

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MMR11901895**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 11/1/19-16:57 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19002449/24 | SAS e-filing | | |
| Veh No: 5M6191E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 8/1/19-20:25 | i-Motor Claim Form | 11/1/19-21:07 | |
| 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: **6W448P** 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/1900984

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

| Invoice Preparation Checklist | | Am't (\$) In Bill | Am't (\$) Add Bill |
|---|-------------|----------------------|-----------------------|
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| 3) TF: Towing Fee \$40/\$45 | | | |
| 4) FT: Follow-Through Survey \$120 | | | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| For claiming against INC Only (wef 10 Jan 2005) | | | |
| 6) TR: Re-inspection \$75 | | | |
| 7) N1: Idac DA + SMRT Survey \$160 | | | |
| 8) NTUC Additional Services:- | | | |
| QJ: | | | |
| *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 | 11/02/2019 16:50 |
| Date Of Accident | 08/02/2019 20:25 |
| Exact Location Of Accident | BLK 124 LORONG 1 TOA PAYOH CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJM6191E |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEN MEILIN |
| NRIC No | S8945541C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96212319 |
| Alternative Phone No | OFFICE-96212319 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | PERODUA |
| Model | VIVA EZI 1.0 AT |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5107215935 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CHEN MEILIN |
| NRIC No | S8945541C |
| Date Of Birth | 17/12/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/01/2018 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96212319 |
| Fax Number | |
| Contact Number | OFFICE-96212319 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 795 WOODLANDS DRIVE 72 #13-13 |
| Postcode | 730795 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 2 |
| Passenger 1 | NAME: : - 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

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 | GW1445P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

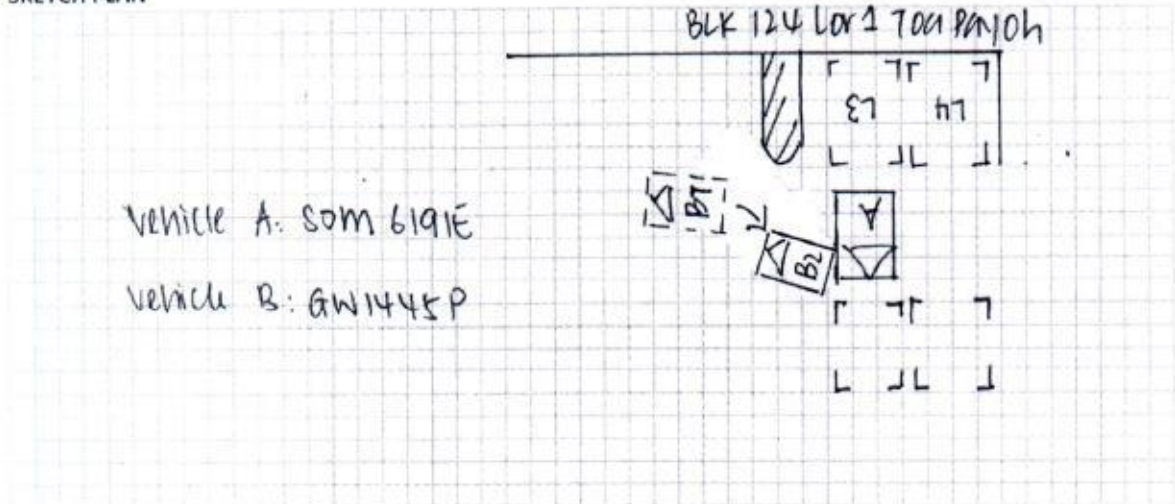
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN






DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A, SOM 6191E, was stationary on the stated venue as I saw vehicle 'B', GW1445P, suddenly brake and intended to reverse. I honk at him but he continued to reverse and collided onto my vehicle & front right 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.: |
|---|--|---|

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2019 (DD/MM/YYYY), TIME: 20:25 (HH:MM)

LOCATION: car park of BIK 124 Lorong 170a Payoh

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 6191E
 b) INSURANCE COMPANY: NTMC
 c) POLICY NUMBER: 5107215935
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Perodua Viva
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Chen Meilin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8945541C CONTACT: 9651 2319
 c) ADDRESS: 795 Woodlands Dr 72 #13-13 S(730795)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 17/12/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 year

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW1445P 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: _____

email =

fax =



SINGAPORE ARMED FORCES IDENTITY CARD

Name

CHEN MEILIN

NRIC No

S8945541C



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number:

S8945541C

Name:

CHEN MEILIN



Birth Date: **17 Dec 1989**

Issue Date: **02 Jan 2018**



GEMALTOSGPU1054519B0813

00000050232788

NRIC No / Colour

S8945541C/ PINK

Race

CHINESE

Date Of Birth

17/12/1989

Service Status

REGULAR

Address

Bik 795 WOODLANDS DRIVE 72

#13-13 SINGAPORE 730795

Blood Group

O (+)

Sex

F

Country Of Birth

SINGAPORE

Military Rank Status

ENLISTEE



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 | 02 Jan 2018 |
|-----------------|---|--------------------|

NP 428A



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

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5107215935 | | CHEN MEILIN | S8945541C | GPC | drive CLASSIC | SJM6191E | SJM6191E | 30/01/2019 | 29/01/2020 |

 **Policy Information**

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5107215935 | Policyholder Name | CHEN MEILIN | Policyholder NRIC | S8945541C |
| Certificate No. | | | | | |
| Address | BLK 795 #13-13 WOODLANDS DRIVE 72 SINGAPORE 730795 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 30/01/2019 | Effective Date | 30/01/2019 00:00 | Expiry Date | 29/01/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | INSURE LINK PTE LTD | Agent Tel. | 64444644 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

 **Policyholder Mailing Address**

| | | | | | |
|-----------|----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 795 #13-13 | Address 2 | WOODLANDS DRIVE 72 | Address 3 | SINGAPORE 730795 |
| Address 4 | | Address Type | Singapore address | Post Code | 730795 |
| Unit No. | 13-13 | Related Policy Number | 5107215935 | | |

 **Insured Object: SJM6191E**
 **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1031496

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5107215935 | Vehicle No. | SIM6191E | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | CHEN MEILIN | | | Policyholder NRIC | S8945541C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96212319 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | 11 |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------------------------|-------------------------------|-------|---------------------|-----------------------|
| Report Date | 11/02/2019 21:06 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 08/02/2019 | Time of Accident hh:mm | 20:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 124 LORONG 1 TDA PAYOH CARPARK | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OO Standard Excess | 600.00 | TP Standard Excess | 0.00 | Driver is Covered? | Not Applicable |
| YIED OO Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0.00 | | | | |
| Total OO Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 795 #13-13 | Address 2 | WOODLANDS DRIVE 72 | Address 3 | SINGAPORE 730795 |
| Address 4 | | Address Type | Singapore address | Post Code | 730795 |
| Unit No. | 13-13 | Related Policy Number | 5107215935 | | |

OT Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|------------------|
| Driver Name | CHEN MEILIN | Driver Type | Main Driver | Driver DOB | 17/12/1989 |
| Unnamed driver Name | | Driver NRIC | S8945541C | Driving Experience | 1 |
| Register Date of Driver License | 02/01/2018 | Driver Age | 29 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96212319 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 730795 |
| Address 1 | BLK 795 | Address 2 | WOODLANDS DRIVE 72 | Post Code | 730795 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 13-13 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 [New](#)

| | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | CHEN MEILIN | Insured NRIC | S8945541C |
| Contact No.(Mobile) | NIL | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OT Vehicle Number | SIM6191E | TP Vehicle Number | GW1445P |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SIM6191E / GW1445P ON 8 Feb 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 11/02/2019 21:07 | Claim Close Date | | Date Received | 11/02/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |


















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

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1031496 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 11/02/2019 21:09 |
| Path * | Browse... Clear | | |
| Category * | Please Select | Confidential | Normal |
| Urgency * | | Description * | |

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

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|---|-----------------------|---------|---------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | SAS | Normal | SAS 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:09 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:08 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:08 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:08 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:08 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:08 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Feb 2019 21:07 | Photos | Normal | Photos 2019-2-11 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |