

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA119158296**

Date In: <b>21/1/19-09:44</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA119158296/21176/24</b>	SAS e-filing		
Veh No: <b>sm24622C</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>21/1/19-09:42</b>	i-Motor Claim Form	<b>21/1/19 09:35</b>	<b>21/1/19 09:35</b>
OD / TP: <b>Reporting Only</b>	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: <b>FA8794M</b>	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

<b>NA119158296</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) Est Bill	Amt (\$) 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)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QN*			
	*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	02/12/2019 09:44
Date Of Accident	29/11/2019 09:40
Exact Location Of Accident	JUNC JURONG EAST ST 24 & JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4672C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE LTD
Co Reg No	201509693D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109395196
Cover Note Number	

### Driver

Name of Driver	LIM HOE LEONG (LIN HELIANG)
NRIC No	S7539817D
Date Of Birth	19/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81138077
Fax Number	
Contact Number	OFFICE-81138077
Email Address	NOEMAIL

Address	BLK 469A YISHUN STREET 43 #09-157
Postcode	761469
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : MS TAN GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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	FA8794M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :



## 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.



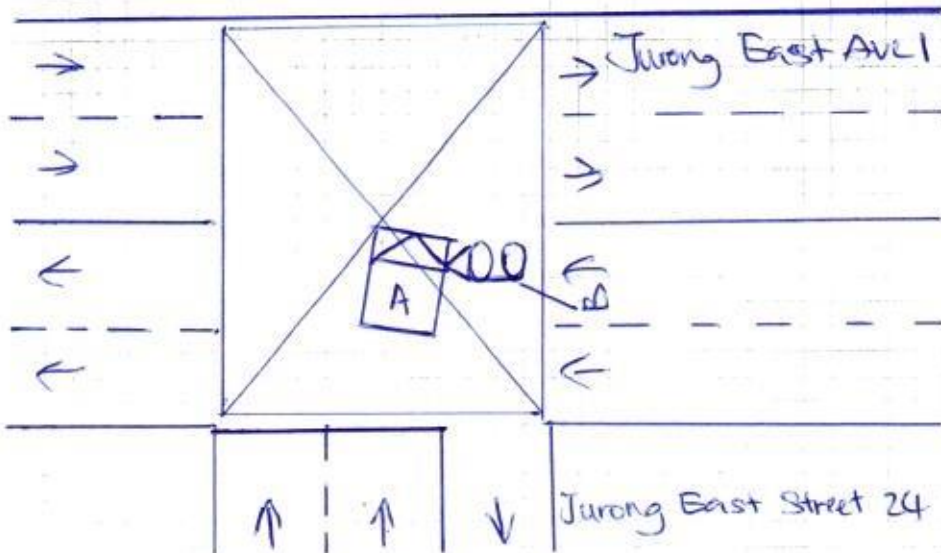
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



Vehicle A: SMJ4672C

Vehicle B: FA 8794M

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

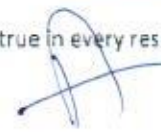
On the above stated date & time, I was driving my vehicle A (SMJ4672C) traveling along Jurong East Street 24 on first lane of 2-lanes, two way road. Somewhere at the T-junction of Jurong East Ave 1, I stopped my vehicle at the stop line. I had checked and make sure the traffic was clear. before I made my turn. So I drove out and turn right to Jurong East Ave 1. Out of sudden, vehicle B (FA 8794M) came from my right very fast and the front portion of vehicle B collided onto the right portion of my vehicle.

## DECLARATION

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

  
Policyholder's Signature

Date & Time:

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

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



<b>Vehicle No.</b>	SMJ4672C		<b>Model / Make</b>	Mitsubishi Attrage
<b>Date of Accident</b>	29/11/2019			
<b>Time of Accident</b>	0940	HRS		
<b>Location of Accident</b>	Along Jurong East Street 29 / Jurong East Ave 1			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	SG Car Rental & Sales Pte Ltd			
<b>Telephone No.</b>	H/P :	Home :	Office :	
<b>NRIC</b>	201509693D			
<b>Address</b>	66 Tannery Lane #01-05J Sindo Industrial Building S (347405)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5109395196-000011			
<b>Name of Driver</b>	As Above If No, Lim Hoe Leong			
<b>NRIC</b>	37539817D	Any Passengers : 2		
<b>Date of birth</b>	19/12/1975	Ms Tan (F)		
<b>Occupation</b>	Outdoor / Indoor	unknown (m)		
<b>Driving License Pass Date</b>	6/8/2018			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 81138077	Home :	Office :	
<b>Address</b>	BLK 469A Yishun Street 43 #09-15 S (761469)			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee,	If no, state Hired		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	FA 8794M		Any Passengers : 1	
<b>Name of Driver</b>			Contact No. :	
<b>Vehicle C No.</b>			Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
<b>Witness Name</b>			Witness Contact :	
<b>Accident Portion</b>	Right portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	aaronlim0915@gmail.com			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			



## 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:** 5109395196-000011

**Cover :** drive CLASSIC

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : SMJ4672C  |
| Chassis Number   | : MMBSTA13AFH018514   |
| 2. Name of Policyholder  | : SG CAR RENTAL & SALES PTE. LTD.   |
| 3. Effective Date of Insurance   | : 08 May 2019   |
| 4. Expiry Date of Insurance  | : 07 May 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. |   |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 07 May 2019 09:08 hrs

KHC HOLDINGS PTE LTD  
200A RAFFLES PLACE SINGAPORE 030703  


For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive



eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5109395196"/>	Date of Accident	<input type="text" value="29/11/2019 09:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SMJ4672C"/>	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"/>	5109395196	5109395196-000011	SG CAR RENTAL & SALES PTE. LTD.	201509693D	GFM	drive CLASSIC	SMJ4672C	SMJ4672C	08/05/2019	07/05/2020
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5109395196	Policyholder Name	SG CAR RENTAL & SALES PTE. L	Policyholder NRIC	201509693D
Certificate No.	5109395196-000011				
Address	66 TANNERY LANE #01-03E SINDO INDUSTRIAL BUILDING SINGAPORE 347805				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/05/2019	Effective Date	08/05/2019 00:00	Expiry Date	07/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	66 TANNERY LANE	Address 2	#01-03E SINDO INDUSTRIAL B	Address 3	SINGAPORE 347805
Address 4		Address Type	Singapore address	Post Code	347805
Unit No.	01-03E	Related Policy Number	5109395196		

Insured Object: 5109395196-000011

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel



## Claim Handling

Accident MT/1073774

Policy No.	5109395196	Vehicle No.	SM04672C	GST Registration No.	
Certificate No.	5109395196-000011				
Policyholder Name	SG CAR RENTAL & SALES PTE. LTD.			Policyholder NRIC	201509693D
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	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(%)	0	Private Hire	Yes

## Accident Details

Report Date	02/12/2019 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	29/11/2019	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG JURONG EAST ST 24 & JURONG EAST AVE 1				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	66 TANNERY LANE	Address 2	#01-03E SINDO INDUSTRIAL B	Address 3	SINGAPORE 347805
Address 4		Address Type	Singapore address	Post Code	347805
Unit No.	01-03E	Related Policy Number	5109395196		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM HOE LEONG (LIN HELIANG)	Driver NRIC	S7539817D	Driver DOB	19/12/1975
Register Date of Driver License	06/08/2018	Driver Age	43	Driving Experience	1
Contact No.(Mobile)	81138077	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 469A	Address 2	YISHUN STREET 43	Address 3	MEADOW SPRING @ YISHUN
Address 4	SINGAPORE 761469	Address Type	Singapore address	Post Code	761469
Unit No.	09-157				
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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SG CAR RENTAL & SALES PTE. L	Insured NRIC	201509693D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SM04672C	TP Vehicle Number	FA8794M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SM04672C / FA8794M ON 29 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GDA report	Received
Date Registered	02/12/2019 09:55	Claim Close Date		Date Received	02/12/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

## Attachment

Accident No.	MT/1073774	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2019 09:56

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:56	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:56	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:56	SAS	Normal	SAS 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 09:55	Photos	Normal	Photos 2019-12-2	

## Video List

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