

NATIONAL Assessment Centre Services

Wef 1 Jan 08 **MA11925225**

| | | | |
|-----------------------------------|--|-----------------------|----------------------|
| Date In: 10/6/19 - 19:45 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 14210226/24 | SAS e-filing | | |
| Veh No: SUN 4850X | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 01/6/19 - 12:05 | i-Motor Claim Form | MA/1048402-001 | 10/6/19 19:46 |
| 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: **5F752651**

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1424396

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

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:- | | |
| ON* | | |
| *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 (N'n 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 | 10/06/2019 19:45 |
| Date Of Accident | 08/06/2019 12:05 |
| Exact Location Of Accident | COMPASSVALE LINK TWDS SENGKANG EAST AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SLN4850X |
| Insured/Policyholder | |
| Name Of Registered Owner | W.S.I. FIX PTE LTD |
| Co Reg No | 201806776G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | STREAM 1.8 A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | 5104718493 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SEE YONG HENG |
| NRIC No | S8539547E |
| Date Of Birth | 26/11/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/08/2005 |
| Driving Experience | 13 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98896067 |
| Fax Number | |
| Contact Number | OFFICE-98896067 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 624B PUNGGOL CENTRAL #09-310 |
| Postcode | 822624 |
| 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 - 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) | 1 |

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 | SFT5265T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLAN

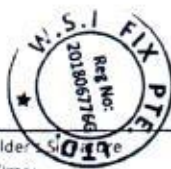
IMPORTANT NOTICE

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:

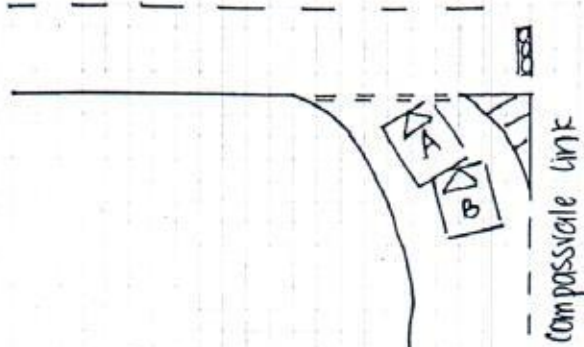
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLN4850X

Vehicle B: SFT5265T

Sengkang East Avenue



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLN4850X, was stationary on the stated venue before the give-way line as I was checking on on-coming vehicles before proceeding. About 2-3 seconds later, vehicle 'B', SFT5265T, hit onto my stationary vehicle's rear portion.

DECLARATION

I/We declare that 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: 08/06/2019 (DD/MM/YYYY), TIME: 12:07 (HH:MM)

LOCATION: Compassvale Link towards Sengkang East Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 4850X
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Stream
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: W.S.I Fix Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2018067766 CONTACT: _____
c) ADDRESS: 33 Ubi Ave 3, #08-13 Vertex
S(408868)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: See Yong Heng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8539547E CONTACT: 98896067
c) ADDRESS: 624B Punggol Central #09-310 S(822624)

*d) DATE OF BIRTH: 26/11/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

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: SFT5265T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01) male

* No of passenger
(including driver)
()

Email =

fax =



VOCATIONAL LICENCE

Licence No : S8539547E

Name : SEE YONG HENG

For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8 5 3 9 5 4 7 E

Name:

SEE YONG HENG

For LKK/NAC Use Only

Birth Date: 26 Nov 1985

Issue Date: 22 Oct 2013



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8539547E



Name

SEE YONG HENG

薛 永 興

Race

CHINESE

Date of birth

26-11-1985

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 16/05/2018 |

For LKK/NAC Use Only



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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Aug 2005

For LKK/NAC Use Only

NP 428A



5254284



NRIC No. S8539547E



For LKK/NAC Use Only

Date of issue
19-12-2013

APT BLK 624B PUNGGOL CENTRAL #09-310
SINGAPORE 822624

NRIC No: S8539547E

Date: 21/03/2014

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="08/06/2019 12:05"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SLN4850X"/> | 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"/> | 5104718493 | | W.S.T. FIX PTE LTD | 201806776G | GPC | drivo CLASSIC | SLN4850X | SLN4850X | 20/10/2018 | 14/11/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|--------------------|----------------------------------|------------------|
| Policy No. | 5104718493 | Policyholder Name | W.S.I. FIX PTE LTD | Policyholder NRIC | 201806776G |
| Certificate No. | | | | | |
| Address | 33 UBI AVENUE 3 #08-13 VERTEX SINGAPORE 408868 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 17/10/2018 | Effective Date | 20/10/2018 00:00 | Expiry Date | 14/11/2019 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 | DQ INSURE | Agent Tel. | 64522788 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 33 UBI AVENUE 3 | Address 2 | #08-13 VERTEX | Address 3 | SINGAPORE 408868 |
| Address 4 | | Address Type | Singapore address | Post Code | 408868 |
| Unit No. | 08-13 | Related Policy Number | 5104718493 | | |

▶ Insured Object: SLN4850X

▼ Endorsements

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

Continue Cancel

Claim Handling

Exit

Accident MT/1048407

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | S104718493 | Vehicle No. | SLN4850X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | W.S.I. FIX PTE LTD | | | Policyholder NRIC | 201806776G |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLAS93C | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| 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 | Yes |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 10/06/2019 19:54 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 08/06/2019 | Time of Accident h:mm | 12:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | COMPASSVALE LINK TWOS SENGKANG EAST AVE | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Dwn damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore DO 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 | 33 UBI AVENUE 3 | Address 2 | #08-13 VERTEX | Address 3 | SINGAPORE 408668 |
| Address 4 | | Address Type | Singapore address | Post Code | 408668 |
| Unit No. | 08-13 | Related Policy Number | S104718493 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|-----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 26/11/1985 |
| Unnamed driver Name | SEE YONG HENG | Driver NRIC | S8539547E | Driving Experience | 13 |
| Register Date of Driver License | 01/06/2005 | Driver Age | 33 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 98896067 | Contact No.(Office) | 0 | Address 1 | PUNGGOL SPECTRA |
| Address 1 | BLK 624B | Address 2 | PUNGGOL CENTRAL | Post Code | 622624 |
| Address 4 | SINGAPORE 622624 | Address Type | Singapore address | | |
| Unit No. | 09-310 | | | | |
| 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | GD-MX | Insured Name | W.S.I. FIX PTE LTD | Insured NRIC | 201806776G |
| Contact No.(Mobile) | 85222221 | Contact No.(Home) | 85222221 | Contact No.(Office) | 85222221 |
| Email Address | | OT Vehicle Number | SLN4850X | TP Vehicle Number | SFT5265T |
| Claimant Type Claimant * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SLN4850X / SFT5265T ON 8 Jun 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 | 10/06/2019 19:56 | Claim Close Date | | Date Received | 10/06/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1048407 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 10/06/2019 19:57 |

| 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 | ▼ | ▼ | Normal | ▼ |
| Browse... | | Clear | Please Select | ▼ | ▼ | Normal | ▼ |

☐ Send Message

▼ Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (OO) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:57 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:57 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:57 | SAS | Normal | SAS 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Jun 2019 19:56 | Photos | Normal | Photos 2019-6-10 | | Edit |

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