

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA11813871**

Date In: 20/11/18-17:07	Job description	Date & Time Completed	Done by
Ref No: NA/1401801298/24	SAS e-filing		
Veh No: JK369223	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/11/18-16:50	i-Motor Claim Form	M/1102138-001	20/11/18 17:20
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: **MA3890** 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

NA180713	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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)			
Pat 1:	6) TR : Re-inspection \$75			
Pat 2/3:	7) N1 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QJ*:			
	*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: 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	26/11/2018 13:03
Date Of Accident	20/11/2018 16:50
Exact Location Of Accident	BLK 275 BUKIT BATOK EAST AVE 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6977B
Insured/Policyholder	
Name Of Registered Owner	NG GINA
NRIC No	S7809044H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92973999
Alternative Phone No	OFFICE-92973999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	5103683704
Cover Note Number	

Driver

Name of Driver	DAMON KANG YEW KHIANG
NRIC No	S6902506D
Date Of Birth	30/01/1969
Occupation	INDOOR
Date Of Driving Pass	17/05/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98579801
Fax Number	
Contact Number	OFFICE-98579801
Email Address	NOEMAIL

Passenger 1

NAME: :

GENDER: :

Address	BLK 443 CHOA CHU KANG AVENUE 4 #01-337
Postcode	680443
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	2
Passenger 1	NAME: :- 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	SMA389U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAYN ETHAN SEAH
NRIC/Passport Number	
Contact Number	93803240
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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:

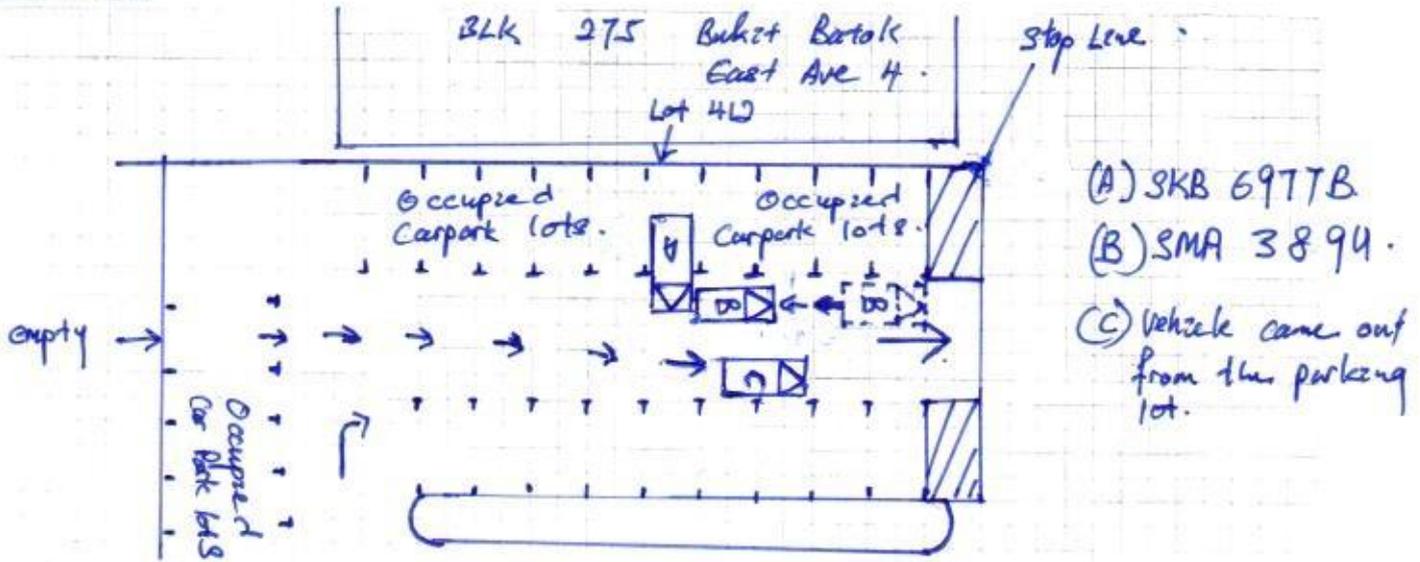


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



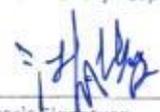
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/18 at @ 1650 hrs, I drove my vehicle (SKB 6977B) out of the carpark lot 412 in front of BLK 275 Bukit Batok East Ave 4. As I was half way out, I saw a car came out from the lot from my right and I stopped ~~to~~ give way. After the vehicle passed me and I moved forward. Suddenly, a vehicle (SMA 3894) without checking, reversed and wanted to take the lot that the car which came out from. On seeing these, I horn repeatedly but the said vehicle still continued and as a result, the said vehicle collided onto the front left side of my vehicle. The driver admitted at fault that he wanted to take the lot that the vehicle came out from and did not notice me. He wanted to private ~~sett~~ settle and agreed to pay for my damaged. After the quotation, he ~~did~~ said was too high and did not reply me. That's the reason I reported the incident 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)
Date & Time:


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

Vehicle No.	SKE 6AFFB	Model / Make	Light Wagon
Date of Accident	26/11/2018		
Time of Accident	4:50 pm	HRS	
Location of Accident	Rt 275 Bldg Sphr East Ave 4 Lot 412		
Exact purpose use during accident	car use		
Name of Owner	Ng Gwa		
Telephone No.	H/P: 92973999	Home :	Office :
NRIC	S78090441		
Address	Rt 275, Choa Chu Kang Ave 4, #01-357, S(680413)		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NAC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5103603-104		
Name of Driver	As Above If No, Damon King Yan Kheng		
NRIC	56902506D	Any Passengers :	01 (female)
Date of birth	20/1/1969		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	17/3/1995		
Gender	(Male) / Female		
Contact No.	H/P: 93579801	Home :	Office :
Address	As above		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, (If no, state)		Spouse
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	(No), If Yes, Where?		
Vehicle B No.	SMA 389U	Any Passengers :	01 (female)
Name of Driver	Zain Ethan Seah	Contact No. :	93803240
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	Left front		
Camera Recorder	Yes / NO		
Email Address	damon-king@yahoo.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / (No)	
PARTICULAR WORKSHOP	Pura Automotif P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Luca		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

4208445



NRIC No. S7809044H

Date of issue
17-04-2008

APT BLK 443 CHOA CHU KANG AVENUE 4 #01 - 337
SINGAPORE 680443

NRIC No: S7809044H Date: 30/11/2008 No: 6352750

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7809044H



Name
NG GINA
(HUANG GINA)
黄 郾 娜

Race
CHINESE

Date of birth Sex
09-04-1978 F

Country of birth
SINGAPORE



Owner

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6902506D**
 Name:
DAMON KANG YEW KHIANG

Birth Date: **30 Jan 1969**
 Issue Date: **11 Sep 2003**

000837758G



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S6902506D**



Name
DAMON KANG YEW KHIANG
江宥滢

Race
CHINESE

Date of Birth: **30-01-1969** Sex: **M**

Country of Birth
SINGAPORE



Driver

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

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	07 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 Jul 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 May 1995

NP 428A

Licence No: **S6902506D**



3025270



Barcode

NRIC No: **S6902506D**

Blood Group: **O+** Date of issue: **18-05-1998**

APT BLK 443 CHOA CHU KANG AVENUE #01-337
SINGAPORE 680443

NRIC No: **S6902506D** Date: **30/11/2008** No: **6352751**

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: 5103683704

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SKB6977B |
| Chassis Number | : ZNE100325512 |
| 2. Name of Policyholder | : NG GINA |
| 3. Effective Date of Insurance | : 18 Sep 2018 |
| 4. Expiry Date of Insurance | : 17 Sep 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	: DAMON KANG YEW KHIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 12 Sep 2018 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5103683704		NG GINA	S7809044H	GPC	drive CLASSIC	SKB6977B	SKB6977B	18/09/2018	17/09/2019

Policy Information

Policy No.	5103683704	Policyholder Name	NG GINA	Policyholder NRIC	S7809044H
Certificate No.					
Address	BLK 443 #01-337 CHOA CHU KANG AVENUE 4 SINGAPORE 680443				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	12/09/2018	Effective Date	18/09/2018 00:00	Expiry Date	17/09/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 443 #01-337	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680443
Address 4		Address Type	Singapore address	Post Code	680443
Unit No.		Related Policy Number	5103683704		

Insured Object: SKB6977B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/1021338

Policy No.	5103683704	Vehicle No.	SKB6977B	GST Registration No.	
Complate No.					
Policyholder Name	NG GINA	Cover Type	drive CLASSIC	Policyholder NRIC	S7809044H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	92973999	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	26/11/2018 13:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/11/2018	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 275 BUKIT BATOK EAST AVE 4 CARPARK				

Excess

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	9999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 443 #01-337	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680443
Address 4		Address Type	Singapore address	Post Code	680443
Unit No.		Related Policy Number	5103683704		

DI Driver Info

Driver Name	DAMON KANG YEW KHIANG	Driver Type	Main Driver	Driver DOB	30/01/1969
Unnamed driver Name		Driver NRIC	S6902506D	Driving Experience	23
Register Date of Driver License	17/05/1995	Driver Age	49	Contact No. (Home)	0
Contact No. (Mobile)	99579601	Contact No. (Office)	0	Address 3	SINGAPORE 680443
Address 1	BLK 443	Address 2	CHOA CHU KANG AVENUE 4	Post Code	680443
Address 4		Address Type	Singapore address		
Unit No.	01-337				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG GINA	Insured NRIC	S7809044H	
Contact No. (Mobile)	92973999	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	ng_gina@yahoo.com.sg	DI Vehicle Number	SKB6977B	TP Vehicle Number	SMA389U	
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKB6977B / SMA389U ON 20 Nov 2018				Name of Preferred Workshop	
Preferred workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	YES	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/11/2018 00:00	
Date Registered	26/11/2018 13:22	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1021338	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2018 13:23

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	

<input type="text"/>	Browse...	Clear	Please Select	100	Normal	<input type="text"/>
<input type="text"/>	Browse...	Clear	Please Select	100	Normal	<input type="text"/>
<input type="text"/>	Browse...	Clear	Please Select	100	Normal	<input type="text"/>
<input type="text"/>	Browse...	Clear	Please Select	100	Normal	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	SAS	Normal	SAS 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:23	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Nov 2018 13:22	Photos	Normal	Photos 2018-11-26		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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