

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119046670

Date In: 12/4/9-12:14	Job description	Date & Time Completed	Done by
Ref No: H0/NC 19006341/24	SAS e-filing		
Veh No: 5J249E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/4/9-08:15	i-Motor Claim Form	M711039606-001	12/4/9 12:53
<input checked="" type="radio"/> 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: MC2912K	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA 1902582	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
	6) TR: Re-inspection \$75		
	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 (N11 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	10/04/2019 12:14
Date Of Accident	10/04/2019 08:15
Exact Location Of Accident	PIONEER RD NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ49E
Insured/Policyholder	
Name Of Registered Owner	KUAH WEI NAN (KE WEINA)
NRIC No	S8133138C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92706213
Alternative Phone No	OFFICE-92706213
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L 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?	YES
If No, Please state action to be taken	
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	5105358384
Cover Note Number	
Driver	
Name of Driver	HO KHEA KIA (HE QIJIA)
NRIC No	S8229633F
Date Of Birth	07/09/1982
Occupation	INDOOR
Date Of Driving Pass	07/10/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92706213
Fax Number	
Contact Number	OFFICE-92706213
Email Address	NOEMAIL

Address	BLK 35 TEBAN GARDENS ROAD #07-287
Postcode	600035
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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	SMC2912K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FLORA KER
NRIC/Passport Number	
Contact Number	98587259
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

Pioneer  
Rd  
North



DOA 10/4/19

A. SJZ 49E

B. SMC 2912K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Failed to brake in time hit onto the  
rear of Veh B.

## 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: 10/4/19 Time of Accident: 8:15 am  
Exact Location of Accident: Pioneer Rd North  
Owner's Name: Kugh Wei Nan NRIC No: S8133138 HP No: \_\_\_\_\_  
Driver's Name: Ho Khea Kia NRIC No: S8229633F HP No: 92706213  
Date of Birth: 7/9/1982 Driving Licence Passing Date: 7/10/2004 Occupation: Indoor / Outdoor  
Address: 35 Teban Gardens Rd #07-287 (600235)  
Relationship of Driver with Insured: spouse Email Address: \_\_\_\_\_  
Vehicle No: SJZ 49E 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 + 1 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_  
woman

\*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: SMC 29121C Make & Model: \_\_\_\_\_  
Driver's Name: Flora Ker NRIC No: \_\_\_\_\_ HP No: 98587259  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8229633F



Name

HO KHEA KIA  
(HE QIJIA)

何其佳

Race

CHINESE

Date of birth

07-09-1982

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S8229633F

Name:

HO KHEA KIA  
(HE QIJIA)

Birth Date: 07 Sep 1982

Issue Date: 07 Oct 2004



00123117E



4886449



NRIC No. S8229633F



Date of issue

19-09-2012

APT BLK 35 TEBAN GARDENS ROAD #07-287  
SINGAPORE 600035

NRIC No: S8229633F

Date:

17/10/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

PASS DATE

07 Oct 2004

Class 3

Motor cars <= 3000 kg with <= 7 passengers,  
exclusive of the driver, and motor tractors  
/vehicles <= 2500 kg



License No: S8229633F

NP 428A



## 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:** 5105358384

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMF429L**  
Chassis Number : **MR053REH104546323**
2. Name of Policyholder : **KUAH WEI NAN (KE WEINA)**
3. Effective Date of Insurance : **12 Nov 2018**
4. Expiry Date of Insurance : **11 Nov 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.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KUAH WEI NAN (KE WEINA)
NAMED DRIVER (1)	: HO KHEA KLA
NAMED DRIVER (2)	: N/A
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 : ALFA CREDIT PTE LTD (00000613905)

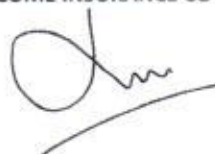
Date of Issue : 12 Nov 2018 08:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="10/04/2019 08:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJZ49E"/>	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"/>	5105358384		KUAH WEI NAN (KE WEINA)	S8133138C	GPC	drive PREMIUM	SJZ49E	SJZ49E	12/11/2018	11/11/2019
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5105358384	Policyholder Name	KUAH WEI NAN (KE WEINA)	Policyholder NRIC	S8133138C
Certificate No.					
Address	BLK 35 #07-287 TEBAN GARDENS ROAD SINGAPORE 600035				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/11/2018	Effective Date	12/11/2018 00:00	Expiry Date	11/11/2019 23:59
Excess Type		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	ALFA CREDIT PTE LTD	Agent Tel.	62411228	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 35 #07-287	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600035
Address 4		Address Type	Singapore address	Post Code	600035
Unit No.		Related Policy Number	5105358384		

## Insured Object: SJZ49E

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Nov 2018, the following amendment(s) is/are made to this policy: 1. HIRE PURCHASE COMPANY: STANDARD CHARTERED BANK (SINGAPORE) LIMITED 2. The Policy is extended to include Free NCD Protection and is subject to Endorsement M4 attached.
2	13/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Nov 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: STANDARD CHARTERED BANK (SINGAPORE) LIMITED CHASSIS NUMBER: MR053REH104546323 ENGINE NUMBER: 1ZRX554921 VEHICLE REGISTRATION NUMBER: SJZ49E ORIGINAL REGISTRATION DATE: 29 Mar 2016

Continue

Cancel

## Claim Handling

Exit

## Accident MT/1039606

Policy No.	S105358384	Vehicle No.	SJZ49E	GST Registration No.	
Certificate No.					
Policyholder Name	KUAIH WEI NAN (KE WEINA)	Cover Type	drive PREMIUM	Policyholder NRIC	S8133138C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92706213	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	10/04/2019 13:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/04/2019	Time of Accident h:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER RD NORTH				

**Excess**

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 35 #07-287	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600035
Address 4		Address Type	Singapore address	Post Code	600035
Unit No.		Related Policy Number	S105358384		

**OI Driver Info**

Driver Name	HO KHUA KUA	Driver Type	Named Driver	Driver DOB	07/09/1981
Unnamed driver Name		Driver NRIC	S8229633F	Driving Experience	14
Register Date of Driver License	07/10/2004	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	92706213	Contact No.(Office)	0	Address 3	SINGAPORE 600035
Address 1	BLK 35	Address 2	TEBAN GARDENS ROAD	Post Code	600035
Address 4		Address Type	Singapore address		
Unit No.	07-287				
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-MD	Insured Name	KUAIH WEI NAN (KE WEINA)	Insured NRIC	S8133138C
Contact No.(Mobile)	85713812	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	kweliana@yahoo.com.sg	OI Vehicle Number	SJZ49E	TP Vehicle Number	SMC2912K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJZ49E / SMC2912K ON 10 Apr 2019				
Preferred Workshop Contact No.	96813469	Insured Liability *	Fully at Fault	Name of Preferred Workshop	J-MART AUTO SERVICES
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	10/04/2019 13:53	Claim Close Date		Date Received	10/04/2019 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1039606 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 10/04/2019 13:55

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



☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:55	SAS	Normal	SAS 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 10 Apr 2019 13:54	Photos	Normal	Photos 2019-4-10		<a href="#">Edit</a>

**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"/>				