

NATIONAL Assessment Centre Services.

Wef 1 Jan 05 MHA 119088379

Date In: 8/7/19 - 11:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC1901204/24	SAS e-filing		
Veh No: SLW6687R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/7/19 - 12:00	i-Motor Claim Form	M71032386-001	8/7/19 18:48
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: XD 4335L

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

NA19 05050

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

- 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:-
- OD*
- * 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	08/07/2019 11:22
Date Of Accident	06/07/2019 17:00
Exact Location Of Accident	SLE BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV6667R
Insured/Policyholder	
Name Of Registered Owner	PHANG SIEW KENG
NRIC No	S1445080G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98231546
Alternative Phone No	OFFICE-98231546
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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	5093979737-01
Cover Note Number	
Driver	
Name of Driver	TAN BENJAMIN
NRIC No	S8522225B
Date Of Birth	05/08/1985
Occupation	INDOOR
Date Of Driving Pass	07/10/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98160585
Fax Number	
Contact Number	OFFICE-98160585
EMail Address	NOEMAIL

Address	BLK 788B WOODLANDS CRESCENT #08-146
Postcode	732788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190707/7007.

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	XD4735G
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOH MENG HUI
NRIC/Passport Number	S6821146H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBA5364M

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

VAITHINATHAN VENKATESAN

NRIC/Passport Number

F8412625W

Contact Number

94368415

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN BENJAMIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV6667R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

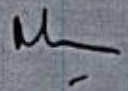
SKETCH PLAN

IMPORTANT NOTICE

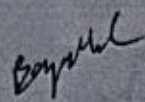
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



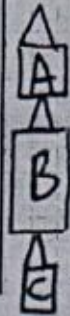
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SLE/BKE

Before
Woodland
Ave 12

ROAD shoulder



A - SKV 6667D
B - XD473SG
C - GBA5364M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

Date of Accident : 6/7/2019 Accident Time: 1700 (24-HR-Format)
Accident Place : SLE C Before woodland ave 12
Vehicle No. (Car Plate No.) : SKU 6667R Make/Model: Mitsubishi Lancer
Insurance Company : Ntuk Policy No: _____
Owner or Company Name / IC No. : Phang Siew Keng / 51445080G
Owner or Company Contact No. : 9823 1546 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Tan Benjamin / 58522225B
DRIVER'S Date Of Birth : 5/8/1985 DRIVER'S License Pass Date 7/10/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 788B Woodlands Crescent #08-146
DRIVER'S Contact No / Alt No. : 1) 9816 0585 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): 1

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
Any Injury (If YES, Pls state): Yes C Driver Only Injured.

Other Party Driver's Particular (if any)

Vehicle No: <u>XD 4735 G</u>	Vehicle No: <u>GBAS364M</u>
Vehicle Make/Model: <u>ISUZU</u>	Vehicle Make/Model: <u>Toyota Dyna</u>
Name Driver: <u>LOH Meng Hui</u>	Name Driver: <u>Vaithana than Venkatesan</u>
IC No. Driver/Contact: <u>5682114614</u>	IC No. Driver/Contact: <u>F8412625W</u> <u>9436 8415</u>

* NEW - Passenger's name & gender: No passenger.



SINGAPORE POLICE FORCE



T/20190707/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190707/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2019 15:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN BENJAMIN			Address: APT BLK 788B WOODLANDS CRESCENT #08-146 SINGAPORE 732788		
ID Type / ID No.: NRIC NO / S8522225B			Contact No.: Home/Office: Mobile: 98160585		
Nationality: SINGAPORE CITIZEN			Email: tanbenjamin.ice@gmail.com		
Sex: Male	Age: 33	Date of Birth: 05/08/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other artistic and cultural associate professionals nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2019 17:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV6667R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190707/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190707/7007

CONTINUATION OF REPORT

Driver				
Name	TAN BENJAMIN		ID No.	S8522225B
Related Vehicle	SKV6667R (Car)		Contact No.	98160585
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/07/2019		Date Discharge	06/07/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 6/7/2019 , at about 1700 , I was travelling on lane 3 Sle before woodland Ave 12 . Suddenly i felt a huge impact from my rear , my vehicle bearing (SKV6667R) was hit by XD4735G. Follow by GBA5364M chain collision . We all exchange particular and agree to do a accident claim . I was injured and given 4days MC.



**SINGAPORE
POLICE FORCE**



T/20190707/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190707/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
07/07/2019 15:49

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1445080G

Name

PHANG SIEW KENG



For LKK/NAC Use Only

潘秀琼

Race

CHINESE

Date of birth

13-08-1960

Country/Place of birth

SINGAPORE

Sex

F



S1445080G

6060431



NRIC No. S1445080G

For LKK/NAC Use Only



Date of issue

07-11-2018

Address

APT BLK 788B WOODLANDS CRESCENT
#08-146
SINGAPORE 732788

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8522225B



Name

TAN BENJAMIN

For LKK/NAC Use Only

陳志敏

Race

CHINESE

Date of birth

05-08-1985

Country/Place of birth

SINGAPORE



Sex

M

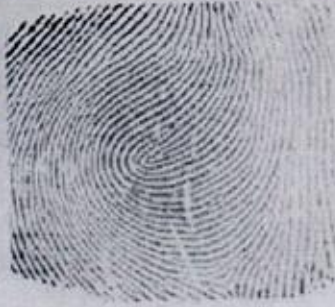


5508642



NRIC No. S8522225B

For LKK/NAC Use Only



Date of issue

05-08-2015

Address

APT BLK 788B WOODLANDS CRESCENT
#08-146
SINGAPORE 732788

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: S 8 5 2 2 2 5 B

TAN BENJAMIN

For LKK/NAC Use Only

Exp. Date 05 Aug 1985

Valid Date 07 Oct 2014

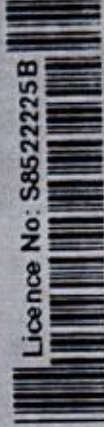


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 07 Oct 2014

For LKK/NAC Use Only



Licence No: S8522225B

NP 428A

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"/>	5093979737-01		PHANG SIEW KENG	S1445080G	GPC	drive CLASSIC	SKV6667R	SKV6667R	29/09/2018	28/09/2019

 Policy Information

Policy No.	5093979737-01	Policyholder Name	PHANG SIEW KENG	Policyholder NRIC	S1445080G
Certificate No.					
Address	BLK 788B #08-146 WOODLANDS CRESCENT SINGAPORE 732788				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/09/2018	Effective Date	29/09/2018 00:00	Expiry Date	28/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CHANG PHUI YANG	Agent Tel.	97378448	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 788B #08-146	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 732788
Address 4		Address Type	Singapore address	Post Code	732788
Unit No.		Related Policy Number	5093979737-01		

 Insured Object: SKV6667R

 Endorsements

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

Claim Handling

Accident MT/1052386

Exit

Policy No.	5093979737-01	Vehicle No.	SKV6667R	GST Registration No.	
Certificate No.					
Policyholder Name	PHANG SIEW KENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1445080G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	98231546	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/07/2019 18:43	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/07/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE BEFORE WOODLANDS AVE 12 EXIT				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 788B #06-146	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 732788
Address 4		Address Type	Singapore address	Post Code	732788
Unit No.		Related Policy Number	5093979737-01		

01 Driver Info

Driver Name	Tan Benjamin	Driver Type	Named Driver	Driver DOB	05/06/1985
Unnamed driver Name		Driver NRIC	S8522225B	Driving Experience	4
Register Date of Driver License	07/10/2014	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	98160585	Contact No. (Office)	0	Address 3	SINGAPORE 732788
Address 1	BLK 788B	Address 2	WOODLANDS CRESCENT	Post Code	732788
Address 4		Address Type	Singapore address		
Unit No.	05-146				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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-MX	Insured Name	PHANG SIEW KENG	Insured NRIC	S1445080G
Contact No. (Mobile)	98231546	Contact No. (Home)	63642106	Contact No. (Office)	
Email Address		01 Vehicle Number	SKV6667R	TP Vehicle Number	XD4735G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKV6667R / XD4735G ON 6 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	08/07/2019 18:48	Claim Close Date		Data Received	08/07/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1052386	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2019 18:49

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	

<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="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"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	SAS	Normal	SAS 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	Photos	Normal	Photos 2019-7-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:49	Photos	Normal	Photos 2019-7-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:48	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:48	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:48	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:48	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:48	Photos	Normal	Photos 2019-7-8		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"/>	