

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) *Mk 119/05464*

Date In: <i>17/01/19-19:32</i>	Job description	Date & Time Completed	Done by
Ref No: <i>119/05464</i>	SAS e-filing		
Veh No: <i>FDK6602L</i>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <i>17/01/19-19:10</i>	i-Motor Claim Form	<i>M/11057462-001</i>	<i>17/01/19 20:03</i>
OD: <i>TP</i> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *FDK6602L* 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

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
<i>NAGJ921</i>			
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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 :-	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
<i>Pat. 1:</i>	6) TR : Re-inspection \$75		
<i>Pat. 2 / 3:</i>	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 \$0		
	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	13/08/2019 15:37
Date Of Accident	10/08/2019 19:10
Exact Location Of Accident	GEYLANG RD BESIDE LOR 17 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6067L
Insured/Policyholder	
Name Of Registered Owner	TEE JIA QING (ZHENG JIAQING)
NRIC No	S8822248B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90999453
Alternative Phone No	OFFICE-90999453

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1
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	MOTORCYCLE

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	5075558338-03
Cover Note Number	

Driver

Name of Driver	TEE JIA QING (ZHENG JIAQING)
NRIC No	S8822248B
Date Of Birth	24/06/1988
Occupation	INDOOR
Date Of Driving Pass	16/08/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90999453
Fax Number	
Contact Number	OFFICE-90999453
EEmail Address	NOEMAIL

Address	BLK 771 YISHUN AVENUE 3 #04-243
Postcode	760771
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	COLLISION - CHANGE/CROSS LANE
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190810/2121.

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	SLD3634M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TEE JIA QING (ZHENG JIAQING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK6067L
Were seat belts worn?	
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 rescind its 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 situated 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

- Refer to police Report -

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/PIN No.:

Date of Accident : 10 Aug 2019 Accident Time: 7:10 pm (24-HR-Format)
 Accident Place : Geylang Road beside lor 17
 Vehicle Reg. No. (Car Plate No.) : FBK6067L
 Vehicle Make/Model : R1
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Tee Jia Qing 98822248B
 Owner or Company Contact No. : 90999453 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Tee Jia. Qing 98822248B
 DRIVER'S Date Of Birth : 24-June-1988 DRIVER'S License Pass Date 12 Aug 2011
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 771 Yishun Ave 3 #04-243 S'(760771)
 DRIVER'S Contact No / Alt No. : 1) 90999453 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 MC 3 days

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: <u>8LD 3634M</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Nissan</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190810/2121

1 of 3

Report No. T/20190810/2121

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 22:50	Vide Report No.:	Station Diary No.: 86
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: TEE JIA QING		Address: APT BLK 771 YISHUN AVENUE 3 #04-243 SINGAPORE 760771	
ID Type / ID No.: NRIC NO / S8822248B		Contact No.: Home/Office:	Mobile: 90999453
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 24/06/1988	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: HOTEL FRONT OFFICER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD Near entrance of Geylang Lorong 17				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Damage	No of Passenger
FBK6067L	Motorcycle	YAMAHA	YZF-R1	Blue	Slightly Damaged	0
SLD3634M	Car				Slightly Damaged	1

Details of Insurance				
Vehicle No.	Insurance Co.	Policy No.	Start Date	End Date
FBK6067L	NTUC Income Insurance Co-Operative Limited	5075558338-03	09/11/2018	08/11/2019



**SINGAPORE
POLICE FORCE**



T/20190810/2121

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Report No. T/20190810/2121

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 10/08/2019 at about 7.15pm, I was riding my motorcycle FBK6067L along Geylang Road lane 3 near to Geylang Lor 17. Suddenly, another vehicle SLD3634M cut into my lane from lane 2 and collided onto the right side of my motorcycle. I wished to state that the said vehicle driver claimed that I was the one who collided onto his vehicle. However, he was the one who tried to cut into my lane colliding onto my motorcycle. I wished to state that my motorcycle right footrest is damage. My right leg was injured due to the collision and I got 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190810/2121

3 of 3

Report No. T/20190810/2121

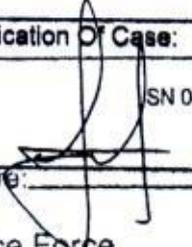
Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768458
Tel No: 1800-8522999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sr Staff Sgt DEOK FURAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 22:50
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 085
Authentication Stamp NP168	Signature:  Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S 8822248 B**

Name

TEE JIA QING
(ZHENG JIAQING)

For LKK/NAC Use Only

Birth Date **24 Jun 1988**

Issue Date **16 Aug 2007**

001522033H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8822248B**



Name

TEE JIA QING
(ZHENG JIAQING)

For LKK/NAC Use Only

鄭嘉庆

Race
CHINESE

Date of Birth **24-06-1988** Sex **M**

Country of Birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	16 Aug 2007
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	30 Nov 2010
Class 2	MOTORCYCLES EXCEEDING 400 CC	12 Oct 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	12 Aug 2011

For LKK/NAC Use Only

S / No. 9000225884

S8822248B



3363303



NRIC No S8822248B



For LKK/NAC Use Only

Blood Group Date of issue
02-07-2003

Address
APT BLK 771 YISHUN AVENUE 3 #04-243
SINGAPORE 760771

NRIC No: S8822248B

Date: 24/03/2010

No: 6430808

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075558338-03		TEE JIA QING (ZHENG JIAQING)	S8822248B	GMC	Third Party, Fire & Theft	FBK6067L	FBK6067L	09/11/2018	08/11/2019

Continue

Policy Information

Policy No.	5075558338-03	Policyholder Name	TEE JIA QING (ZHENG JIAQING);	Policyholder NRIC	S8822248B
Certificate No.					
Address	BLK 771 #04-243 YISHUN AVENUE 3 SINGAPORE 760771				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/10/2018	Effective Date	09/11/2018 00:00	Expiry Date	08/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 771 #04-243	Address 2	YISHUN AVENUE 3	Address 3	SINGAPORE 760771
Address 4		Address Type	Singapore address	Post Code	760771
Unit No.		Related Policy Number	5075558338-03		

Insured Object: FBK6067L

Endorsements

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

Claim Handling

Accident MT/1057462

Policy No.	5075558338-03	Vehicle No.	FBK6067L	GST Registration No.	
Certificate No.					
Policyholder Name	TEE JIA QING (ZHENG JIAQING)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8822248B
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90999453	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TL
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No	Accident Type	Collision - Change / Cross lane
Accident Details		Report Date	13/08/2019 20:02	Accident Report Within 24 hrs	Yes
Date of Accident	10/08/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD BESIDE LOR 17 GEYLANG				
Excess		Own damage Excess	0.00	Additional Excess	
Uninsured Driver Excess		Outside Singapore OD Excess		Windscreen Excess	
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits		GST Registered Information			
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.		Modification History			

Policyholder Mailing Address					
Address 1	BLK 771 #04-243	Address 2	YISHUN AVENUE 3	Address 3	SINGAPORE 760771
Address 4		Address Type	Singapore address	Post Code	760771
Unit No.		Related Policy Number	5075558338-03		
DI Driver Info					
Driver Name	TEE JIA QING (ZHENG JIAQING)	Driver Type	Main Driver	Driver DOB	24/06/1988
Uninsured driver Name		Driver NRIC	S8822248B	Driving Experience	11
Register Date of Driver License	16/08/2007	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	90999453	Contact No. (Office)	0	Address 3	SINGAPORE 760771
Address 1	BLK 771	Address 2	YISHUN AVENUE 3	Post Code	760771
Address 4		Address Type	Singapore address		
Unit No.	04-243	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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	TEE JIA QING (ZHENG JIAQING)	Insured NRIC	S8822248B
Contact No. (Mobile)	90999453	Contact No. (Home)	N/L	Contact No. (Office)	
Email Address		OI Vehicle Number	FBK6067L	TP Vehicle Number	SLD3634M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBK6067L / SLD3634M DN 10 Aug 2019		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/08/2019 00:00
Date Registered	13/08/2019 20:03	Claim Close Date			
Report Taken By	Jackson				

Save Submit

Attachment

Accident No.	MT/1057462	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 20:05	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="button" value="Browse"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	SAS	Normal	SAS 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 13 Aug 2019 20:04	Photos	Normal	Photos 2019-8-13		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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