

# NATIONAL Assessment Centre Services

Date In	17/06/2019 14:34	Job description	Date & Time Completed	Done by
Ref No	NA/INC1906714/K4	SAS e-filing		
Veh No	SLV 7529M	E-mail (within 8hrs, AD 2hrs)		
DDA	17/06/2019 10:15	i-Motor Claim Form	MT/1049431-001	18/6/19 10:07
OD	TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKP1791D	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

NA1904407	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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)		
	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 (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	17/06/2019 14:34
Date Of Accident	17/06/2019 10:15
Exact Location Of Accident	BUKIT BATOK ST 34 OUTSIDE ST ANTHONY'S PRIMARY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7529M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUANG WAI KIT
NRIC No	S9416643H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82823716
Alternative Phone No	OTHERS-82823716

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109001322
Cover Note Number	

### Driver

Name of Driver	KUANG WAI KIT
NRIC No	S9416643H
Date Of Birth	17/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/11/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82823716
Fax Number	
Contact Number	OTHERS-82823716
EMail Address	NOEMAIL

Address	BLK 315 BUKIT BATOK STREET 32 #09-109
Postcode	650315
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	SIDE SWIPE
Weather Conditions	RAINING
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP1791D
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)	

#### DETAILS OF INJURED PERSON 1

Name	KUANG WAI KIT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV7529M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


## SKETCH PLAN


### IMPORTANT NOTICE

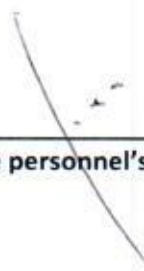
- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time: 17/6/2019

# SKETCH PLAN

Bukit Batek St 34



A: SLV 7529M

B: SKP 1791D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bukit Batek St 34, I was going straight. Suddenly, a vehicle B turned out from my left without looking and caused my vehicle to hit his. 2 cars were ~~involved~~ involved in the accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:

17/6/2019

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	17/06/19	(DD/MM/YY)
Time of accident	10:15	(HH:MM)
Exact location of accident	BUKIT BATOK ST 34 outside St Anthony's Primary	

## DETAILS OF VEHICLE

Vehicle registration number	SLV 7529 M		
Vehicle make and model	HONDA FIT		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>		

## INSURANCE INFORMATION

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	KUANG WAI KIT	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9416643 H		
Contact	8282 3716		
Address	BLK 315 BUKIT BATOK ST 32 #09-109 S 650315		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	17 MAY 1994		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	07 NOV 2018		

Equip: Teamwork

**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

**PASSENGER 1**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE STATION ACTION**

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

**WITNESS 1**

Name	
------	--

**WITNESS 2**

Name	
------	--

**THIRD PARTY VEHICLE 1**

Vehicle registration number	SKP 1791 D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 2**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	KUANG WAI KIT
Injuries sustained	BODY
Which vehicle person in?	SLV 7529M
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

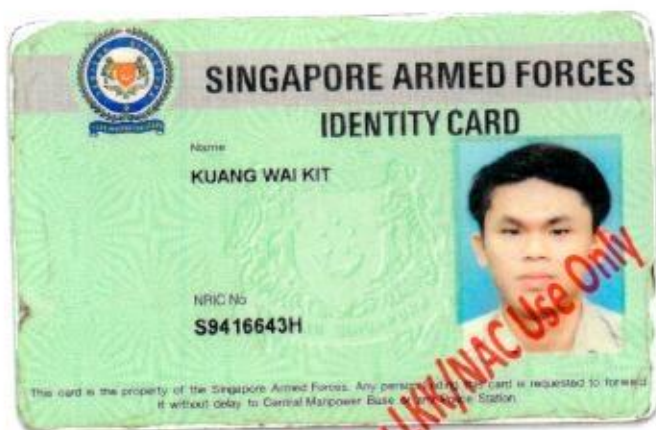
INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109001322		KUANG WAI KIT	S9416643H	GPC	drivo CLASSIC	SLV7529M	SLV7529M	25/04/2019	24/04/2020

## ▼ Policy Information

Policy No.	5109001322	Policyholder Name	KUANG WAI KIT	Policyholder NRIC	S9416643H
Certificate No.					
Address	BLK 315 #09-109 BUKIT BATOK STREET 32 SINGAPORE 650315				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/04/2019	Effective Date	25/04/2019 00:00	Expiry Date	24/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 315 #09-109	Address 2	BUKIT BATOK STREET 32	Address 3	SINGAPORE 650315
Address 4		Address Type	Singapore address	Post Code	650315
Unit No.		Related Policy Number	5109001322		

## ▶ Insured Object: SLV7529M

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

## Accident MT/1049431

Policy No.	5109001322	Vehicle No.	SLV7529M	GST Registration Nr
Certificate No.				
Policyholder Name	KUANG WAI KIT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	82823716	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	18/06/2019 10:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/06/2019	Time of Accident hh:mm	10:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK ST 34 OUTSIDE ST ANTHONY'S PRIMARY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 315 #09-109	Address 2	BUKIT BATOK STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109001322	

## ▼ OI Driver Info

Driver Name	KUANG WAI KIT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9416643H	Driver DOB
Register Date of Driver License	07/11/2018	Driver Age	25	Driving Experience
Contact No.(Mobile)	82823716	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 315	Address 2	BUKIT BATOK STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-109			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	KUANG
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLV752
Claim Description	SLV7529M / SKP1791D ON 17 Jun 2019		
Preferred Workshop	Insured Liability	Partiality at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	18/06/2019 10:08	GIA report	Received
		Claim Close Date	

Report Taken By

Workshop  
Repairer

✓ Print AK letter

Save Submit

## Attachment



Accident No.	MT/1049431	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2019 10:05
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:07	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:05	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2019 10:04	Photos	Normal	Photos