

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 10/01/09	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000635/13	SAS e-filing		
Veh No: FC629E	E-mail (w/thin 8hrs, A/C 2hrs)		
D.O.A: 07/01/19 1900	i-Motor Claim Form	07/1006972-002	
OD (TF) 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: (mofo 51) Tel: Fax:)

TP Particulars:	Veh No: SKV20414	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%; F: 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

NA1900383	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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	10/01/2019 15:28
Date Of Accident	07/01/2019 19:00
Exact Location Of Accident	RIVERVALE LINK TWDS BUANGKOK DR INFRT PARK GREEN C
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FU629E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90147200
Alternative Phone No	OTHERS-90147200
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRRZX150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095263643-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Date Of Birth	31/12/1997
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90147200
Fax Number	
Contact Number	OTHERS-90147200
EMail Address	NOEMAIL

Address	BLK 672B EDGEFIELD PLAINS #10-549
Postcode	822672
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190108/2111

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	SKV8041H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASPER LIM CHENG FENG
NRIC/Passport Number	S9921343D
Contact Number	850051251
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RIZEHAN BIN ABDUL GANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FU629E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

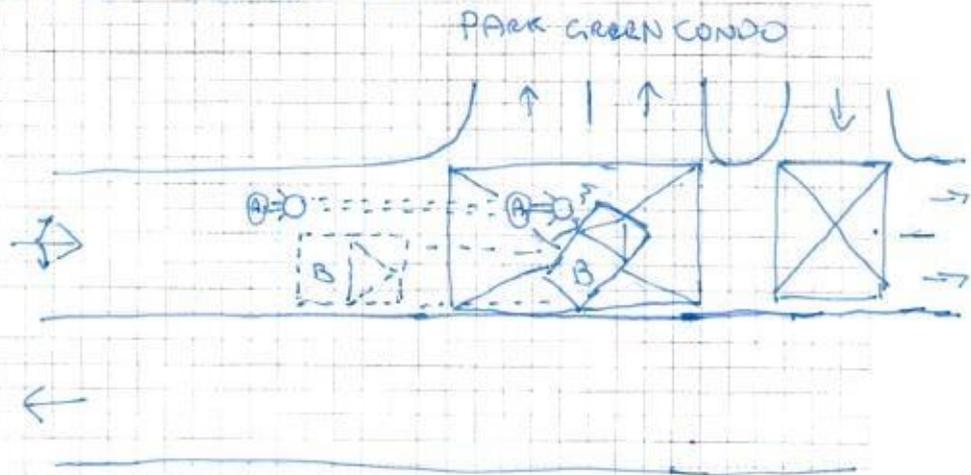
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

RIVERVALE LINK TO BUNSHIKOK DRIVE

VEHICLE A
- FU 629R

VEHICLE B
- SKV 8041 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

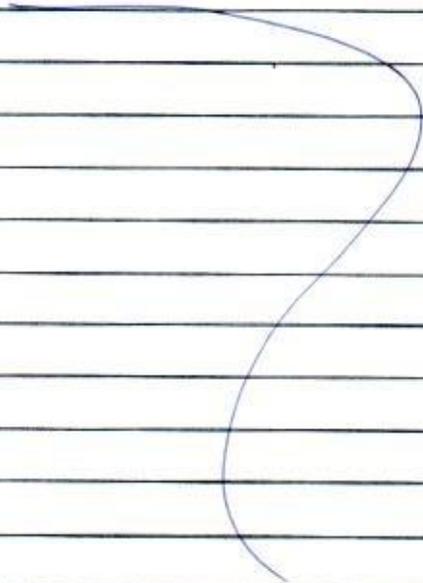
AS PER POLICE REPORT

PUNGGOL NPC

T/20190108/2111

VEHICLE A
- FU 629R

VEHICLE B
- SKV 8041 H



DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 20/01/19

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



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU629E	NTUC Income Insurance Co-Operative Limited	5095263643-01	26/10/2018	25/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD RIZEHAN BIN ABDUL GANI	ID No.	S9746263A	
Related Vehicle	FU629E (Motorcycle)	Contact No.	90147200	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	07/01/2019	Date Discharge	07/01/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	JASPER LIM CHENG FENG	ID No.	S9921343D	
Related Vehicle	SKV8041H (Car)	Contact No.	850051251	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 07/01/2019 at 1900hrs, I was riding my motorcycle bearing registration number FU629E. I was approaching the entrance of Park Green Condominium along Rivervale Link when a vehicle which was in front of me bearing registration number SKV8041H made an abrupt left turn in to the condominium. The car immediately encroached in to my path and I could not stop in time. My motorcycle then hit the left side of the said vehicle. I then fell from the motorcycle and hit the road. The security officers from Park Green Condominium saw what the accident and called for assistance from the police and paramedics. I was able to get up after the accident and exchanged particulars with the driver. Paramedics and police soon attended to me and I refused to be conveyed. Subsequently, I felt pain around right knee cap area and suffered a few abrasions. I then decided to seek treatment at Sengkang General Hospital where I was given 3 days of MC. There was also a footage of the accident which was captured by the condominium's security camera.



**SINGAPORE
POLICE FORCE**



T/20190108/2111

3 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190108/2111

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190108/2111

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

Report No. T/20190108/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD AKHTAR
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Signature Of Informant:
Date/Time: 08/01/2019 18:19
Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Vehicle No.	FU 629E	Model / Make	KAWASAKI KRR 150
Date of Accident	07/01/2019		
Time of Accident	1900	HRS	
Location of Accident	RIVERVALE LINK TOWARD BUNHURK DR INFRONT PARK GREEN CONDO		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUHAMMAD RIZHAN BIN ABDUL GANI		
Telephone No.	H/P: 90147200	Home:	Office:
NRIC	S9746263A		
Address	BLK 672B ROAD FIBER PLANS #10-549 S(822672)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5095263643-01		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth	31/12/1997		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	13 OCT 2016		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MUHAMMAD RIZHAN BIN ABDUL GANI, 90147200		
Name And Contact No.			
Police Report	No,	If Yes, Where? DUNGAL NPC	
Vehicle B No.	SKV 8041 H	Any Passengers:	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	FRONT AND FALL ON LEFT		
Camera Recorder	Yes/No		
Email Address	antonio97557@gmail.com		
PARTICULAR WORKSHOP	MOTO 51 PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9746263A**
 Name: **MUHAMMAD RIZEHAN BIN ABDUL GANI**

Birth Date: **31 Dec 1997**
 Issue Date: **13 Oct 2016**

002619433A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9746263A**



Name: **MUHAMMAD RIZEHAN BIN ABDUL GANI**
 محمد ريزحان بن عبدالكافي

Race: **BOYANESE**

Date of birth: **31-12-1997** Sex: **M** NRIC No: **S9746263A**

Country/Place of birth: **SINGAPORE**

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

		EFFECTIVE DATE
C	Class 2B Motorcycles <= 200 CC	13 Oct 2016
	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Dec 2018

S9746263A

S / No. 9000318157

Licence No: S9746263A



NP 428A

5562715



NRIC No. **S9746263A**



Date of issue: **29-01-2016**

Address

**APT BLK 672B EDGEFIELD PLAINS
#10-549
SINGAPORE 822672**

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 : 5095263643-01	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FU629E
Chassis Number	: KR150KA54076
2. Name of Policyholder	: MUHAMMAD RIZEHAN BIN ABDUL GANI
3. Effective Date of Insurance	: 26 Oct 2018
4. Expiry Date of Insurance	: 25 Oct 2019
5. Persons or Classes of Persons entitled to drive#	
(a) Named Driver(s) Only.	
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
INSURE WITH COE	:	N/A
NAMED DRIVER (1)	:	MUHAMMAD RIZEHAN BIN ABDUL GANI
NAMED DRIVER (2)	:	MUHAMMAD RIDUWAN BIN ABDUL GANI
HIRE PURCHASE COMPANY	:	A.S. PHOON PTE LTD
SUM INSURED	:	N/A

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 : A S PHOON PTE LTD (00000571911)
 Date of Issue : 05 Oct 2018 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorized Officer



 Chief Executive

Claim Handling

Accident MT/1026972

Policy No.	5095263643-01	Vehicle No.	FU629E	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD RIZEHAN BIN ABDUL GANI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	09/01/2019 09:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2019	Time of Accident hh:mm	19:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RIVERVALE LINK (PARK GREEN CONDO ENTRANCE)			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 672B #10-549	Address 2	EDGEFIELD PLAINS	Address 3
Address 4	SINGAPORE 822672	Address Type	Singapore address	Post Code
Unit No.	10-549	Related Policy Number	5095263643-01	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	90147200	Contact No. (Home)	
Email Address		OI Vehicle Number	FU629E
Claim Description	FU629E / SKV8041H ON 7 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	10/01/2019 17:20	GIA report	Received
Report Taken By	ROS LINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1026972 Claim No. 002
 Last Doc. Received Yes No Upload Date 10/01/2019 00:00

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:20		NRIC/ Driving License	Normal	NRIC/ Driving I
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:20		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2019 17:19		Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading