholder : TAN TECK BENG
3. Effective Date of Insurance : 24 Nov 2017
4. Expiry Date of Insurance : 23 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 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)	: 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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN TECK BENG
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 06 Nov 2017 17:11 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"/>	5095286557		TAN TECK BENG	S1745797G	GPC	drive CLASSIC	SJU2168H	SJU2168H	24/11/2017	23/11/2018

 Policy Information

Policy No.	5095286557	Policyholder Name	TAN TECK BENG	Policyholder NRIC	S1745797G
Certificate No.					
Address	67 ROSEWOOD DRIVE #05-40 ROSEWOOD SUITES SINGAPORE 737876				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	06/11/2017	Effective Date	24/11/2017 00:00	Expiry Date	23/11/2018 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	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	67 ROSEWOOD DRIVE	Address 2	#05-40 ROSEWOOD SUITES	Address 3	SINGAPORE 737876
Address 4		Address Type	Singapore address	Post Code	737876
Unit No.		Related Policy Number	5095286557		

 Insured Object: SJU2168H

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/1019154

Policy No.	5095286557	Vehicle No.	SJU216BH	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TECK BENG			Policyholder NRIC	S1745797G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	96416955	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

**Accident Details**

Report Date	09/11/2018 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/11/2018	Time of Accident (hh:mm)	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN RD TWOS BUKIT TIMAH RD BEFORE TURF CLUB RD				

**Excess**

Own damage Excess	500.00	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	67 ROSEWOOD DRIVE	Address 2	#05-40 ROSEWOOD SUITES	Address 3	SINGAPORE 737876
Address 4		Address Type	Singapore address	Post Code	737876
Unit No.		Related Policy Number	5095286557		

**OI Driver Info**

Driver Name	TAN TECK BENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1745797G	Driver DOB	01/12/1966
Register Date of Driver License	03/02/1994	Driver Age	51	Driving Experience	24
Contact No. (Mobile)	96416955	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	67 ROSEWOOD DRIVE	Address 2	ROSEWOOD SUITES	Address 3	SINGAPORE 737876
Address 4		Address Type	Singapore address	Post Code	737876
Unit No.	05-40				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN TECK BENG	Insured NRIC	S1745797G
Contact No. (Mobile)	96416955	Contact No. (Home)	68947182	Contact No. (Office)	
Email Address	teckben@yahoo.com.sg	OI Vehicle Number	SJU216BH	TP Vehicle Number	SLP1590E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJU216BH / SLP1590E ON 9 Nov 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	09/11/2018 19:14	Claim Close Date		Date Received	09/11/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1019154 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 09/11/2018 19:15

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

Browse...		Clear	Please Select	7/0	Normal	
Browse...		Clear	Please Select	7/0	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Mug Sent <sup>1</sup> (CO)	Action
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	SAS	Normal	SAS 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Nov 2018 19:14	Photos	Normal	Photos 2018-11-9		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
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