

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119085964**

| | | | |
|--------------------------------|--|-----------------------|-----------------------|
| Date In: 27/11/14-13:42 | Job description | Date & Time Completed | Done by |
| Ref No: NA1190134524 | SAS e-filing | | |
| Veh No: 60D 12964 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/14-10:30 | i-Motor Claim Form | MA11051611-001 | 27/11/14 20:02 |
| 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: 60D 30534 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA1904909 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 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:- | | |
| QC Checked by (Engr-In-Charge): | QN* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-on INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Ref 1: | Invoice dated | Fee Charged | |
| Ref 2 / 3: | 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 | 02/07/2019 13:42 |
| Date Of Accident | 01/07/2019 10:30 |
| Exact Location Of Accident | BLK 3014A UBI RD 1 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBD1296L |
| Insured/Policyholder | |
| Name Of Registered Owner | SF INVESTMENT HOLDING PTE LTD |
| Co Reg No | 200923298G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65090777 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | TOYOTA |
| Model | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5109549489 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEOW HOO SER |
| NRIC No | S1773413Z |
| Date Of Birth | 17/09/1966 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/09/1986 |
| Driving Experience | 32 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82622121 |
| Fax Number | |
| Contact Number | OFFICE-82622121 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 986A BUANGKOK CRESCENT #07-32 |
| Postcode | 531986 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | 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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBD3053H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | CHAN KUM CHEW |
| NRIC/Passport Number | S1232173B |
| 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:

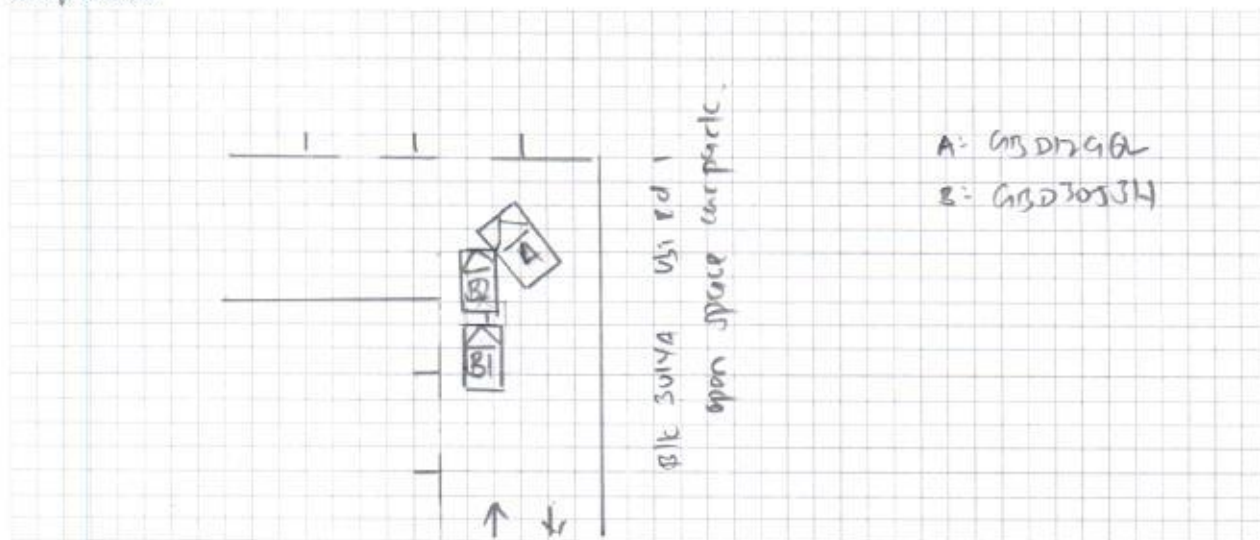
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reda to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I NOTICED THAT VEHICLE B ILLEGAR PARK OUTSIDE THE CARPARK LOT. I OVERTAKE HIS VEHICLE AND MAKE A LEFT TURN. WHILE I MAKE A LEFT TURN, SUDDENLY VEHICLE B ACCELERATE FORWARD AND HIT ONTO MY VEHICLE LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 7 / 14) (DD/MM/YYYY), TIME: (12 : 30) (HH:MM)

LOCATION: Dkt 3014A Dkt Rd 1 open space carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6SD 2966
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5109549489
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: St Investment Holding Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2009232986 CONTACT: 6809 0777
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Leow Hoo Ser (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 517224132 CONTACT: 8262 2121
c) ADDRESS: Dkt 986A Danglek Crescent 207-21 (531986)

* d) DATE OF BIRTH: (12 / 4 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/6/1986

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

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: GSD 3053H MODEL: _____
b) DRIVER'S NAME: Ann Kim Chew
c) NRIC/FIN/PASSPORT: 517224132 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = Joanne.lee@stgroup.sg
slc.tan@twid.sg

fax =

VIDE.O = ✓

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1773413Z

Name: LEOW HOO SER

Birth Date: 17 Sep 1966

Issue Date: 09 Mar 2005

001326947E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1773413Z

Name: LEOW HOO SER

廖 富 士

Race: CHINESE

Date of birth: 17-09-1966

Country/Place of birth: SINGAPORE

Sex: M

5667477

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 5 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors, vehicles \leq 2500 kg

PASS DATE: 29 Sep 1986

Licence No: S1773413Z

NP 428A

For LKK/NAC Use Only

5667477

NPIC No: S1773413Z

Date of issue: 14-10-2016

Address: APT BLK 986A BUANGKOK CRESCENT #07-32 SINGAPORE 531986

eBaoTech

GeneralClaim

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"/> | 5109549489 | | SF INVESTMENT HOLDING PTE. LTD. | 200923298G | GCV | Comprehensive | GBD1296L | GBD1296L | 27/06/2019 | 26/06/2020 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------------|----------------------------------|------------------|
| Policy No. | 5109549489 | Policyholder Name | SF INVESTMENT HOLDING PTE. | Policyholder NRIC | 200923298G |
| Certificate No. | | | | | |
| Address | 17B KAKI BUKIT ROAD 3 EASTPOINT TERRACE SINGAPORE 415882 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI Plan | | | Group Policy Flag | N |
| Policy issue Date | 22/05/2019 | Effective Date | 27/06/2019 00:00 | Expiry Date | 26/06/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | AT INSURANCE AGENCIES | Agent Tel. | | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 17B KAKI BUKIT ROAD 3 | Address 2 | EASTPOINT TERRACE | Address 3 | SINGAPORE 415882 |
| Address 4 | | Address Type | Singapore address | Post Code | 415882 |
| Unit No. | 05-06/07 | Related Policy Number | 5109549489 | | |

Insured Object: GBD1296L

Endorsements

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

Continue Cancel

Claim Handling

Exit

Accident MT/1051611

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 5109549689 | Vehicle No. | GBD1296L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SF INVESTMENT HOLDING PTE. LTD. | | | Policyholder NRIC | 200923298G |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 65090777 | 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(%) | 15 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 02/07/2019 20:00 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 01/07/2019 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 3014A UBI RD 1 OPEN SPACE CARPARK | | | | |

Total Excess Applicable

| | | | |
|----------------------------|--------------|----------------------------|--------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 |
| OD Standard Excess | 500.00 | TP Standard Excess | 0.00 |
| YIED OD Excess | 0.00 | YIED TP Excess | |
| Additional Excess | | Driver is Covered? | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | |

Benefits

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 11/04/2011 |
| GST Registration No. | 200923298G | GST Status Verified | Yes |
| Modification History | 02/07/2019 20:01:38 System changed GST Registered from No to Yes 02/07/2019 20:01:38 System changed GST Registration No. from null to 200923298G 02/07/2019 20:01:38 System changed GST Registration Date from null to 11/04/2011 | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 17B KAKI BUKIT ROAD 3 | Address 2 | EASTPOINT TERRACE | Address 3 | SINGAPORE 415882 |
| Address 4 | | Address Type | Singapore address | Post Code | 415882 |
| Unit No. | 05-05/07 | Related Policy Number | 5109549689 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 17/09/1966 |
| Unnamed driver Name | LEOW HOO SER | Driver NRIC | S1773413Z | Driving Experience | 32 |
| Register Date of Driver License | 29/09/1986 | Driver Age | 52 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 82622121 | Contact No.(Office) | 0 | Address 3 | BUANGKOK COURT |
| Address 1 | BLK 986A | Address 2 | BUANGKOK CRESCENT | Post Code | 531986 |
| Address 4 | SINGAPORE 531986 | Address Type | Singapore address | | |
| Unit No. | 07-32 | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered Car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |

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 * | DD-MIX | Insured Name | SF INVESTMENT HOLDING PTE. | Insured NRIC | 200923298G |
| Contact No.(Mobile) | 81820020 | Contact No.(Home) | | Contact No.(Office) | 65090777 |
| Email Address | | OI Vehicle Number | GBD1296L | TP Vehicle Number | GBD3053H |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | 22 | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBD1296L / GBD3053H ON 1 Jul 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 | 02/07/2019 20:02 | Claim Close Date | | Date Received | 02/07/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Attachment

Accident No. MT/1051611 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 02/07/2019 20:03

Path * Category * Confidential Urgency * Description *

Browse Clear Please Select NO Normal

| | | | | | |
|--|--------------------------------------|--|---------------------------------|-------------------------------------|----------------------|
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="10"/> | <input type="text" value="Normal"/> | <input type="text"/> |

☐ 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 02 Jul 2019 20:03 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | SAS | Normal | SAS 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:03 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 20:02 | Photos | Normal | Photos 2019-7-2 | | Edit |

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"/> | |