

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119013947.

Date In: 29/11/19 16:51	Job description	Date & Time Completed	Done by
Ref No: NA11MC19001907164.	SAS e-filing		
Veh No: SKB 4101A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/11/19 02:10	I-Motor Claim Form	MT/1029774-002	29/11/19 17:45.
OD / TP / Repairing 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: SHD 1217U	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: YBS () / 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)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

Client's Particulars:	Invoice/Reparation Grids:	Am't (\$)	Am't (\$)
		Inc	Add'l Bill
	1) AR: Accident Reporting (\$30);	70.00	
	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idaho DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OJ*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idaho Mobile 30		
Driver/Owner:	Invoice dated	Fee Charged	
Contact No:	Invoice dated	Fee Charged	
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors Comments:			
Pat. 1:			
Pat. 2 / 3:			

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 willful 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	29/01/2019 16:51
Date Of Accident	26/01/2019 02:10
Exact Location Of Accident	HONG KONG ST TWDS NEW BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB4101A
Insured/Policyholder	
Name Of Registered Owner	GOH KAI LIN JORENE
NRIC No	S9502541B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91275721
Alternative Phone No	OFFICE-91275721
Vehicle Particulars	
Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106923063
Cover Note Number	-
Driver	
Name of Driver	GOH KAI LIN JORENE
NRIC No	S9502541B
Date Of Birth	20/01/1995
Occupation	INDOOR
Date Of Driving Pass	26/01/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91275721
Fax Number	
Contact Number	OFFICE-91275721
EEmail Address	NOEMAIL

Address	BLK 334 HOUGANG AVE 5 #03-246
Postcode	530334
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)	3
Passenger 1	NAME: : LOW SHI YUN GENDER: : FEMALE
Passenger 2	NAME: : LOW JIA LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED 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	SHD1217U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOW SHI YUN
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKB4101A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LOW JIA LING
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKB4101A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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

I was travelling along Hong Kong street towards New Bridge road. I was exiting from Hong Kong street turning into New Bridge road, while I suddenly felt a huge impact from the ~~left~~ ^{right} side of my vehicle. I got down and saw vehicle B 5HD217Y had hit onto my vehicle.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 26/1/19 (DD/MM/YY) Time: 2:07am (HH:MM)
Exact location of accident	Hong kong street toward New bridge road

Details of vehicle

Vehicle registration number	SKB4101A
Vehicle make and model	BMW 318
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	On the way home
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

Insurance information

Insurance company	NIVC
Policy number	5106 923063
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Goh Kai Lin Jurend	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	59502541B	
Contact	91275721	
Address	APT 811C 334 Hujung Avenue 5 #03-246 S(530334)	

Driver

Same as insured above (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	20 Jan 1995	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	26 Jan 2017	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

Passenger 1

Name	Goh Kai Lin Jordan
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	Low Shi yuh
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	Low Jia Ling
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	St
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHD1217U
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Low JIA Lin
Injuries sustained	Back & neck
Which vehicle person in?	SKB 4101A
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	Low Shi yun
Injuries sustained	Back & neck
Which vehicle person in?	SKB 4101A
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 26 Jan 2017



Licence No: S9502541B

NP 428A

4840167



NRIC No: S9502541B



Date of issue

05-03-2010

APT BLK 334 HOUGANG AVENUE 5 #03-246
SINGAPORE 530334
NRIC No: S9502541B

Date: 12/08/2010

No: 6584856

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9502541B

Name: GOH KAI LIN JORENE

Birth Date: 20 Jan 1995

Issue Date: 26 Jan 2017



002651497J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9502541B



Name

GOH KAI LIN JORENE

吴凯琳

Race

CHINESE

Date of birth

20-01-1995

Country of birth

SINGAPORE

Sex

F

S9502541B



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"/>	5106923063		GOH KAI LIN JORENE	S9502541B	GPC	drivo CLASSIC	SKB4101A	SKB4101A	20/01/2019	19/01/2020

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029774

Policy No.	5106923063	Vehicle No.	SKB4101A	GST Registration No.	
Certificate No.				Policyholder NRIC	S950
Policyholder Name	GOH KAI LIN JORENE	Cover Type	drivo CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Not a
NCD Protection	No				
Accident Details					
Report Date	28/01/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	02:05	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW BRIDGE ROAD / HONG KONG STREET				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 334 #03-246	Address 2	HOUANG AVENUE 5	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5303
Unit No.		Related Policy Number	5106923063		
O1 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 Handling

The premium on this policy has not been collected.

Accident MT/1029774

Policy No.	5106923063	Vehicle No.	SKB4101A	GST Registration No.	
Certificate No.				Policyholder NRIC	S950
Policyholder Name	GOH KAI LIN JORENE	Cover Type	drivo CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Not a
NCD Protection	No				
Accident Details					
Report Date	28/01/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	02:05	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW BRIDGE ROAD / HONG KONG STREET				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		
All Claims Excess					
YIED All Claim Excess		Driver is Covered?			

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

0.00

TP Standard Excess

YIED TP Excess

Total TP Excess Applicable

Driver is Covered?

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 334 #03-246	Address 2	HOUGANG AVENUE 5	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5303
Unit No.		Related Policy Number	5106923063		

OI 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.		Driver Insurer Company
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.

Modification History

Claim 002 OD-MX **New**

Claim Type * Insured Name

Contact No.(Mobile) Contact No.(Home)

Email Address

Claim Description

Preferred Workshop Finalisation Insured Liability Preferred Repair Option GIA report

Date Registered Claim Close Date

Report Taken By Workshop Repairer


Print AK letter

Attachment

Accident No.	MT/1029774	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2019 17:45
Path *		Category *	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> Confidential <input type="text" value="NO"/> Urgency * <input type="text" value="Normal"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45		SAS	Normal	SAS 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45		Photos	Normal	Photos 2019-1-29

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:45	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:44	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:44	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:44	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:44	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:44	Photos	Normal	Photos 2019-1-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
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