

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA 11947261

Date In: 6/11/19 - 14:47	Job description	Date & Time Completed	Done by
Ref No: HA/INC 19019640/24	SAS e-filing		
Veh No: ASD 8816R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/11/19 - 11:45	i-Motor Claim Form	6/11/19 15:01	
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: SLV37967 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

HA 1908748	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	06/11/2019 14:47
Date Of Accident	05/11/2019 11:45
Exact Location Of Accident	CTE (SLE) BEFORE JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8816R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAXCON COMMERCIAL FRIDGE REPAIR
Co Reg No	53337026D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97622626
Alternative Phone No	OFFICE-97622626

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	5112092579
Cover Note Number	

### Driver

Name of Driver	TOH SOON HUAT (ZHUO SHUNFA)
NRIC No	S7218175A
Date Of Birth	23/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622626
Fax Number	
Contact Number	OFFICE-97622626
EMail Address	NOEMAIL

Address	BLK 357C ADMIRALTY DRIVE #06-124
Postcode	753357
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)	2
Passenger 1	NAME: : TOK WEI JIE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191106/2059.

#### 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	SLV3796J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TOH SOON HUAT (ZHUO SHUNFA)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD8816R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name TOK WEI JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD8816R

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 Authorized 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.

MAXCON COMMERCIAL FRIDGE REPAIR  
Blk 357-C Admiralty Drive #06-124  
Singapore 753357  
Tel: 6754 8337 H/P: 9762 2626

Policyholder's Signature  
Date & Time:

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

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



Date of Accident : 5 NOV 2019 Accident Time: 1145am (24-HR-Format)  
 Accident Place : C7E towards SLE before Jalan Behar Exit  
 Vehicle Reg. No. (Car Plate No.) : G8D881GR  
 Vehicle Make/Model : Nissan Cabstar  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : Maxcon Commercial Fridge Repair 58337026D  
 Owner or Company Contact No. : 97622626 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Toh Eon Huat 87218175A  
 DRIVER'S Date Of Birth : 23-May-1972 DRIVER'S License Pass Date 16 Jul 1992  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner  
 DRIVER'S Address : 357 Admiralty Drive #06-124 (753357)  
 DRIVER'S Contact No. / Alt No. : 1) 97622626 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin@mycco.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 Only  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLV3796S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20191106/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2019 13:34	Vide Report No.:	Station Diary No.: 62
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**Informant's Particulars**

Name of Informant: TOH SOON HUAT		Address: APT BLK 357C ADMIRALTY DRIVE #06-124 SINGAPORE 753357	
ID Type / ID No.: NRIC NO / S7218175A		Contact No.: Home/Office: Mobile: 97622626	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 23/05/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 11:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY SELETAR EXPRESSWAY Along CTE towards SLE				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBD8816R	Lorry	NISSAN		Silver	Slightly Damaged	1
SLV3796J	Car	TOYOTA		Silver	Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing NA



Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

CONTINUATION OF REPORT

Passenger			
Name	Tok Wei Jie		ID No. S9601678F
Related Vehicle	GBD8816R (Lorry)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2019	Date Discharge	05/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TOH SOON HUAT		ID No. S7218175A
Related Vehicle	GBD8816R (Lorry)		Contact No. 97622626
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2019	Date Discharge	05/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Wee Wei Jie		ID No. S9046435C
Related Vehicle	SLV3796J (Car)		Contact No. 98289172
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL 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 05/11/2019 at around 1140hrs , I was driving my lorry along CTE heading towards SLE ( In the direction from Balestier Road towards Yishun ) on the most extreme left lane. The rain had just stopped and the road was wet and traffic was heavy. Somewhere near Northlight School my vehicle came to a stop and was stationary at around 10 seconds then I felt a huge impact from my rear. I alighted and realized the car behind me , SLV 3796 J , had collided into the rear of my lorry. No Police or Ambulance arrived at scene and we exchange particulars at the accident scene. I have a passenger in my lorry and both of us felt pain on our back and went to seek medical attention at Mount Alvernia Hospital and we were both given 5 days MC

**SINGAPORE  
POLICE FORCE**



T/20191106/2059

Station Of Origin:  
Sun North N.P.C  
1 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 4

Report No. T/20191106/2059

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20191106/2059

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No 1800-8529999

4 of 4

Report No. T/20191106/2059

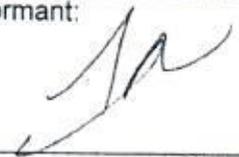
**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

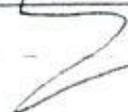
**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT /
Contact No.:

Signature Of Informant: 
Date/Time: 06/11/2019 13:34
Classification Of Case: <input type="checkbox"/> 015

Authentication Stamp  
NP168

Signature \_\_\_\_\_  
Singapore Police Force



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"/>	5112092579		MAXCON COMMERCIAL FRIDGE REPAIR	53337026D	GCV	Comprehensive	GBD8816R	GBD8816R	23/08/2019	22/08/2020

Continue

Policy Information

Policy No.	5112092579	Policyholder Name	MAXCON COMMERCIAL FRIDGE	Policyholder NRIC	53337026D
Certificate No.					
Address	BLK 357C #06-124 ADMIRALTY DRIVE SUN BLISS SINGAPORE 753357				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	23/08/2019	Effective Date	23/08/2019 00:00	Expiry Date	22/08/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 357C #06-124	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 753357	Address Type	Singapore address	Post Code	753357
Unit No.	06-124	Related Policy Number	5112092579		

Insured Object: GBD8816R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

**Claim Handling**

Accident MT/1070227

Policy No.	5112092579	Vehicle No.	GB08B16R	GST Registration No.	
Certificate No.					
Policyholder Name	MAXCON COMMERCIAL FRIDGE REPAIR	Policyholder NRIC		53337026D	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97622626	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	06/11/2019 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/11/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE JALAN BAHAR EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00		
YIED OO Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OO Excess Applicable	600.00	Total TP Excess Applicable			
<b>Benefits</b>					

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 357C #06-124	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 753357	Address Type	Singapore address	Post Code	753357
Unit No.	06-124	Related Policy Number	5112092579		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TOH SOON HUAT (ZHUO SHUN)	Driver NRIC	57238175A	Driver DOB	23/05/1972
Register Date of Driver License	16/07/1992	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	97622626	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 357C	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 753357	Address Type	Singapore address	Post Code	753357
Unit No.	06-124				
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="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OO-MK	Injured Name	MAXCON COMMERCIAL FRIDGE	Injured NRIC	53337026D
Contact No.(Mobile)	97622626	Contact No.(Home)		Contact No.(Office)	67548337
Email Address		DI Vehicle Number	GB08B16R	TP Vehicle Number	SLV3796J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GB08B16R / SLV3796J ON 5 Nov 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	06/11/2019 15:01	Claim Close Date		Date Received	06/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

**Attachment**

Accident No.	MT/1070227	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/11/2019 15:04

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

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:04	SAS	Normal	SAS 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:03	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:02	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:02	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:02	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:02	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 15:02	Photos	Normal	Photos 2019-11-6	
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				