

NATIONAL Assessment Centre Services [wef 1 Jan 2005] NA190630

Date In: 20/8/19-18:00	Job description	Date & Time Completed	Done by
Ref No: NA190630-145724	SAS e-filing		
Veh No: 5J1678X	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/8/19-11:15	i-Motor Claim Form	NA1908855-001	20/8/19 18:14
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: SKD39917 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

NA190630	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	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 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. 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	20/08/2019 18:00
Date Of Accident	20/08/2019 11:15
Exact Location Of Accident	TAN CHONG TOWER DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6728X
Insured/Policyholder	
Name Of Registered Owner	NG ENG HWA
NRIC No	S7344488H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98166853
Alternative Phone No	OFFICE-98166853

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION A15 A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100217315
Cover Note Number	

Driver

Name of Driver	NG ENG HWA (HUANG RONGHUA)
NRIC No	S7344488H
Date Of Birth	15/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98166853
Fax Number	
Contact Number	OFFICE-98166853
EEmail Address	NOEMAIL

Address	BLK 213 BEDOK NORTH STREET 1 #03-115
Postcode	460213
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 - MAJOR/MINOR RD
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?	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	SKD3991T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAVNEET DIDWANIA
NRIC/Passport Number	
Contact Number	97385174
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NG ENG HWA (HUANG RONGHUA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT6728X
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:

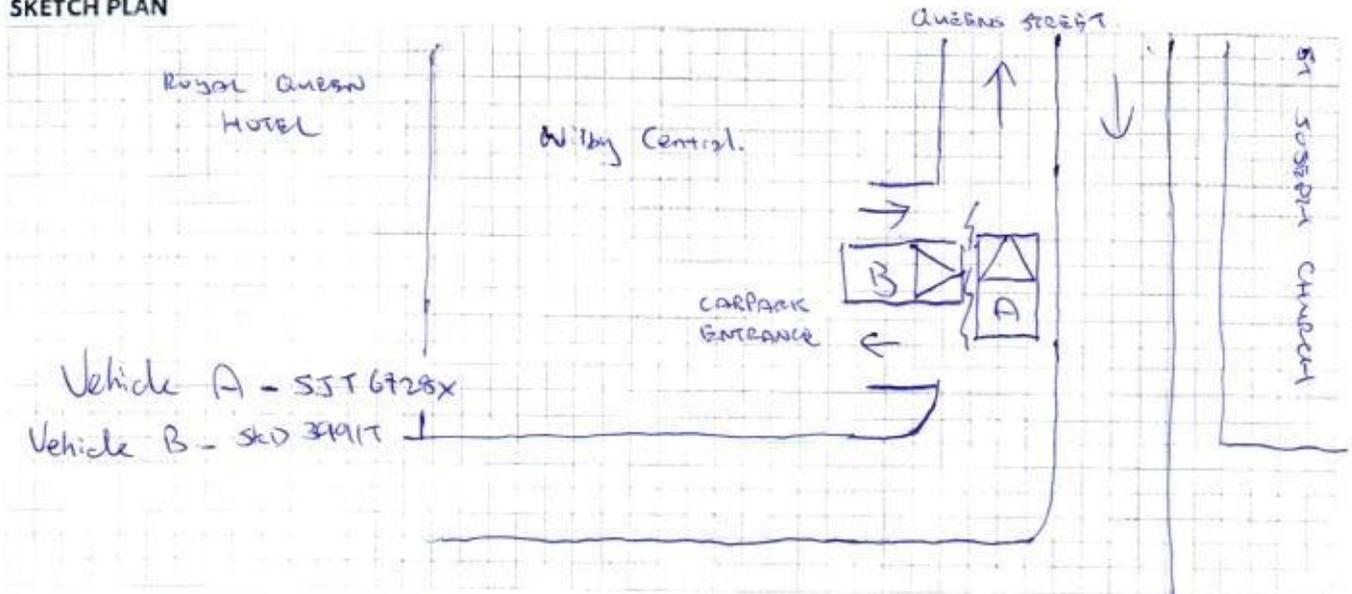


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle A - SJT 6728X
Vehicle B - SKD 3991T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the driveway of the back alley drive way behind Royal Queen Hotel.

While proceeding straight ahead and passing by the Carpark entrance of Wilby Central. Suddenly a vehicle dash out of the carpark and hit onto the left side of my vehicle.

Aligned from my vehicle and realized it was a vehicle with licence plate number (SKD 3991T) that collided to the left side of my vehicle due to his ignorance of giving way to the on going vehicle along the drive way that causes the collision to my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SJT 6728X
Vehicle B - SKD 3991T.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

Vehicle No.	8JT6728X	Model / Make	Toyota Allion
Date of Accident	20 AUG 2019		
Time of Accident	1117	HRS	
Location of Accident	Tan Chong Tower Drive-way		
Exact purpose use during accident	WORK		
Name of Owner	Ng Eng Hwa		
Telephone No.	H/P: 98166853 Home: 85220217 Office:		
NRIC	S 7344488H		
Address	Blk 213, Bedok North street 1 # 03-115 S' 460213		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive (Third Party) Third Party / Fire / Theft		
Policy No.	5100217315		
Name of Driver	As Above If No, Ng Eng Hwa		
NRIC	S 7344488H Any Passengers: 0		
Date of birth	15/11/1973		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	12 Sept 1994		
Gender	(Male) / Female		
Contact No.	H/P: 98166853 Home: 85220217 Office:		
Address	Blk 213, Bedok North st 1 # 03-115 S' 460213		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, (If Yes, Who? Ng Eng Hwa		
Name And Contact No.			
Name And Contact No.			
Police Report	(No,) If Yes, Where?		
Vehicle B No.	8KD 3991T	Any Passengers:	0
Name of Driver	Navneet Didwania	Contact No.:	97385194
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	LH side portion		
Camera Recorder	(Yes / No		
Email Address	martingp48@gmail.com		
PARTICULAR WORKSHOP	Twin car Automotive P1L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7344488H



Name
**NG ENG HWA
(HUANG RONGHUA)**
黄 荣 华
Race
CHINESE
Date of birth
15-11-1973 Sex
M
Country/Place of birth
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7344488H**
Name
**NG ENG HWA
(HUANG RONGHUA)**
Birth Date: **15 Nov 1973**
Issue Date: **04 Jul 2003**

Barcode: 1000626125A

Land Transport Authority

VOCATIONAL LICENCE
Licence No: S7344488H
Name: NG ENG HWA
Card Issue Date: 24/04/2018
Please visit www.lta.gov.sg to check the status of this vocational licence

5918129

Barcode: S7344488H

Fingerprint

Date of issue: 23-04-2018

Address
APT BLK 213 BEDOK NORTH STREET 1
#03-115
SINGAPORE 460213

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	12 Sep 1964
Class 4 Heavy motor cars and motor tractors > 2500 kg	02 Apr 1997
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	04 Jul 2005

S / No. 9000089975

Barcode: Licence No: S7344488H

NP 428A

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

For LKK/NAC Use Only

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/04/2018
03	BUS VL	19/11/1998
04	BUS ATTENDANT	19/11/1998



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: 5100217315

Cover : Third Party

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SJT6728X |
| Chassis Number | : NZT2603032987 |
| 2. Name of Policyholder | : NG ENG HWA |
| 3. Effective Date of Insurance | : 26 Apr 2018 |
| 4. Expiry Date of Insurance | : 25 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: NG ENG HWA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

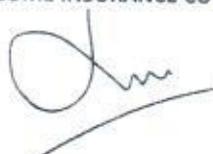
Agency : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 26 Apr 2018 14:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="20/08/2019 11:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJT6728X"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100217315		NG ENG HWA	S7344488H	GPC	Third Party	SJT6728X	SJT6728X	26/04/2018	25/10/2019

Continue

Policy Information

Policy No.	5100217315	Policyholder Name	NG ENG HWA	Policyholder NRIC	S7344488H
Certificate No.					
Address	BLK 213 #03-115 BEDOK NORTH STREET 1 SINGAPORE 460213				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 213 #03-115	Address 2	BEDOK NORTH STREET 1	Address 3	SINGAPORE 460213
Address 4		Address Type	Singapore address	Post Code	460213
Unit No.	03-115	Related Policy Number	5100217315		

Insured Object: SJT6728X

Endorsements

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

[Continue](#) [Cancel](#)

Claim Handling

[Exit](#)

Accident MT/1058655

Policy No.	5100217315	Vehicle No.	SJT6728X	GST Registration No.	
Certificate No.					
Policyholder Name	NG ENG HWA			Policyholder NRIC	S7344488H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98166053	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFX	<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(%)	0	Private Hire	Yes
Accident Details					
Report Date	20/08/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	20/08/2019	Time of Accident (hh:mm)	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAN CHONG TOWER DRIVEWAY				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 213 #03-115	Address 2	BEDOK NORTH STREET 1	Address 3	SINGAPORE 460213
Address 4		Address Type	Singapore address	Post Code	460213
Unit No.	03-115	Related Policy Number	5100217315		

DI Driver Info					
Driver Name	NG ENG HWA	Driver Type	Main Driver	Driver DOB	15/11/1973
Unnamed driver Name		Driver NRIC	S7344488H	Driving Experience	24
Register Date of Driver License	12/09/1994	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	98166053	Contact No.(Office)	0	Address 3	SINGAPORE 460213
Address 1	BLK 213	Address 2	BEDOK NORTH STREET 1	Post Code	460213
Address 4		Address Type	Singapore address		
Unit No.	03-115				
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 *	OD-MX	Insured Name	NG ENG HWA	Insured NRIC	S7344488H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJT6728X	TP Vehicle Number	SKD3991T
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT6728X / SKD3991T ON 20 Aug 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	20/08/2019 18:14	Claim Close Date		Date Received	20/08/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1058655	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2019 18:15
Path *		Category *	
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:15	SAS	Normal	SAS 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2019 18:14	Photos	Normal	Photos 2019-8-20		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------