

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) **MHA11911527**

Date In: 31/1/19-15:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC190542824	SAS e-filing		
Veh No: R82644	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 31/1/19-15:10	i-Motor Claim Form	M711060364-001	31/1/19 15:24
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 654888P	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

NA 1906638

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	31/08/2019 15:06
Date Of Accident	31/08/2019 08:10
Exact Location Of Accident	8B ADMIRALTY ST CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8264Y
Insured/Policyholder	
Name Of Registered Owner	CARE BEYOND PTE LTD
Co Reg No	201824523E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87665382
Alternative Phone No	OFFICE-87665382

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111345400
Cover Note Number	

Driver

Name of Driver	ZABIAK
NRIC No	S8065441C
Date Of Birth	08/09/1980
Occupation	INDOOR
Date Of Driving Pass	09/10/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87665382
Fax Number	
Contact Number	OFFICE-87665382
Email Address	NOEMAIL

Address	BLK 463C SEMBAWANG DRIVE #07-389
Postcode	753463
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	GBH888P
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.
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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.

Care Beyond Pte Ltd

Transportation (Include wheelchair friendly service)

463C Sembawang Drive #07-389, Singapore 753463

Reg No.: 201824523E

Tel: 8766 5382 | Website: www.carebeyond.com.sg

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

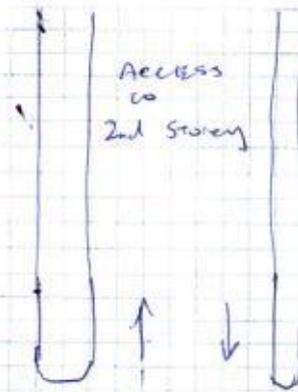
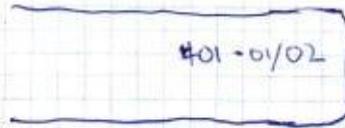
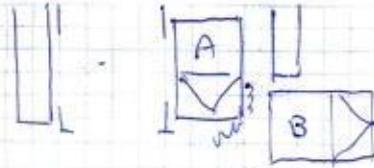
Name:

NRIC/FIN No.:

SKETCH PLAN

Vehicle A
- PC 8264Y

Vehicle B
- GBH 888P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary parked in the Parking lot of 8D@ Admiralty.

Around 0810 Hour, I received a call from someone saying my vehicle was involved in a accident.

And so I proceeded to the scene and found out my vehicle front portion was damaged.

Then someone came over to me and admitted it was their fault that unloading goods, accidentally dropped on my vehicle.

Vehicle A - PC 8264Y
Vehicle B - GBH 888P

DECLARATION

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

Care Beyond Pte Ltd

Transportation (Include wheelchair friendly service)

463C Sembawang Drive #07-389, Singapore 753463

Reg No: 201824523E

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	PC 8264 Y	Model / Make	TOYOTA HIACE
Date of Accident	31/08/2019		
Time of Accident	0810	HRS	
Location of Accident	8D @ Admiralty, 8B ADMIRALTY STREET. S(757437)		
Exact purpose use during accident	Stationary Park in Parking Lot		
Name of Owner	CARZ BIZMUND PTE LTD		
Telephone No.	H/P: 8766 5382	Home:	Office:
NRIC	201824523E		
Address	BLK 463C SEMBawang Drive #07-389 S(753403)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MTC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5111345400		
Name of Driver	As Above If No, ZABIAK		
NRIC	5806541C	Any Passengers: NIL	
Date of birth	08 SEP 1950		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	21 NOV 2012		
Gender	Male / Female		
Contact No.	H/P: 8766 5382	Home:	Office:
Address	BLK 463C Sembawang Drive #07-389 S(753463)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Co. OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GBH 888P	Any Passengers:	
Name of Driver	Contact No.:		
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	FRONT PORTION		
Camera Recorder	Yes / No,		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

IDENTITY CARD NO. S8065441C



Name
ZABIAK

Race
BURMESE
Date of birth: **08-09-1980** Sex: **M**
Country of birth
MYANMAR

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8065441C**
Name: **ZABIAK**
Birth Date: **08 Sep 1980**
Issue Date: **19 Apr 2010**

001848963B

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S8065441C**
Name : **ZABIAK**



For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence



9082207

NRIC No: **S8065441C**



Nationality
MYANMAR
Date of issue
23-09-2009

APT BLK 463C SEMBAWANG DRIVE #07-389
SINGAPORE 753463

S8065441C

29/01/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- C Class 2B Motorcycles =< 200 CC
- Class 3 Motor cars =< 1000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg

PASS DATE:
20 Jun 2008
21 Nov 2012

For LKK/NAC Use Only

S8065441C

S/No 9000175776

NP 428A



Licence No: **S8065441C**

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.

Type	Description	Issue Date
03	BUS - VL	09/10/2018

For LKK/NAC Use Only



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 : 5111345400

Cover : Comprehensive

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : PC8264Y |
| Chassis Number | : GDH2232001443 |
| 2. Name of Policyholder | : CARE BEYOND PTE LTD |
| 3. Effective Date of Insurance | : 01 Aug 2019 |
| 4. Expiry Date of Insurance | : 31 Jul 2020 |
| 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 8 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : CASA MERAKI PTE. LTD. (00000573856)

Date of Issue : 31 Jul 2019 13:44 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. 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"/>	S111345400		CARE BEYOND PTE LTD	201824523E	GBS	Comprehensive	PC8264Y	PC8264Y	01/08/2019	31/07/2020

Continue

Policy Information

Policy No.	5111345400	Policyholder Name	CARE BEYOND PTE LTD	Policyholder NRIC	201824523E
Certificate No.					
Address	BLK 463C #07-389 SEMBAWANG DRIVE SEMBAWANG RIVERLODGE SINGAPORE 753463				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/07/2019	Effective Date	01/08/2019 00:00	Expiry Date	31/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	CASA MERAKE PTE. LTD.	Agent Tel.	62669538	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 463C #07-389	Address 2	SEMBAWANG DRIVE	Address 3	SEMBAWANG RIVERLODGE
Address 4	SINGAPORE 753463	Address Type	Singapore address	Post Code	753463
Unit No.	07-389	Related Policy Number	5103192235-01		

Insured Object: PC8264Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/08/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 01 Aug 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: GDH2232001443 ENGINE NUMBER: 1GD8385890 VEHICLE REGISTRATION NUMBER: PC8264Y ORIGINAL REGISTRATION DATE: 31 Jul 2019

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

Exit

Claim Handling

Accident MT/1060369

Policy No.	5111345400	Vehicle No.	PC8264Y	GST Registration No.	
Certificate No.					
Policyholder Name	CARE BEYOND PTE LTD	Policyholder NRIC	201824523E		
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	87665382	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
JKR	<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	No

Accident Details

Report Date	31/08/2019 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	31/08/2019	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	88 ADMIRALTY ST CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
VIED OD Excess	1,000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	3,000.00	Total TP Excess Applicable			

Benefits

Coverage	Sum Insured	10000
Accessory		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/08/2019 15:24:10 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 463C #07-389	Address 2	SEBBAWANG DRIVE	Address 3	SEBBAWANG RIVERLODGE
Address 4	SINGAPORE 753463	Address Type	Singapore address	Post Code	753463
Unit No.	07-389	Related Policy Number	S103192235-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/09/1980
Unnamed driver Name	ZABIAK	Driver NRIC	S8065441C	Driving Experience	0
Register Date of Driver License	09/10/2018	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	87665382	Contact No.(Office)	0	Address 3	SEBBAWANG RIVERLODGE
Address 1	BLK 463C	Address 2	SEBBAWANG DRIVE	Post Code	753463
Address 4	SINGAPORE 753463	Address Type	Singapore address		
Unit No.	07-389				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CARE BEYOND PTE LTD	Insured NRIC	201824523E
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	PC8264Y	TP Vehicle Number	GBH888P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC8264Y / GBH888P ON 31 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	31/08/2019 15:24	Claim Close Date		Date Received	31/08/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1060369	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/08/2019 15:25

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:25	SAS	Normal	SAS 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:25	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:25	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2019 15:24	Photos	Normal	Photos 2019-8-31		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action