

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA119093691

Date In: 17/1/15-16:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1901 2643/24	SAS e-filing		
Veh No: 46923A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/1/15 - 15:00	i-Motor Claim Form	M71053860-001	17/1/15 17:00
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: 4639L	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

NA605330	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	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):	OD:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile 30		
at 2 / 3:	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	17/07/2019 16:43
Date Of Accident	16/07/2019 15:00
Exact Location Of Accident	PIE (TUAS) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL9277A
Insured/Policyholder	
Name Of Registered Owner	ROYAL CARGO SINGAPORE PTE LTD
Co Reg No	200614815G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63382995
Vehicle Particulars	
Manufacturer	HINO
Model	GD1JPPA (M)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091222753-01
Cover Note Number	
Driver	
Name of Driver	CHILAMBAN GURUNATHAN
Passport No/FIN	G7776661N
Date Of Birth	04/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97527556
Fax Number	
Contact Number	OFFICE-97527556
Email Address	NOEMAIL

Address	115 AIRPORT CARGO ROAD #08-03 CARGO AGENTS BUILDING C
Postcode	819466
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	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	YN4639L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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: 17/7/19



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

# SKETCH PLAN

PIE toward Tuss Before Ennos Exit

Vehicle A - YL 9277 A 4 J

Vehicle B - YN 4639 L

3 →

2 →

1 →



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE toward Tuss direction, I was on the third lane.

While travelling straight ahead. Due to the vehicle in front of me brake to complete stop, so I too applied brake to complete stop. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle.

Aligned from my vehicle and realised it was a vehicle with licence plate number (YN 4139 L) that collided to the rear of my vehicle.

Vehicle A - YL 9277 A

Vehicle B - YN 4639 L

## DECLARATION

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

Policyholder's Signature

Date & Time:

17/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature


Name:

NRIC/FIN No.:

<b>Vehicle No.</b>	YL 9277 A	<b>Model / Make</b>	HINO COWPPA
<b>Date of Accident</b>	16/07/19		
<b>Time of Accident</b>	1500	<b>HRS</b>	
<b>Location of Accident</b>	P12 TOWARD TUNAS	ABROAD	BUND BXT
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	ROYAL CARGO COMBINED LOGISTICS (SEA) PTB LTD		
<b>Telephone No.</b>	H/P :	Home :	Office : 6338 2995
<b>NRIC</b>	2006148154		
<b>Address</b>	115 AIRPORT CARGO ROAD #08-03 S(819466)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	MUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>			
<b>Name of Driver</b>	As Above If No, CHILANBAN GURUMAHAN		
<b>NRIC</b>	C 7776661N	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	04/05/1980		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	03 FEB 2015		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9952 7556	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	NO,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	NO,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	YN 4639L	<b>Any Passengers :</b>	
<b>Name of Driver</b>	YN 4639L	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	P12		
<b>Camera Recorder</b>	Yes / NO		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	WINNAN AUTOMOTIVE PTB LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**CARGO EXPRESS PTE. LTD.**




Name  
**CHILAMBAN GURUNATHAN**

FIN  
**G7776661N**

**For LKK/NAC Use Only**



**G7776661N**




**VISIT PASS**  
Immigration Regulations

Name  
**CHILAMBAN GURUNATHAN**

FIN  
**G7776661N**

Download SGW  
App to check status




Date of Birth  
**04-05-1987**

Sex  
**M**


Nationality  
**INDIAN**

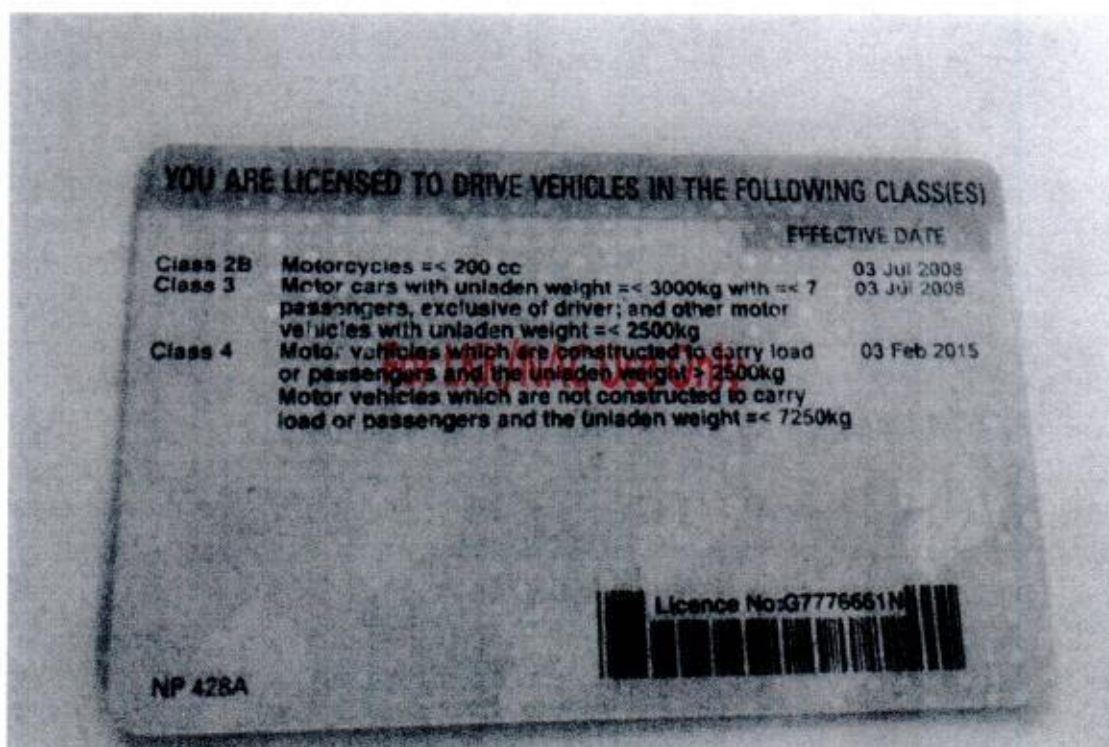
**For LKK/NAC Use Only**



**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS DAMAGED, LOST, OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED.**





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5091222753-01

**Cover :** Third Party, Fire & Theft

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : YL9277A                       |
| Chassis Number                                      | : GD1JPP10079                   |
| 2. Name of Policyholder                             | : ROYAL CARGO SINGAPORE PTE LTD |
| 3. Effective Date of Insurance                      | : 09 Oct 2018                   |
| 4. Expiry Date of Insurance                         | : 08 Oct 2019                   |
| 5. Persons or Classes of Persons entitled to drive# |                                 |

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 18 Sep 2018 16:59 hrs

**ABWIN PTE LTD**  
 8 KAKI BUKIT ROAD 2/  
 RUBY WAREHOUSE COMPLEX  
 #01-33 SINGAPORE 417941  
 TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

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="16/07/2019 15:00"/>
Vehicle No.(For Motor)	<input type="text" value="YL9277A"/>	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"/>	S091222753-01		ROYAL CARGO SINGAPORE PTE. LTD.	200614815G	GCV	Third Party, Fire & Theft	YL9277A	YL9277A	09/10/2018	08/10/2019

 **Policy Information**

Policy No.	5091222753-01	Policyholder Name	ROYAL CARGO SINGAPORE PTE.	Policyholder NRIC	200614815G
Certificate No.					
Address	P O BOX 753 AIRMAIL TRANSIT CENTRE POST OFFICE SINGAPORE 918109				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/09/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	P O BOX 753	Address 2	AIRMAIL TRANSIT CENTRE POS	Address 3	SINGAPORE 918109
Address 4		Address Type	Singapore address	Post Code	918109
Unit No.		Related Policy Number	5091222753-01		

 **Insured Object: YL9277A**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/1053860

Policy No.	S091222753-01	Vehicle No.	YL9277A	GST Registration No.	
Certificate No.					
Policyholder Name	ROYAL CARGO SINGAPORE PTE. LTD.			Policyholder NRIC	200614815G
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63382995	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(%)	10	Private Hire	No

Report Date	17/07/2019 16:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/07/2019	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE EUNOS LINK EXIT				

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered	Yes	GST Registration Date	01/12/2007
GST Registration No.	200614815G	GST Status Verified	Yes
Modification History	17/07/2019 16:59:44 System changed GST Registered from No to Yes 17/07/2019 16:59:44 System changed GST Registration No. from null to 200614815G 17/07/2019 16:59:44 System changed GST Registration Date from null to 01/12/2007		

## Policyholder Mailing Address

Address 1	P O BOX 753	Address 2	AIRMAIL TRANSIT CENTRE POST	Address 3	SINGAPORE 918109
Address 4		Address Type	Singapore address	Post Code	918109
Unit No.		Related Policy Number	S091222753-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/05/1960
Unnamed driver Name	CHILAMBAN GURUNATHAN	Driver NRIC	G7776661N	Driving Experience	4
Register Date of Driver License	03/02/2015	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	97527556	Contact No.(Office)	0	Address 3	SINGAPORE 619466
Address 1	115 AIRPORT CARGO ROAD	Address 2	CARGO AGENTS BUILDING C	Post Code	619466
Address 4		Address Type	Singapore address		
Unit No.	08-03				
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
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## Modification History

Claim 001 New

Claim Type *	CO-ROX	Insured Name	ROYAL CARGO SINGAPORE PTE.	Insured NRIC	200614815G	
Contact No.(Mobile)	62231160	Contact No.(Home)		Contact No.(Office)	63382995	
Email Address		OI Vehicle Number	YL9277A	TP Vehicle Number	YN4639L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	YL9277A / YN4639L ON 16 Jul 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	17/07/2019 17:00	Claim Close Date		Date Received	17/07/2019 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1053860	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/07/2019 17:01

Path *	Category *	Confidential	Urgency *	Description *		
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>

Browse...

Browse...

Clear

Please Select

100

Normal

100

Normal

Browse...

Browse...

Clear

Please Select

100












Normal

100

Normal

☐ 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 17 Jul 2019 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:01	SAS	Normal	SAS 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Jul 2019 17:00	Photos	Normal	Photos 2019-7-17		<a href="#">Edit</a>

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"/>				