

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA19006443

Date In: 14/1/9 - 19:00	Job description	Date & Time Completed	Done by
Ref No: HA/NC19000847/24	SAS e-filing		
Veh No: 6p480E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/9 - 10:00	i-Motor Claim Form	M/1037688-002	14/1/9 19:34
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: 5481913	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

NA 1900398	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	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 (N11) 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	14/01/2019 19:00
Date Of Accident	12/01/2019 10:00
Exact Location Of Accident	ALONG WOODLANDS ST 83
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGP480E
Insured/Policyholder	
Name Of Registered Owner	EFFAN CAR LEASING PTE LTD
Co Reg No	201824238H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5LSR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	51026151113
Cover Note Number	
Driver	
Name of Driver	KHAMISAN BIN ISMAIL
NRIC No	S7805693B
Date Of Birth	02/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84586197
Fax Number	
Contact Number	OFFICE-84586197
EMail Address	NOEMAIL

Address	BLK 852 WOODLANDS STREET 83 #08-248
Postcode	730852
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	COLLISION - HEAD TO REAR
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?	YES
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190112/2152.

#### 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	SLJ8191J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	KHAMISAN BIN ISMAIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGP480E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

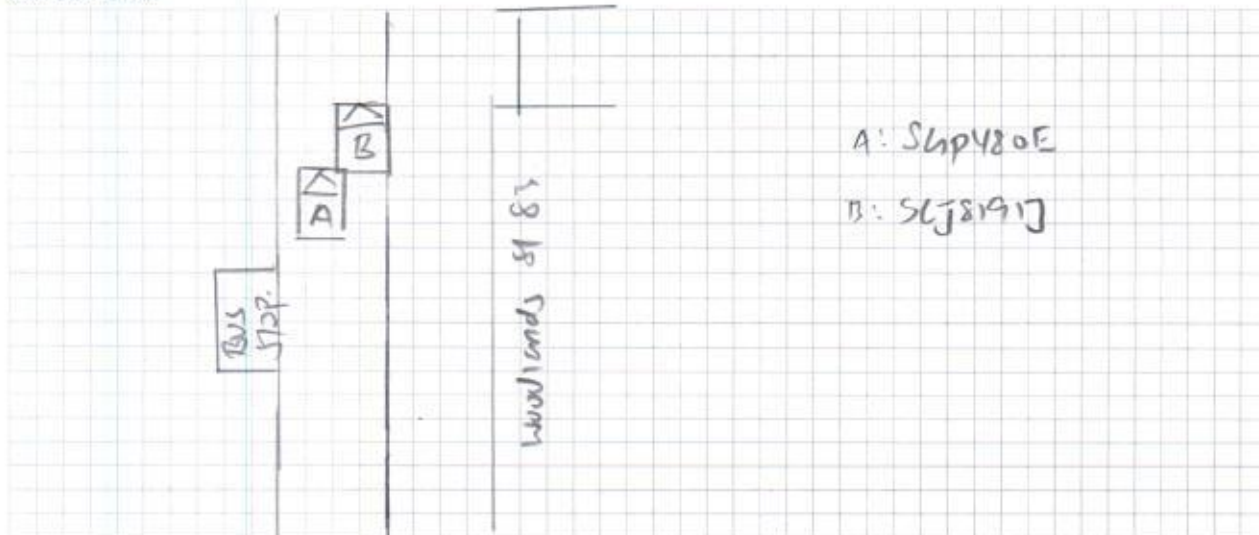


Policyholder's Signature  
Date & Time:

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

Refer to police report - 7/20192112/2152.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 1 / 19) (DD/MM/YYYY), TIME: (6 : 00) (HH:MM)

LOCATION: Along Woodlands of 83.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP480E  
 b) INSURANCE COMPANY: NTJC  
 c) POLICY NUMBER: 5122615113  
 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: Private used.  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Ethan car leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 20182423811 CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Khamisan Bin Umair (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 7805693B CONTACT: 84586197  
 c) ADDRESS: Nik 852 Woodlands Heart 83 #08-248 (732852)

\*d) DATE OF BIRTH: (2 / 3 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/3/2018

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) conveyed by ambulance.

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 2J81915 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (5.)

2 male  
 2 female.

\* No of passenger  
 (including driver)  
 (1.)

\* No of passenger  
 (including driver)  
 ( )

Email = alongkhamis5033@gmail.com

fax =

video =





# SINGAPORE POLICE FORCE



T/20190112/2152

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20190112/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2019 22:11	Vide Report No.: L/20190112/0068	Station Diary No.: 188
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**Informant's Particulars**

Name of Informant: KHAMISAN BIN ISMAIL			Address: APT BLK 852 WOODLANDS STREET 83 #08-248 SINGAPORE 730852		
ID Type / ID No.: NRIC NO / S7805693B			Contact No.: Home/Office: Mobile: 84586197		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 02/03/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/01/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS STREET 83				
ALONG WOODLANDS ST 83 TOWARDS CAUSEWAY POINT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP480E	Car				Slightly Damaged	4
SLJ8191J	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





**SINGAPORE  
POLICE FORCE**



T/20190112/2152

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3

Report No. T/20190112/2152

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KHAMISAN BIN ISMAIL	ID No.	S7805693B
Related Vehicle	SGP480E (Car)	Contact No.	84586197
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2019	Date Discharge	12/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time, I was travelling along Woodlands St 83 towards causeway point with my wife 3 children. While along the mentioned street, there was a public bus at the bus stop. Before I passed the bus, there was a man who I was unsure if he wanted to cross the road. He stood still and I assumed he did not want to cross and I picked up speed. Immediately after, the man begun to cross the road, I could not have time to stop and swift right to avoid him. I looked at my left view mirror to check before turning back to my lane. I turned my head back forward and realized that there was a vehicle in front of me turning right. I could not react and we collided. The seat belt failed to lock and my chest hit steering wheel and my head hit the front dash board.

My vehicle suffered damages and the front right bumper area while the other vehicle suffered damages on the left side bumper area. I had pain on right shoulder and right hip area. Non of the passengers in my vehicle were injured.

Police and ambulance were at scene and I was conveyed to hospital and was discharge on the afternoon of the same day. I was granted 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20190112/2152

3 of 3

Report No. T/20190112/2152

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**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:  
L /  
MARC HANSEL CORPUZ CEPE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SHAFUL NEEZAM BIN ABDUL  
SAMAD  
Contact No.: 65476180

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/01/2019 22:11

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7805693B**

Name: **KHAMISAN BIN ISMAIL**

Date of Birth: **02 Mar 1978**

Issue Date: **07 Mar 2018**

002780383A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7805693B**

Name: **KHAMISAN BIN ISMAIL**

Race: **CHINESE**

Date of birth: **02-03-1978**

Country/Place of birth: **SINGAPORE**

Sex: **M**





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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE

07 Mar 2018

Licence No: **S7805693B**



NP 428A

5489305



NRIC No. **S7805693B**



Date of issue: **27-06-2015**

Address: **APT BLK 852 WOODLANDS STREET 83  
#08-248  
SINGAPORE 730852**

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102615113		EFFAN CAR LEASING PTE LTD	201824238H	GPC	drivo CLASSIC	SGP480E	SGP480E	25/07/2018	24/07/2019

Continue



## Claim Handling

[Exit](#)

Accident MT/1027688

Policy No.	S102615113	Vehicle No.	SGP480E	GST Registration No.	
Certificate No.					
Policyholder Name	EFFAN CAR LEASING PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201824238H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	14/01/2019 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	12/01/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS ST 83 (INFRONT OF BLK 856)				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	183 JALAN PELIKAT	Address 2	#01-25 THE PROMENADE@PELI	Address 3	SINGAPORE 537643
Address 4		Address Type	Singapore address	Post Code	537643
Unit No.	01-25	Related Policy Number	S104348240		

**DI Driver Info**

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

Modification History

Claim 002 **New**

Claim Type *	OD-Mix	Insured Name	EFFAN CAR LEASING PTE LTD	Insured NRIC	201824238H
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		DI Vehicle Number	SGP480E	TP Vehicle Number	SLJ81912
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGP480E / SLJ81912 ON 12 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2019 19:34	Claim Close Date		Date Received	14/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save** **Submit****Attachment**

Accident No.	MT/1027688	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2019 19:35
Path *			
	Browse...	Clear	Category *
	Browse...	Clear	Confidential
	Browse...	Clear	Urgency *
	Browse...	Clear	Description *
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	
	Browse...	Clear	

Attachments							<input type="checkbox"/> Send Message <a href="#">Upload</a>
Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:35	SAS	Normal	SAS 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2019 19:34	Photos	Normal	Photos 2019-1-14		<a href="#">Edit</a>	
Video List							
Uploaded By/Date	Folder Date	File Name	Source	Action			
							<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>