

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA 118166477-01

Date In: 27/12/18 17:04	Job description	Date & Time Completed	Done by
Ref No: NA/14C18023233/24	SAS e-filing		
Veh No: SK262KR	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/12/18 10:30	i-Motor Claim Form	M/102549-001	27/12/18 20:22
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: SK262KR

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

NA1808521

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for Bill

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) TF: 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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*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	27/12/2018 17:04
Date Of Accident	27/12/2018 00:30
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE NEAR L/P: 79
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6215R
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3SP LUX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094921806-01
Cover Note Number	

Driver

Name of Driver	SITI NOR RIZARTUL BINTE ALI
NRIC No	S7000551D
Date Of Birth	06/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82534281
Fax Number	
Contact Number	OFFICE-82534281
EMail Address	NOEMAIL

Address	BLK 101 BEDOK NORTH AVENUE 4 #05-1964
Postcode	460101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9475Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SANTIRAN A/L MUNIANDY
NRIC/Passport Number	F0771136X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

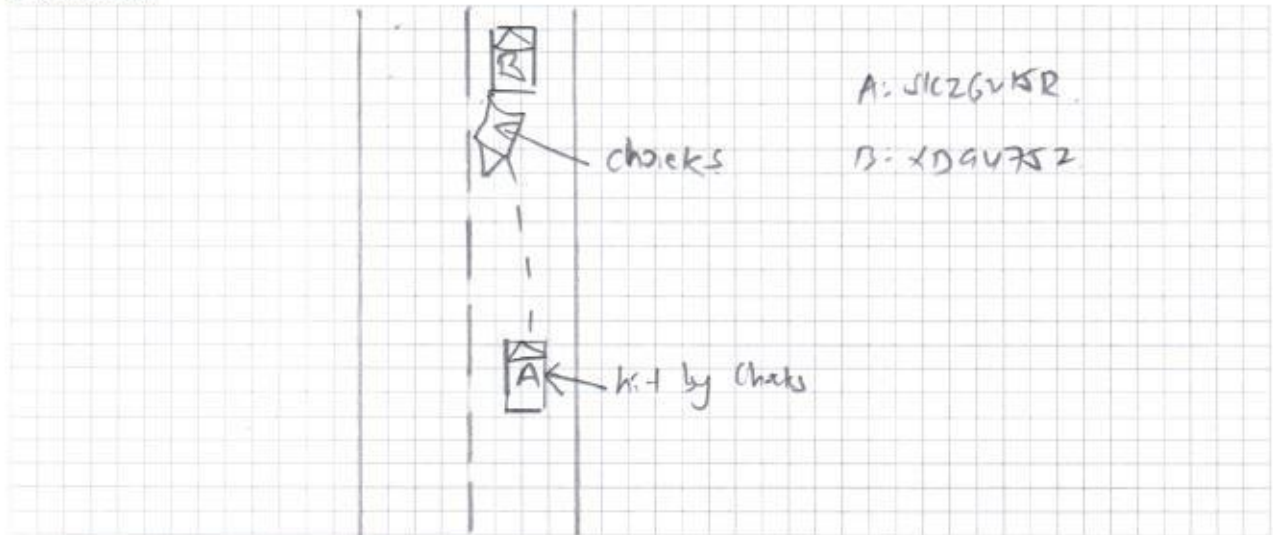


Policyholder's Signature
Date & Time:

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

Refer to statement.

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:

Handwritten signature of the driver.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Handwritten signature of the reporting centre personnel.

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING IN FRONT OF MY VEHICLE IN A VERY FAR DISTANCE. SUDDENLY VEHICLE B THE CHAIN BROKEN AND ONE OF THE CHOCKS FELL FROM VEHICLE B. I WAS UNABLE TO AVOID THE CHOCKS AS BOTH LANES HAVE VEHICLES. AS A RESULT, THE CHOCKS FELL FROM VEHICLE B AND ROLLING UNDER MY VEHICLE UNDERCARRIAGE. AFTER AN IMPACT, MY VEHICLE FUEL LEAK FROM MY VEHICLE.

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 12 / 18) (DD/MM/YYYY), TIME: (00 : 30) (HH:MM)

LOCATION: Clement Ave 6 twds Ave. near Vlp : 79.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK26VSR
b) INSURANCE COMPANY: NTSC
c) POLICY NUMBER: 5094921806-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Accurate Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201727451M CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Siti Nur Rizartu Binte Ali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8700551D CONTACT: 82534281
c) ADDRESS: Bite 101 Bedok North Avenue 4 #05-1964 (460101)

*d) DATE OF BIRTH: (6 / 1 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD94752 MODEL: _____
b) DRIVER'S NAME: Santiran A/L Muniandy
c) NRIC/FIN/PASSPORT: E0721136x CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

video =

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118166477 Vehicle Registration No: SKZ6215R
Name (as shown in NRIC) : SITI NOR RIZARTUL BINTE ALI NRIC/FIN/Passport No : S7000551D
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 101 BEDOK NORTH AVENUE 4 #05-1964 Singapore (460101)
Contact (Tel) : _____ Mobile No. : 82534281
Email Address : _____
Date of Accident : 27/12/2018 Time of Accident : 00:30
Place of Accident : CLEMENTI AVE 6 TWDS AYE NEAR L/P: 79
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver gender _____

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Siti Nor Rizartul Binte Ali.

License Number: **S7000551D**
Name: **SITI NOR RIZARTUL BINTE ALI**
Birth Date: **06 Jan 1970**
Issue Date: **17 Oct 2008**

Barcode: 001665660C

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

PASS DATE: **17 Oct 2008**

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg

NP 428A

Barcode: Licence No: S7000551D

Type **PA** Country Code **SGP** Passport No **K0672673B**
Name

Sex

F

Date of birth

06 JAN 1970

Date of issue

27 AUG 2018

Date of expiry

27 MAY 2024

Modifications

SEE PAGE 2

National ID No

\$7000551D

Nationality

SINGAPORE CITIZEN

Place of birth

SINGAPORE

Authority

MINISTRY OF HOME AFFAIRS

PASGPSITI<NOR<RIZARTUL<BINTE<ALI<<<<<<<<<<

K0672673B6SGP7001062F2405274S7000551D<<<<<30

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/12/2018 00:30"/>
Vehicle No. (For Motor)	<input type="text" value="SKZ6215R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094921806-01		ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SKZ6215R	SKZ6215R	09/10/2018	

Policy Information

Policy No.	5094921806-01	Policyholder Name	ACCURATE LEASING PTE LTD	Policyholder NRIC	201727451M
Certificate No.					
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	22397.85		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5094921806-01		

Insured Object: SKZ6215R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	12/12/2018 00:00	Basic Information Endorsement	000001286961813	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJL9867A 10-12-2018 \$893.43 In view of this amendment, a refund of \$893.43 (inclusive of GST) will be adjusted against the outstanding premium.
2	21/12/2018 00:00	Basic Information Endorsement	000001286967757	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJL5206J 20-11-2018 \$869.91 In view of this amendment, a refund of \$869.91 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1025419

Policy No.	5094921806-01	Vehicle No.	SK2621SR	GST Registration No.	
Certificate No.					
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201727451M
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	0	Private Hire	Yes

Accident Details

Report Date	27/12/2018 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/12/2018	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 6 TWDS AVE NEAR L/P: 79				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5094921806-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	SITI NOR RIZARTUL BINTE ALI	Driver NRIC	S7000551D	Driver DOB	06/01/1970
Register Date of Driver License	17/10/2008	Driver Age	48	Driving Experience	10
Contact No.(Mobile)	82534281	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 101	Address 2	BEDOK NORTH AVENUE 4	Address 3	PEARL GARDEN
Address 4	SINGAPORE 460101	Address Type	Foreign address	Post Code	460101
Unit No.	05-1964				
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 *	OO-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SK2621SR	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SK2621SR ON 27 Dec 2018			Name of Preferred Workshop	XD9475Z
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/12/2018 00:00
Date Registered	27/12/2018 20:22	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

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

Attachment



Accident No.	MT/1025419	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2018 20:25		
Path *		Category *	Confidential	Urgency *	Description *
Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Browse...	Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="n1"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="n1"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="n1"/>	<input type="text" value="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 SERV) CES) on 27 Dec 2018 20:25	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:25	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:25	SAS		Normal	SAS 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:24	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 Dec 2018 20:23	Photos		Normal	Photos 2018-12-27		Edit

    	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 27 Dec 2018 20:22	Photos	Normal	Photos 2018-12-27	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 27 Dec 2018 20:22	Photos	Normal	Photos 2018-12-27	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 27 Dec 2018 20:22	Photos	Normal	Photos 2018-12-27	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 27 Dec 2018 20:22	Photos	Normal	Photos 2018-12-27	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window		Scan and uploading	