

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA/1905331

Date In: 29/4/19-1626	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1905331/24	SAS e-filing		
Veh No: 55 68376	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/4/19-03:20	i-Motor Claim Form	M1/1042260-001	29/4/19-19:28
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: 9068376

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/1905331/24	Invoice Preparation Checklist	Am't (\$) In 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		
	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 / Tpl 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	

Auditors' Comments:-

Lat 1:

Lat 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 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	29/04/2019 16:26
Date Of Accident	28/04/2019 03:20
Exact Location Of Accident	SCOTTS RD TWDS NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6857L
Insured/Policyholder	
Name Of Registered Owner	LEE THIAM HUAT
NRIC No	S1669667F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91379453
Alternative Phone No	OFFICE-91379453

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098762812
Cover Note Number	

Driver

Name of Driver	LEE THIAM HUAT
NRIC No	S1669667F
Date Of Birth	25/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91379453
Fax Number	
Contact Number	OFFICE-91379453
EMail Address	NOEMAIL

Address	224 LOYANG AVENUE #03-06
Postcode	509069
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	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	FBG5854J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AROCKIASAMY STEPHEN
NRIC/Passport Number	S8383763B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE THIAM HUAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS6857L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

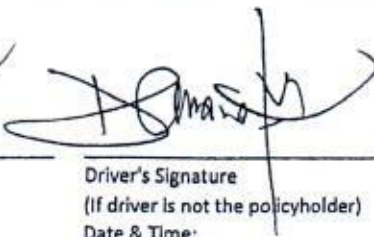
IMPORTANT NOTICE


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:

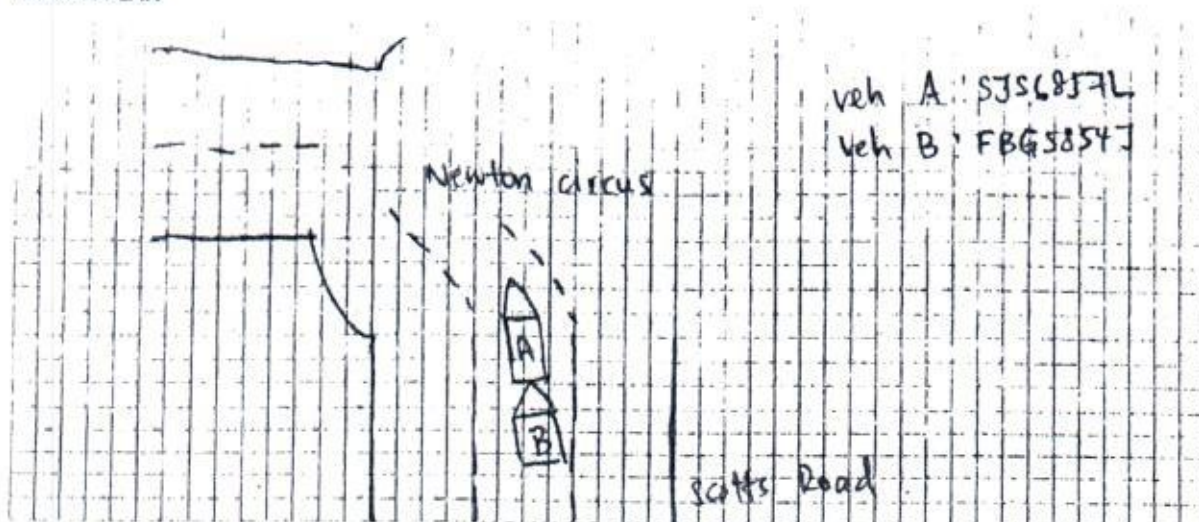
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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

On the stated time and date,

I was driving my vehicle SJS 6857L at Scotts Road towards Newton Circus roundabout. When reaching the roundabout I slow down to check on oncoming cars then suddenly I felt a great impact from the back. I alighted my vehicle and saw the bike FBG5854J collided onto the rear of my vehicle.

I went for a doctor due to pain and have 2 days MC.

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.:

Date of Accident : 28/04/2019 Accident Time: 320am (24-HR-Format)
 Accident Place : Scotts Road entering newton circus roundabout
 Vehicle Reg. No. (Car Plate No.) : SJS 6857L
 Vehicle Make/Model : Nissan Teana
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Lee Thiam Huat S1669667F
 Owner or Company Contact No. : 91379453 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Lee Thiam Huat S1669667F
 DRIVER'S Date Of Birth : 25/10/1964 DRIVER'S License Pass Date 18 Jun 1998
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner
 DRIVER'S Address : 224 Loyang Avenue #03-06 S 509069
 DRIVER'S Contact No./ Alt No. : 1) 91379453 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@Mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2 (1 female)
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>FBG 5854J</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Arockiasamy Stephen</u>	Name Driver: _____
IC No. Driver: <u>28383763B</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S1669667F**

Name: **LEE THIAM HUAT**

Birth Date: **25 Oct 1964**

Issue Date: **08 May 2003**

10004650630




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1669667F

Name: **LEE THIAM HUAT**

李 添 发

Race: **CHINESE**

Date of birth: **25-10-1964**

Sex: **M**

Country of birth: **SINGAPORE**




S1669667F

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

CLASS DATE

Class 3 Motor cars up to 3500 kg with not more than 7 passengers, exclusive of the driver, and towing trailers/trailor units up to 2500 kg **18 Jun 1993**

S1669667F **S / No. 9000293371**

NP 426A

10004650630

10004650630

10004650630

NRIC No. S1669667F

28-06-2008

224 LOYANG AVENUE #03-08

SINGAPORE 508009

NRIC No: S1669667F **Date: 26/02/2018**




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: 5098762812

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJ56857L |
| Chassis Number | : JN1BDUJ32ZD001033 |
| 2. Name of Policyholder | : LEE THIAM HUAT |
| 3. Effective Date of Insurance | : 09 Mar 2018 |
| 4. Expiry Date of Insurance | : 27 Aug 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 or Hirer's business. | |
| This Policy does not cover | |
| (a) Use for racing, pace-making, reliability trial or speed-testing. | |
| (b) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE THIAM HUAT
NAMED DRIVER (1)	: N/A
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 09 Mar 2018 09:42 hrs

LQ INSURANCE AGENCY PTE LTD
1803 BENCOOLEN STREET
#01-01 THE BENCOOLEN
SINGAPORE 189648
TEL: 6 334-0783 FAX: 6-334-0824
Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_USI_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="28/04/2019 03:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SJS6857L"/>	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"/>	5098762812		LEE THIAM HUAT	S1669667F	GPC	drive CLASSIC	SJS6857L	SJS6857L	09/03/2018	27/08/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5098762812	Policyholder Name	LEE THIAM HUAT	Policyholder NRIC	S1669667F
Certificate No.					
Address	224 LOYANG AVENUE #03-06 LOYANG VALLEY SINGAPORE 509069				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/03/2018	Effective Date	09/03/2018 00:00	Expiry Date	27/08/2019 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	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	224 LOYANG AVENUE	Address 2	#03-06 LOYANG VALLEY	Address 3	SINGAPORE 509069
Address 4		Address Type	Singapore address	Post Code	509069
Unit No.		Related Policy Number	5098762812		

Insured Object: SJS6857L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/03/2018 00:00	Changing Commission Rate	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.15 to 0.12 on 09/03/2018. Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 09 Mar 2018 TO 27 Aug 2019 In view of this amendment, an additional premium of \$478.47 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 5240-40xx-xxxx-3574.
2	30/01/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	
3	30/01/2019 00:00	POI Extension/Shorten	Entry Rejected	

Continue

Cancel

Claim Handling

Accident MT/1042260

Exit

Policy No.	S098762812	Vehicle No.	S156857L	GST Registration No.	
Certificate No.					
Policyholder Name	LEE THIAM HUAT			Policyholder NRIC	S1669667F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	91379453	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
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(%)	40	Private Hire	Yes

Accident Details

Report Date	29/04/2019 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/04/2019	Time of Accident hh:mm	03:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCOTTS RD TWDS NEWTON CIRCUS ROUNDABOUT				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	224 LOYANG AVENUE	Address 2	#03-05 LOYANG VALLEY	Address 3	SINGAPORE S09069
Address 4		Address Type	Singapore address	Post Code	S09069
Unit No.		Related Policy Number	S098762812		

DI Driver Info

Driver Name	LEE THIAM HUAT	Driver Type	Main Driver	Driver DOB	25/10/1964
Unnamed driver Name		Driver NRIC	S1669667F	Driving Experience	25
Register Date of Driver License	18/05/1993	Driver Age	54	Contact No. (Home)	0
Contact No. (Mobile)	91379453	Contact No. (Office)	0	Address 3	SINGAPORE S09069
Address 1	224 LOYANG AVENUE	Address 2	LOYANG VALLEY	Post Code	S09069
Address 4		Address Type	Singapore address		
Unit No.	03-06				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	LEE THIAM HUAT	Insured NRIC	S1669667F
Contact No. (Mobile)	91379453	Contact No. (Home)	62846307	Contact No. (Office)	
Email Address	THELONOUS_JCS@YAHOO.COM	DI Vehicle Number	S156857L	TP Vehicle Number	FBG5854J
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S156857L / FBG5854J ON 28 Apr 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	29/04/2019 19:28	Claim Close Date		Date Received	29/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment














Accident No.	MT/1042260	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/04/2019 19:29

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

		Browse...	Clear	Please Select	N/C	Normal	
		Browse...	Clear	Please Select	N/C	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	SAS	Normal	SAS 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:29	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Apr 2019 19:28	Photos	Normal	Photos 2019-4-29		Edit

Video List

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