

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA1195324**

Date In: 8/10/19-14:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9017703/24	SAS e-filing		
Veh No: SLW23864	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/10/19-09:45	i-Motor Claim Form	17/10/19 08:45-001	8/10/19 14:26
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: MSF25915	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

HA1927601	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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			
	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:-			
	Q1)*			
	*N5: Courtesy Car / Tpl 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		

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	08/10/2019 14:12
Date Of Accident	07/10/2019 09:45
Exact Location Of Accident	JUNC TAMPINES AVE 10 & TAMPINES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2386U
Insured/Policyholder	
Name Of Registered Owner	CHAN YUAN TING JASMINE
NRIC No	S9110633G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93226024
Alternative Phone No	OFFICE-93226024

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107201940
Cover Note Number	

Driver

Name of Driver	CHAN YUAN TING JASMINE
NRIC No	S9110633G
Date Of Birth	20/03/1991
Occupation	INDOOR
Date Of Driving Pass	23/11/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93226024
Fax Number	
Contact Number	OFFICE-93226024
EEmail Address	NOEMAIL

Address	BLK 607 YISHUN STREET 61 #09-279
Postcode	760607
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191007/7032.

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	GBF7591J
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)

1

DETAILS OF INJURED PERSON 1

Name

CHAN YUAN TING JASMINE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKN2386U

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

← Tampines Link

Vehicle A: SKN 2386 U

Vehicle B: GBF 7591 J

Tampines Ave 10

Vehicle B: GBF7591J

← Tampines Link



Tampines Ave 10

- Refer to Police Report -

- Refer to Police Report -

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

jad

[Signature]

Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 10 / 2019) (DD/MM/YYYY), TIME: (09 : 45) (HH:MM)

LOCATION: Tampines Ave 10 X Tampines Link Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 2386 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz CLA180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chan Yuan Ting Jasmine (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S91106336 CONTACT: 93226024
 c) ADDRESS: 607 Yishun Street 61 #09-27A S(760607)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (20 / 03 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 68E7591J MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (01)

* No of passenger
 (including driver)
 (01) males

* No of passenger
 (including driver)
 ()

email =

fax =



SINGAPORE POLICE FORCE



T/20191007/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191007/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 18:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN YUAN TING JASMINE			Address: APT BLK 607 YISHUN STREET 61 #09-279 SINGAPORE 760607		
ID Type / ID No.: NRIC NO / S9110633G			Contact No.: Home/Office: Mobile: 93220624		
Nationality: SINGAPORE CITIZEN			Email: jasmineoptom@gmail.com		
Sex: Female	Age: 28	Date of Birth: 20/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FINIANCIAL CONSULTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2019 09:45	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7591J	Van				Slightly Damaged	0
SKN2386U	Car	MERCEDES BENZ	CLA180 (R18 BI)	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN2386U	NTUC Income Insurance Co-Operative Limited	5107201940	30/01/2019	29/01/2020



**SINGAPORE
POLICE FORCE**



T/20191007/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191007/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN YUAN TING JASMINE	ID No.	S9110633G
Related Vehicle	SKN2386U (Car)	Contact No.	93220624
Hospital/Clinic	PINNACLE SPINE & SCOLIOSIS CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2019	Date Discharge	07/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON 07/10/2019 AT ABOUT 09:45HR, I WAS DRIVING MY VEHICLE - SKN2386U, ALONG TAMPINES AVENUE 10. AT THE JUNCTION OF TAMPINES LINK, I STOPPED DUE TO AMBER LIGHT. APPROXIMATELY ABOUT 2 SECONDS LATER, VEHICLE NUMBER - GBF7591J, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

I THEN FELT STRAINS AND DISCOMFORT, THUS I SEEK MEDICAL ATTENTION AT MOUNT ELIZABETH HOSPITAL AND WAS GIVEN 5DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20191007/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191007/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/10/2019 18:25

Classification Of Case:

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107201940		CHAN YUAN TING JASMINE	S9110633G	GPC	drive CLASSIC	SKN2386U	SKN2386U	30/01/2019	29/01/2020

Policy Information

Policy No.	5107201940	Policyholder Name	CHAN YUAN TING JASMINE	Policyholder NRIC	S9110633G
Certificate No.					
Address	BLK 607 #09-279 YISHUN STREET 61 SINGAPORE 760607				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/01/2019	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 607 #09-279	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760607
Address 4		Address Type	Singapore address	Post Code	760607
Unit No.		Related Policy Number	5107201940		

Insured Object: SKN2386U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER: WDD1173422N085443 ENGINE NUMBER: 27091030380967 VEHICLE REGISTRATION NUMBER: SKN2386U ORIGINAL REGISTRATION DATE: 16 May 2014

Continue

Cancel

Claim Handling

Accident MT/1065885

Policy No.	S107201940	Vehicle No.	SKN2386U	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN YUAN TING JASMINE			Policyholder NRIC	S9110633G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93226024	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	08/10/2019 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/10/2019	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC TAMPINES AVE 10 & TAMPINES LINK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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 507 #09-279	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760607
Address 4		Address Type	Singapore address	Post Code	760607
Unit No.		Related Policy Number	S107201940		

OI Driver Info

Driver Name	CHAN JASMINE	Driver Type	Main Driver	Driver DOB	20/03/1991
Unnamed driver Name		Driver NRIC	S9110633G	Driving Experience	1
Register Date of Driver License	23/11/2017	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	93226024	Contact No.(Office)	0	Address 1	SINGAPORE 760607
Address 1	BLK 507	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760607
Address 4		Address Type	Singapore address	Post Code	760607
Unit No.	09-279				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHAN YUAN TING JASMINE	Insured NRIC	S9110633G
Contact No.(Mobile)	94519764	Contact No.(Home)	67528705	Contact No.(Office)	
Email Address		OI Vehicle Number	SKN2386U	TP Vehicle Number	GBF7591J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKN2386U / GBF7591J ON 7 Oct 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	08/10/2019 14:26	Claim Close Date		Date Received	08/10/2019 14:27
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					















Save Submit

Attachment

Accident No.	MT/1065885	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/10/2019 14:27
Path *			
	Browse...	Category *	Confidential
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal

Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	SAS	Normal	SAS 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Oct 2019 14:26	Photos	Normal	Photos 2019-10-8	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	