

NATIONAL Assessment Centre Services (Ref: Jan'05) **NA1905629**

| | | | |
|---|--|-----------------------|----------------------|
| Date In: 29/1/19-14:53 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC1901332/24 | SAS e-filing | | |
| Veh No: 16A5857X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 27/1/19-04:00 | i-Motor Claim Form | NA/1905553/001 | 29/1/19 22:10 |
| OD <input checked="" type="radio"/> 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: 16A 3806L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1905629 | Invoice Preparation Checklist | 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) | | |
| Dat. 1: | 6) TR : Re-inspection \$75 | | |
| Dat. 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *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 | 29/07/2019 14:53 |
| Date Of Accident | 27/07/2019 04:00 |
| Exact Location Of Accident | CTE TWDS CITY BEFORE BRADDELL RD EXIT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SCA5857X |
| Insured/Policyholder | |
| Name Of Registered Owner | PRITHVIRAJ NAIDU S/O DIVINDARAN |
| NRIC No | S2199312C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97877837 |
| Alternative Phone No | OFFICE-97877837 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | E 200 |
| 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 | 5107470490 |
| Cover Note Number | |
| Driver | |
| Name of Driver | PRITHVIRAJ NAIDU S/O DIVINDARAN |
| NRIC No | S2199312C |
| Date Of Birth | 17/08/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/03/1987 |
| Driving Experience | 32 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97877837 |
| Fax Number | |
| Contact Number | OFFICE-97877837 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 6 CANBERRA DRIVE #01-06 |
| Postcode | 768140 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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) | 4 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |
| Passenger 3 | NAME: : - GENDER: : FEMALE |

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 | SLM3806L |
| Vehicle Make/Model/Colour | HONDA STREAM |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKG5173J
Vehicle Make/Model/Colour MERCEDES BENZ E200
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)

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 willful 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:

29 July 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29 July 2019.

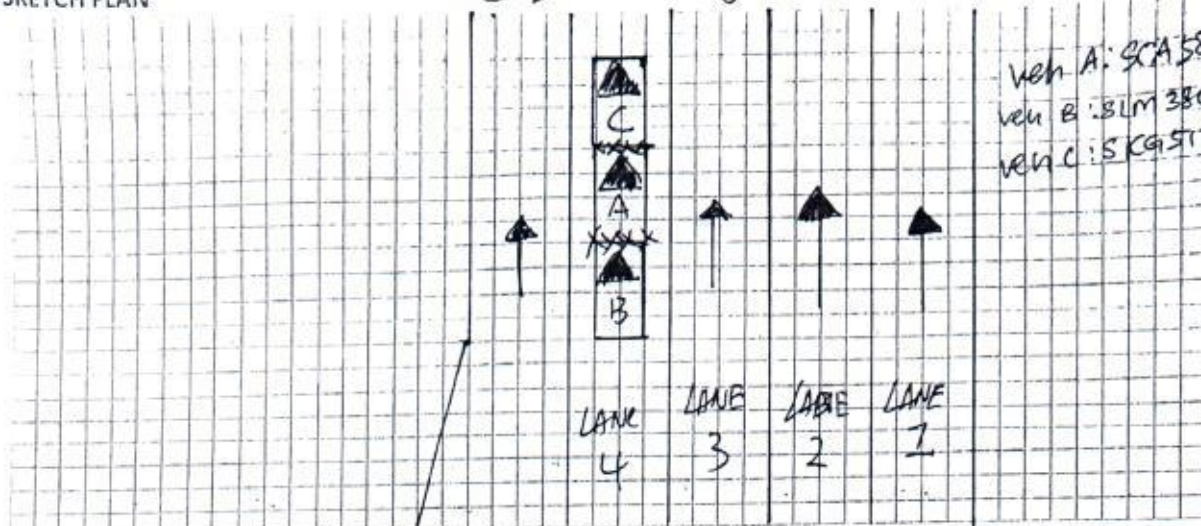
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

CTE Towards City before Broadell Exit.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE,

I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SCA 5857X AT CTE (City) before Broadell Road Exit. Suddenly I felt an Great Impact from the Rear. I Alighted from my vehicle and Realise That vehicle B bearing Carplate number SLM 3806L had collided head to Rear of my vehicle. The Impact was so Great that caused my vehicle propel towards Infront and Collided onto a vehicle SKG 5173J ON Lane 4.

DECLARATION

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

Policyholder's Signature

Date & Time:

27 July 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27 July 2019.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 27/7/2019 Accident Time: 4.00 (24-HR-Format)
 Accident Place : CTE city before Braddell Road Exit
 Vehicle Reg. No. (Car Plate No.) : SCA 5857X
 Vehicle Make/Model : Mercedes-Benz
 Insurance Company : NTUC Policy No. 5107470490
 Owner or Company Name / IC No. : PRITHVIRAJ NAIDU S/O Divindaran 92199312C
 Owner or Company Contact No. : 9787 7837 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : PRITHVIRAJ NAIDU S/O DIVINDARAN 92199312C
 DRIVER'S Date Of Birth : 17/08/1969 DRIVER'S License Pass Date 11/03/03
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 6 CANBERRA DRIVE #01-06 SG 768440
 DRIVER'S Contact No. / Alt No. : 1) _____ 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): 034 (2 male, 1 female) (no injuries)
 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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLM 3806 L
 Vehicle Make/Model: Honda stream
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: SLG 5173 J
 Vehicle Make/Model: Mercedes Benz E200
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

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

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 01 Sep 1993 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2600 kilograms | 20 Mar 1997 |

NP 426A

Licence No: S2199312C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Star of Lion S2199312C

Name PRITHVIRAJ NAIDU S/O DIVINDARAN

Date of Birth 17 Aug 1969

Valid Until 11 Mar 2003

1000279126B

3 8 7 1 0 9 5

NRIC No S2199312C

Date of issue 07-12-2006

6 CANBERRA DRIVE #01-06 SINGAPORE 788140

NRIC No: S2199312C Date: 03/08/2015

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2199312C

Name PRITHVIRAJ NAIDU S/O DIVINDARAN

Race INDIAN

Date of birth 17-08-1969 Sex M

Country of birth MALAYSIA

S2199312C

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="27/07/2019 04:00"/> |
| Vehicle No.(For Motor) | <input type="text" value="SCA5857X"/> | 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"/> | 5107470490 | | PRITHVIRAJ NAIDU S/O DIVINDARAN | S2199312C | GPC | drive CLASSIC | SCA5857X | SCA5857X | 22/02/2019 | 10/07/2020 |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|-----------------------------|----------------------------------|------------------|
| Policy No. | 5107470490 | Policyholder Name | PRITHVIRAJ NAIDU S/O DIVIND | Policyholder NRIC | S2199312C |
| Certificate No. | | | | | |
| Address | 6 CANBERRA DRIVE #01-06 EIGHT COURTYARDS SINGAPORE 768140 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 20/02/2019 | Effective Date | 22/02/2019 00:00 | Expiry Date | 10/07/2020 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 | TECK WEI CREDIT PTE. LTD. | Agent Tel. | 64650020 null | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------------|-----------|------------------|
| Address 1 | 6 CANBERRA DRIVE | Address 2 | #01-06 EIGHT COURTYARDS | Address 3 | SINGAPORE 768140 |
| Address 4 | | Address Type | Singapore address | Post Code | 768140 |
| Unit No. | | Related Policy Number | 5107470490 | | |

Insured Object: SCA5857X

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 22/02/2019 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 22 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS NUMBER: WDD2120482A596227 ENGINE NUMBER: 27186030445377 VEHICLE REGISTRATION NUMBER: SCA5857X ORIGINAL REGISTRATION DATE: 11 Jul 2012 |

Continue

Cancel

Claim Handling

+ Exit

Accident MT/1055532

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|----------------------|
| Policy No. | S107470490 | Vehicle No. | SCA5857X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | PRITHVIRAJ NAIDU S/O DIVINDARAN | Cover Type | drive CLASSIC | Policyholder NRIC | S2199312C |
| Product Code | PRIVATE CAR INSURANCE | Contact No. (Office) | 0 | Loading | 0 |
| Contact No. (Mobile) | 97877837 | 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 | 29/07/2019 22:09 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 27/07/2019 | Time of Accident hh:mm | 04:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | QTE TWDS CITY BEFORE BRADDELL RD EXIT | | | | |
| 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 | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | Total TP Excess Applicable | 0.00 | | |
| Total OD Excess Applicable | 600.00 | | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------------|-----------|------------------|
| Address 1 | 6 CANBERRA DRIVE | Address 2 | #01-06 EIGHT COURTYARDS | Address 3 | SINGAPORE 768140 |
| Address 4 | | Address Type | Singapore address | Post Code | 768140 |
| Unit No. | | Related Policy Number | S107470490 | | |

OI Driver Info

| | | | | | |
|---|---|----------------------|---|------------------------|------------------|
| Driver Name | PRITHVIRAJ NAIDU S/O DIVINDARAN | Driver Type | Main Driver | Driver DOB | 17/08/1969 |
| Unnamed driver Name | | Driver NRIC | S2199312C | Driving Experience | 32 |
| Register Date of Driver License | 20/03/1987 | Driver Age | 49 | Contact No. (Home) | 0 |
| Contact No. (Mobile) | 97877837 | Contact No. (Office) | 0 | Address 3 | SINGAPORE 768140 |
| Address 1 | 6 CANBERRA DRIVE | Address 2 | EIGHT COURTYARDS | Post Code | 768140 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 01-06 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 New

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|
| Claim Type * | DD-MX | Insured Name | PRITHVIRAJ NAIDU S/O DIVIND | Insured NRIC | S2199312C |
| Contact No. (Mobile) | | Contact No. (Home) | 67581711 | Contact No. (Office) | |
| Email Address | | OI Vehicle Number | SCA5857X | TP Vehicle Number | SLM3806L |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SCA5857X / SLM3806L ON 27 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 | 29/07/2019 22:10 | Claim Close Date | | Date Received | 29/07/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|--------------------------|
| Accident No. | MT/1055532 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 29/07/2019 22:12 |
| Path * | | Category * | Please Select |
| | | Confidential | <input type="radio"/> No |
| | | Urgency * | Normal |
| | | Description * | |

| | | | | |
|-----------|-------|---------------|----|--------|
| Browse... | Clear | Please Select | NO | Normal |
| Browse... | Clear | Please Select | NO | Normal |
| Browse... | Clear | Please Select | NO | Normal |
| Browse... | Clear | Please Select | NO | Normal |
| Browse... | Clear | Please Select | NO | Normal |

Attachments: ☐ 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 29 Jul 2019 22:12 | NKIC/ Driving License | Normal | NKIC/ Driving License 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | SAS | Normal | SAS 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 29 Jul 2019 22:11 | Photos | Normal | Photos 2019-7-29 | | 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"/> | | | | |