

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA19045111

Date In: 8/4/19-10:36	Job description	Date & Time Completed	Done by
Ref No: NA/141902628/24	SAS e-filing		
Veh No: JUA43508	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 6/4/19-10:00	i-Motor Claim Form	M7/1039331-001	8/4/19 21:34
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: FBLJ977L	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

NA1902486	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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)		
Ref. 1:	6) TR : Re-inspection \$75		
Ref. 2 / 3:	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	08/04/2019 10:36
Date Of Accident	06/04/2019 10:00
Exact Location Of Accident	BLK 551 PASIR RIS ST 51 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4350B
Insured/Policyholder	
Name Of Registered Owner	OLDS MOTOR CO PTE LTD
Co Reg No	201010904R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81630187
Alternative Phone No	OFFICE-81630187

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	5102949025
Cover Note Number	

Driver

Name of Driver	TAI CHOON LOONG @DAI JIALIANG
NRIC No	S6907855I
Date Of Birth	07/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98898548
Fax Number	
Contact Number	OFFICE-98898548
EMail Address	NOEMAIL

Address	BLK 551 PASIR RIS STREET 51 #06-101
Postcode	510551
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 - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190406/2072.

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	FBL5977L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

Blk 551, Police Ris H31, carpark.

A: 56R4350B
B: 75L5977L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190426/2072.

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: 6/4/19 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: Pusat R&S H 51 car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SR4350B
 b) INSURANCE COMPANY: NTJC
 c) POLICY NUMBER: 510294905
 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 use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Old J Motor Co Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201010904R CONTACT: 863087-167769995
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tai Chong Wong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 569078552 CONTACT: 98898548
 c) ADDRESS: Blk 51 Pusat R&S Street 51 #06-101 (510551)

* d) DATE OF BIRTH: 7/3/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB5977L 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 =

video =



SINGAPORE POLICE FORCE



T/20190406/2072

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190406/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 13:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAI CHOON LOONG			Address: APT BLK 551 PASIR RIS STREET 51 #06-101 SINGAPORE 510551		
ID Type / ID No.: NRIC NO / S69078551			Contact No.: Home/Office: Mobile: 98898548		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 07/03/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: REPAIRS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2019 10:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 51				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5977L	Motorcycle	HONDA	400X MANUAL	Black	Slightly Damaged	0
SLR4350B	Car	HONDA	SHUTTLE 1.5G CVT	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190406/2072

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190406/2072

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location

As I was exiting the carpark lot, the involved motorbike whom was riding straight, collided onto the right side of my vehicle. After which I stopped, exited my vehicle and assess his condition. I suggest that he should be conveyed to hospital for further medical treatment and thence, he was conveyed.



**SINGAPORE
POLICE FORCE**



T/20190406/2072

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190406/2072

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2019 13:19

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S69078551**
 Name: **TAI CHOON LOONG**
 Birth Date: **07 Mar 1969**
 Issue Date: **27 Feb 2003**

000247395C

REPUBLIC OF SINGAPORE



 IDENTITY CARD NO. **S69078551**


 Name: **TAI CHOON LOONG**
@DAI JIALIANG
 戴春龙
 Race: **CHINESE**
 Date of birth: **07-03-1969** Sex: **M**
 Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class-3 Motor Cars and Motor Tractors the weight of which laden does not exceed 2000 kilograms

PASS DATE: **13 Mar 1965**


 Licence No: **S69078551**

IP 438A

4279482


 NRIC No. **S69078551**


 Date of issue: **15-09-2008**

APT BLK 551 PASIR RIS STREET 51 #06-101
SINGAPORE 510551
 NRIC No: **S69078551** Date: **11/12/2009** No: **6315325**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/04/2019 10:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLR4350B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102949025		OLDS MOTOR CO. PTE. LTD.	201010904R	GPC	drive CLASSIC	SLR4350B	SLR4350B	15/08/2018	14/08/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5102949025	Policyholder Name	OLDS MOTOR CO. PTE. LTD.	Policyholder NRIC	201010904R
Certificate No.					
Address	60 UBI CRESCENT #01-01 SINGAPORE 408569				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/08/2018	Effective Date	15/08/2018 00:00	Expiry Date	14/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	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	60 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	5108621893		

► Insured Object: SLR4350B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Aug 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SINGAPURA FINANCE LTD CHASSIS NUMBER: GK81102065 ENGINE NUMBER: L15B5002450 VEHICLE REGISTRATION NUMBER: SLR4350B ORIGINAL REGISTRATION DATE: 15 Aug 2017

Continue

Cancel

Claim Handling

• Exit

Accident HT/1039331

Policy No.	S102949025	Vehicle No.	SLR4350B	GST Registration No.	NA
Certificate No.					
Policyholder Name	OLDS MOTOR CO. PTE. LTD.			Policyholder NRIC	201010904R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81630187	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
KPK	<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	08/04/2019 21:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	08/04/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 551 PASIR RIS ST 51 CARPARK				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	30/01/2012
GST Registration No.	201010904R	GST Status Verified	Yes
Modification History	08/04/2019 21:33:58 System changed GST Registration No. from NA to 201010904R 08/04/2019 21:33:58 System changed GST Registration Date from 01/01/2015 to 30/01/2012 08/04/2019 21:33:58 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	60 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	S108621893		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/03/1969
Unnamed driver Name	TAI CHON LOONG @DAI JIALI	Driver NRIC	S69078551	Driving Experience	24
Register Date of Driver License	13/03/1995	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	98898548	Contact No.(Office)	0	Address 3	SINGAPORE 510551
Address 1	BLK 551	Address 2	PASIR RIS STREET 51	Post Code	510551
Address 4		Address Type	Singapore address		
Unit No.	06-101				
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	OLDS MOTOR CO. PTE. LTD.	Insured NRIC	201010904R
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SLR4350B	TP Vehicle Number	FBL5977L
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR4350B / FBL5977L ON 6 Apr 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	08/04/2019 21:34	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	HT/1039331	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2019 21:35

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	

Browse...
Clear
Please Select
N/D
Normal

Browse...
Clear
Please Select
N/D
Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:35	SAS	Normal	SAS 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:35	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:35	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:35	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:34	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:34	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:34	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:34	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Apr 2019 21:34	Photos	Normal	Photos 2019-4-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				