

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MUA 11/12/2003

Date In: 16/1/19 - 14:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC 14/0156/14	SAS e-filing		
Veh No: GAE876M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/1/19 - 08:05	i-Motor Claim Form	M7/106326-001	16/1/19 14:30
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: ASD2401L	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

NA1407094	Invoice Preparation Checklist	Amf (\$) for Bill	Amf (\$) 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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	Fee Charged		
	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	19/09/2019 14:16
Date Of Accident	16/09/2019 08:05
Exact Location Of Accident	KPE (ECP) AT TPE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE816M
Insured/Policyholder	
Name Of Registered Owner	SIN HOE HUP PLUMBING ENGINEERING
Co Reg No	31794000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073289983-04
Cover Note Number	

Driver

Name of Driver	PHUA PHECK GEOK
NRIC No	S1279497E
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1975
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97957866
Fax Number	
Contact Number	OFFICE-97957866
EMail Address	NOEMAIL

Address	BLK 161B PUNGGOL CENTRAL #19-95
Postcode	822161
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190916/2157.

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	FBD2464L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87552073

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC1564A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN HAN LONG

NRIC/Passport Number S7441986J

Contact Number 96428812

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

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.

SIN HOE HUP PLUMBING ENGINEERING



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

Refer to Attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

IN HOE HUP PLUMBING ENGINEERING
I/We declare the foregoing particulars are true in every respect.

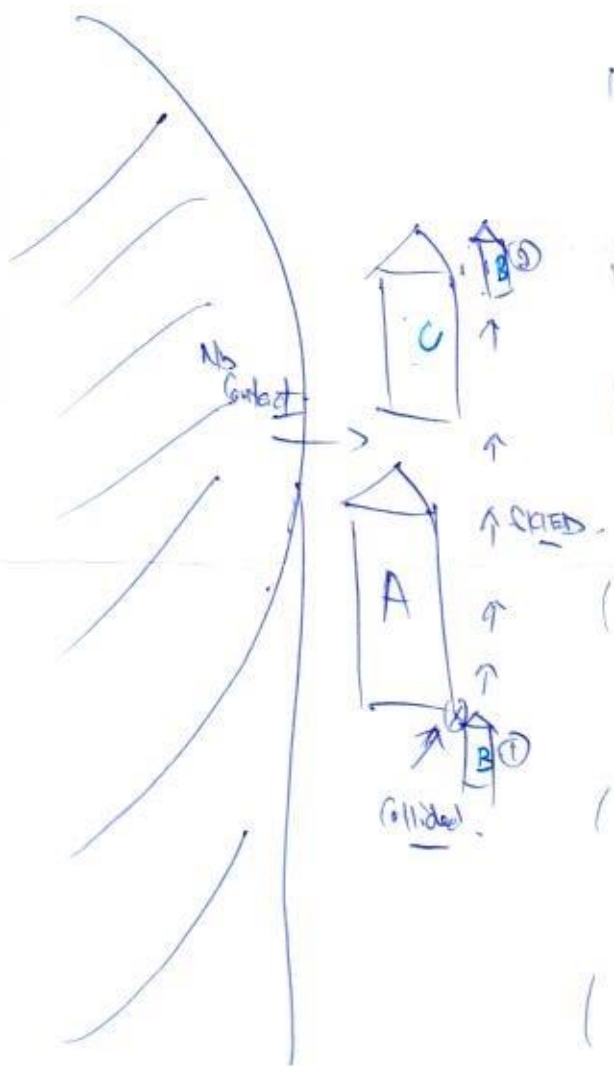
Policyholder's Signature
Date & Time:

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

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

Location: KPE (ECP) at TPE Entrance.

Time: ~~0740h~~ 0754h.



A) GRE 816m

Phua Theck Goolc

C1279497E

QT957866

1 driver + 1 passenger

C) SLE 154A

TAM HAN LONG

S744 1986J

9642 8812

Driver only

B) FBD 2464L

male / male / 40s.

8755 2073

Driver only.

① Police Report / HPP (Land)

② Accident Report / IC + DL + COMPANY STAMP

③ TP CLAIM (notes)

Personal Particulars

Date of Accident: 16/9/19 Time of Accident: 08:05
Exact Location of Accident: KPE (ECP) at TPE Entrance
Owner's Name: Sin Hoe Hup Plumbing Engineering NRIC No: _____ HP No: _____
Driver's Name: Phua Pheng Heok NRIC No: 51279497E HP No: 97957866
Date of Birth: 24/11/57 Driving Licence Passing Date: 18/9/1975 Occupation: Indoor / Outdoor Indoor
Address: B11C 161B Punggol Central A19-95 (822161)
Relationship of Driver with Insured: owner Email Address: _____
Vehicle No: GBE 816N Make & Model: _____
Insurance Co: N7JC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 2 (1 female passenger) B: 1 C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: FSD 2464L Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: 87552073
Vehicle C No: SLC1561A Make & Model: _____
Driver's Name: Tan Han Long NRIC No: 57441986J HP No: 964288N

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



SINGAPORE POLICE FORCE



T/20190916/2157

1 of 3

Report No. T/20190916/2157

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2019 19:14		Vide Report No.: G/20190916/0053		Station Diary No.: 125	
Informant's Particulars					
Name of Informant: PHUA PHECK GEOK			Address: APT BLK 161B PUNGGOL CENTRAL #19-95 SINGAPORE 822161		
ID Type / ID No.: NRIC NO / S1279497E			Contact No.: Home/Office: Mobile: 97957866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 30/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Plumber			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/09/2019 08:05	Type of Location: Bridge
Location: Along Road 1 TAMPINES EXPRESSWAY				
Tampines Expressway (Pan Island Expressway) into Kallang Paya Lebar Expressway (Marina Coastal Expressway)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD2464L	Motorcycle	HONDA	CB4008J M	White	Slightly Damaged	0
GBE816M	Van	TOYOTA	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR	Silver	Slightly Damaged	1
SLC1564A	Car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190916/2157

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190916/2157

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE816M	NTUC Income Insurance Co-Operative Limited	5073289983-04	03/09/2019	02/09/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	PHUA PHECK GEOK	ID No.	S1279497E
Related Vehicle	GBE816M (Van)	Contact No.	97957866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/09/2019 at about 0805hrs, I was driving my vehicle a Silver in color Toyota Hiace bearing registration number GBE816M and was on the way towards 50 Kallang Avenue as I was sending my daughter namely (Phua Pei Li Jessy, S8926809E, Contact: 81236430) to work. As I was travelling along Tampines Expressway(Pan Island Expressway) into Kallang Paya Lebar Expressway(Marina Coastal Expressway), the traffic was very heavy and congested due to heavy flow of vehicle. Suddenly both of us felt an impact from the rear right side of the van and that was when I noticed that a white in color Motorcycle bearing registration number FBD2464L had collided onto my vehicle. The motorcycle then skidded further and collided onto another vehicle, a Grey in color Toyota Wish bearing registration number SLC1564A . Traffic police and Ambulance then arrived at the scene shortly after. We were then advised to lodge a police report about this matter .



**SINGAPORE
POLICE FORCE**



T/20190916/2157

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190916/2157

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:
G /
Sgt 2 TOO YONG FOOK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Signature Of Informant:

Date/Time:
16/09/2019 19:14

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/09/2019 08:05"/>							
Vehicle No.(For Motor)	<input type="text" value="GBE816M"/>	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"/>	5073289983-04		SIN HOE HUP PLUMBING ENGINEERING	31794000K	GCV	Comprehensive	GBE816M	GBE816M	03/09/2019	02/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5073289983-04	Policyholder Name	SIN HOE HUP PLUMBING ENGIN	Policyholder NRIC	31794000K
Certificate No.					
Address	BLK 161B #19-95 PUNGGOL CENTRAL SINGAPORE 822161				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	19/08/2019	Effective Date	03/09/2019 00:00	Expiry Date	02/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161
Address 4		Address Type	Singapore address	Post Code	822161
Unit No.		Related Policy Number	5073289983-04		

Insured Object: GBE816M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1063126

Policy No.	5073289983-04	Vehicle No.	GBE816M	GST Registration No.	
Certificate No.					
Policyholder Name	SIN HOE HUP PLUMBING ENGINEERING			Policyholder NRIC	31794000K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<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(%)	20	Private Hire	No
Accident Details					
Report Date	19/09/2019 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/09/2019	Time of Accident (hh:mm)	06:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE (EQP) AT TPE ENTRANCE				
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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	19/09/2019 14:31:54 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 161B #19-95	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161
Address 4		Address Type	Singapore address	Post Code	822161
Unit No.		Related Policy Number	5073289983-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA PHECK GEOK	Driver NRIC	S1279497E	Driver DOB	30/01/1957
Register Date of Driver License	18/09/1975	Driver Age	62	Driving Experience	43
Contact No.(Mobile)	97957866	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 161B	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822161
Address 4		Address Type	Singapore address	Post Code	822161
Unit No.	19-95				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MIX	Insured Name	SIN HOE HUP PLUMBING ENGIN	Insured NRIC	31794000K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	97957866
Email Address		OI Vehicle Number	GBE816M	TP Vehicle Number	FBD2464L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE816M / FBD2464L ON 16 Sept 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/09/2019 14:32	Claim Close Date		Date Received	19/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1063126	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/09/2019 14:33

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:33	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	SAS	Normal	SAS 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Sep 2019 14:32	Photos	Normal	Photos 2019-9-19		
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Active	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>						