

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA1909126

Date In: 19/1/19 - 12:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900 1233/24	SAS e-filing		
Veh No: H0853222R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19 - 18:55	i-Motor Claim Form	M7/1028611-001	19/1/19 15:29
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: JK49985 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

NA 1900 556	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In 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)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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 \$0		
	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	19/01/2019 12:58
Date Of Accident	18/01/2019 18:55
Exact Location Of Accident	BLK 151 SERANGOON NORTH CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB5327R
Insured/Policyholder	
Name Of Registered Owner	SKYRAY SINGAPORE PTE LTD
Co Reg No	200700821R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090936954-01
Cover Note Number	
Driver	
Name of Driver	JUAY KEOK TECK
NRIC No	S1820762A
Date Of Birth	05/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1987
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93262268
Fax Number	
Contact Number	OFFICE-93262268
E-Mail Address	NOEMAIL

Address	BLK 134 ANG MO KIO AVENBUE 3 #12-1685
Postcode	560134
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?	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	SKA9958S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD ZAHID BIN MUSTAKIM
NRIC/Passport Number	S7138986C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

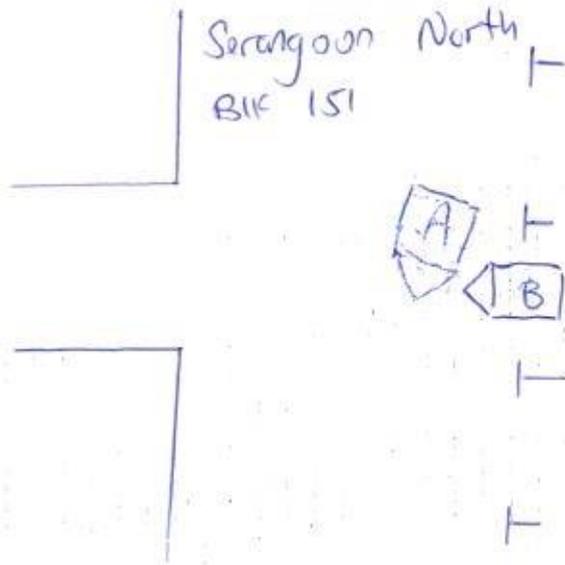


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



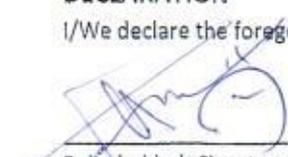
DVA: 18/1/19  
 A: GBB 5327R  
 B: SKA 9985S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

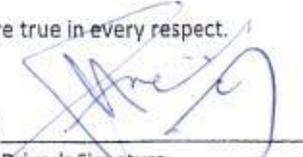
~~AR~~ I was loading & unloading goods, I was blocking veh B who was going to ~~go~~ come out from the parking lot, while was turning out suddenly veh B came out from the parking lot & collided onto my veh frt LH portion

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.:

Personal Particulars

Date of Accident: 18/1/19 Time of Accident: 6.55 pm  
 Exact Location of Accident: Serangoon North SIK 151 c/park  
 Owner's Name: Skyray Singapore Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
 Driver's Name: Juay Keok Teck NRIC No: 81820762A HP No: 93262268  
 Date of Birth: 5/8/1967 Driving Licence Passing Date: 4/11/1987 Occupation: Indoor / Outdoor  
 Address: 134 AMK Ave 3 #12-1685 (560134)  
 Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
 Vehicle No: GBB 5327R Make & Model: Toyota  
 Insurance Co: NTUC Coverage: Comprehensive Policy No: \_\_\_\_\_

- \*Purpose of Reporting?  Own Damage Claim / 3rd Party Claim /  Not Claiming, Just Reporting Only
- \*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work
- \*Weather Condition?  Clear / Raining / Others: \_\_\_\_\_ Wet /  Dry / Others: \_\_\_\_\_
- \* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  
 A: 1+0 B: 1+2 C: \_\_\_\_\_ D: \_\_\_\_\_  
Male by 8 women
- \*Was Anybody Injured? (Yes /  No) If yes,  
 Name / NRIC / In Vehicle: \_\_\_\_\_
- \*Was The Accident Reported To The Police?  
 No  Yes, Which Police Station? \_\_\_\_\_
- \*Does the Driver Own Any Other Vehicle?  
 No  Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_
- \*Was any foreign vehicle involved? (Yes /  No) If yes, Vehicle No & Category: \_\_\_\_\_
- \*Was there any video captured by Car Camera? (Yes /  No)

Third Party Driver's Particulars

Vehicle B No: SKA 99585 Make & Model: \_\_\_\_\_  
 Driver's Name: Mohd Zahid Bin Mustakim NRIC No: 57138986C HP No: \_\_\_\_\_  
 Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

0534

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:**

Class 2B Motorcycles not exceeding 200 cc  
 Class 2A Motorcycles between 201 cc and 400 cc  
 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
 22 Sep 1989  
 22 Sep 1989  
 04 Nov 1987

NP 428A

License No: S1820762A

APT BLK 134 ANG MO KIO AVE 3 #12 - 1585  
 SINGAPORE 560134

NRIC No: S1820762A

DOB: 06-08-2007 (M) Hgt: 5.590 437

Record Group: D+  
 Date of Issue: 23-08-1982

IRIC No: S1820762A




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:**

Class 2B Motorcycles not exceeding 200 cc  
 Class 2A Motorcycles between 201 cc and 400 cc  
 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
 22 Sep 1989  
 22 Sep 1989  
 04 Nov 1987

NP 428A

License No: S1820762A



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1820762A

Name: JUAY KEOK TECK

氏名: 芮克德

Race: CHINESE  
 Date of Birth: 05-08-1967  
 Country of Birth: SINGAPORE

Sex: M




REPUBLIC OF SINGAPORE  
 DRIVING LIC

License Number: S1820762A  
 Name: JUAY KEOK TECK

Birth Date: 05 Aug 1967  
 Issue Date: 07 Oct 2003

1808895544E




## 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 : 5090936954-01

Cover : Preferred Workshop Plan

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBB5327R                 |
| Chassis Number  | : JTFHT02PX0G043241        |
| 2. Name of Policyholder   | : SKYRAY SINGAPORE PTE LTD |
| 3. Effective Date of Insurance  | : 28 May 2018              |
| 4. Expiry Date of Insurance   | : 27 May 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.   |                            |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                            |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ONG HUI SENG LIFE & GENERAL INS AGENCY (000005/1953)  
 Date of Issue : 23 Apr 2018 15:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



\_\_\_\_\_  
 Authorized 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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090936954-01		SKYRAY SINGAPORE PTE LTD	200700821R	GCV	Preferred Workshop Plan	GBB5327R	GBB5327R	28/05/2018	27/05/2019

Continue

**Policy Information**

Policy No.	5090936954-01	Policyholder Name	SKYRAY SINGAPORE PTE LTD	Policyholder NRIC	200700821R
Certificate No.					
Address	5 ANG MO KIO INDUSTRIAL PARK 2A #07-07 AMK TECH II SINGAPORE 567760				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	23/04/2018	Effective Date	28/05/2018 00:00	Expiry Date	27/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAI	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	5 ANG MO KIO INDUSTRIAL PAF	Address 2	#07-07 AMK TECH II	Address 3	SINGAPORE 567760
Address 4		Address Type	Singapore address	Post Code	567760
Unit No.		Related Policy Number	5090936954-01		

**Insured Object: GBB5327R**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

[Task Transfer](#) [Exit](#)

**Accident MT/1028611**

Policy No.	5090936954-01	Vehicle No.	GBB5327R	GST Registration No.	200700821R
Certificate No.					
Policyholder Name	SKYRAY SINGAPORE PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200700821R
Product Code	COMMERCIAL VEHICLE INSURAI	Loading	0	Contact No. (Home)	0
Contact No. (Mobile)	0	Contact No. (Office)	0	eCode	<input type="text" value=""/>
Email Address		Special Remark		eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0		

**Accident Details**

Report Date	19/01/2019 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/01/2019	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 151 SERANGOON NORTH CARPARK				

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	15/02/2007
GST Registration No.	200700821R	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	5 ANG MO KIO INDUSTRIAL PAR	Address 2	#07-07 AMK TECH II	Address 3	SINGAPORE 567760
Address 4		Address Type	Singapore address	Post Code	567760
UNE No.		Related Policy Number	5090936954-01		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/08/1967
Unnamed driver Name	JUAY KECK TECK	Driver NRIC	S1820762A	Driving Experience	31
Register Date of Driver License	04/11/1987	Driver Age	51	Contact No. (Home)	0
Contact No. (Mobile)	93262268	Contact No. (Office)	0	Address 1	KEBUN BARU SPRING
Address 1	BLK 134	Address 2	ANG MO KIO AVENUE 3	Address 3	
Address 4	SINGAPORE 560134	Address Type	Singapore address	Post Code	560134
Unit No.	12-1685				
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
Modification History			

**Investigation**

**Claim 001 OD-MX**

**Claim Case Officer**

Claim Type	OD-MX	Insured Name	SKYRAY SINGAPORE PTE LTD	Insured NRIC	200700821R	
Contact No. (Mobile)	97850900	Contact No. (Home)		Contact No. (Office)		
Email Address		DI Vehicle Number	GBB5327R	TP Vehicle Number	SKA99585	
Claimant Type		Type of Benefit				
Claimant Name		Claimant NRIC				
Claimant Address						
Claim Description	GBB5327R / SKA99585 ON 18 Jan 2019				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	19/01/2019 15:29	
Date Registered	19/01/2019 15:29	Claim Close Date		Total Loss but Repaired		
Report Taken By	Jackson	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						
Modification History						

**Special Claim Creation Approval**

Approval	Reason
Remarks:	

**Attachment**

Accident No.	MT/1028611	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2019 15:29

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:29	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:29	SAS	Normal	SAS 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 19 Jan 2019 15:28	Photos	Normal	Photos 2019-1-19		<a href="#">Edit</a>
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Video List

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<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				