

# NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

MNA 119170474

|                            |  |                       |                |
|----------------------------|--|-----------------------|----------------|
| Date In: 27/12/19 17:49    | Job description                          | Date & Time Completed | Done by        |
| Ref No: NA/INC190 22802/64 | SAS e-filing                             |                       |                |
| Veh No: GBJ 6591U          | E-mail (within 3hrs, AIC 2hrs)           |                       |                |
| DDA: 25/12/19 16:30        | I-Motor Claim Form                       | MT/1077515 001        | 28/12/19 09:35 |
| OP: TP / Reporting Only    | I-Motor W/O (within: OD 2hrs, TP 4hrs)   |                       |                |
| TP Insurer:                | I-Photo Uploaded                         |                       |                |
|                            | Assessment/Survey Report                 |                       |                |
|                            | Ass't Report by Fax / Hand to Owner/Wh3n |                       |                |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: FBE 638 9 P.                                       | 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: ( )

|   |                       |         |
|---|-----------------------|---------|
| Reminders: (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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| MA 2000013                      | Invoice Preparation Checklist                   | Am (\$)     | Rate (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30):               | 30.00       |           |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100): INC (\$30)    |             |           |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Auditors' Comments:             | For claimant against INC Only (wef 10 Jan 2005) |             |           |
|                                 | 6) TR: Re-inspection \$75                       |             |           |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | ON:   |             |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 | *N6: Repair Coordination \$10                   |             |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |           |
|                                 | 9) N12: Idao Mobile 30                          |             |           |
|                                 | 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             | 27/12/2019 17:49     |
| Date Of Accident           | 25/12/2019 16:30     |
| Exact Location Of Accident | BLK 145 BISHAN ST 11 |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBJ6591U                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | VEG PRO SINGAPORE PTE. LTD. |
| Co Reg No                   | 2XXXXX382E                  |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             |                             |
| Alternative Phone No        | OFFICE-90010054             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA               |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL         |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5110799502                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | SOLAI MALAI SHIVA    |
| NRIC No              | GXXXX425M            |
| Date Of Birth        | 11/01/1982           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 23/06/2012           |
| Driving Experience   | 7 YEARS AND 6 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-82655677 |
| Fax Number           |                      |
| Contact Number       |                      |
| E-Mail Address       | NOEMAIL              |

|   |              |
|---|--------------|
| Address   | 30 BUFALO RD |
| Postcode  | 219794       |
| Was driver an employee of the Insured's Company     | NO           |
| If No, Relationship of the Driver with the Insured  | FRIEND       |
| Vehicle Registration Number of Driver's Own Vehicle | -            |
|   | -            |
|   | -            |
| Insurance Company of Driver's Own Vehicle           | -            |
|   | -            |
|   | -            |

#### General Information of the Accident

|                    |              |
|--------------------|--------------|
| Type Of Accident   | NO COLLISION |
| 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)   | 1   |

#### 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         | FBE6389P                        |
| Vehicle Make/Model/Colour           |                                 |
| Details Of Properties               |                                 |
| Vehicle Category                    | MOTORCYCLE                      |
| Name of Driver                      | GURCHARN SINGH S/O PARIAP SINGH |
| NRIC/Passport Number                |                                 |
| Contact Number                      | 92953460                        |
| Address                             |                                 |
| Postcode                            |                                 |
| Insurance Company Name              |                                 |
| Nature Of Damage                    |                                 |
| No. Of Passenger (Including Driver) |                                 |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLK5093Z |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PEK CHOONG CHING

NRIC/Passport Number

Contact Number

93369626

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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.

**VEG PRO SINGAPORE PTE. LTD.**

Reg. No: 201842382E

79 Owen Road #01-01 Singapore 218895

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.:



Date: 25<sup>TH</sup> December 2019 ; Time: 4.30pm; Location- Bishan Street 11 near block 145 Carpark exit.

After dropping my friend at Block 145, I took exit of Carpark towards CTE through Bishan Street 11. When I was exiting there is no vehicle passing by the road. So I moved forward from the exit. The motorcycle (FBE 6389P) passing by Bishan Street 11 through Braddell Road at the right side divider of right side road stopped suddenly, car (SLX5093Z) behind the motorcycle was hit. The motorcycle rider fell down, there is no injury for motorcycle rider. Ambulance and traffic police arrived at spot. The traffic police filed report. There is no accident caused by my vehicle. I am informing as an incident report.

VEG PRO SINGAPORE PTE. LTD.  
Reg. No: 201842382E  
79 Owen Road #01-01 Singapore 218895

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

79 Owen Road #01-01 Singapore 218895

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.:



\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 / 12 / 2019 (dd/mm/yy) Time of Accident: 16 : 40 (24-HR-FORMAT)  
Vehicle No.: GBJ6591U Vehicle Make & Model: TOYOTA DYNA Private Hire: (Y/N)  
Exact location of Accident: BIBHAN ST 11 NEAR-Block 145 Carpark Exit  
Policyholder's Name / IC No.: VEG PRO SINGAPORE PTE LTD  
Driver's Name / IC No.: SOLAIMALAI SHIVA (As Above) ☐  
Driver's Contact No.: 82655677 Company Contact No (Company Veh Only): 90010054  
Driver's Address: 30 BUHARU ROAD SINGAPORE - 219794  
Email address: VENUSTRAIDING SINGAPORE@gmail.com Insurance Company: NTUC INCOME  
Relationship between Owner & Driver: (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

### What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

### Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*No. of Passengers (Including Driver): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_  
\*Passenger Name: \_\_\_\_\_

Gender: Male / Female  
Gender: Male / Female

### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: GUJRCHARN SINGH S/O PARTAP SINGH Vehicle No: FBE 6389 P

Driver's Contact No: 92953460 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): PEK CHONG CHING (BAI JUNGING) Vehicle No: SLK 50932

Driver's Contact No: 93369626 Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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="25/12/2019 17:45"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBJ6591U"/> | Certificate Number | <input type="text"/>                          |

| Select                | Policy No. | Certificate Number | Policyholder Name           | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5110799502 |                    | VEG PRO SINGAPORE PTE. LTD. | 201842382E        | GCV     | Comprehensive | GBJ6591U    | GBJ6591U       | 02/07/2019    | 01/07/2020  |



## Claim Handling

## Accident MT/1077515

|   |   |                               |                   |                        |              |
|---|---|-------------------------------|-------------------|------------------------|--------------|
| Policy No.                              | 5110799502  | Vehicle No.                   | GB36591U          | GST Registration No.   |              |
| Certificate No.                         |   |                               |                   |                        |              |
| Policyholder Name                       | VEG PRO SINGAPORE PTE. LTD.   | Cover Type                    | Comprehensive     | Policyholder NRIC      | 201842382E   |
| Product Code                            | COMMERCIAL VEHICLE INSURAN  | Contact No.(Office)           |                   | Loading                | 0            |
| Contact No.(Mobile)                     | 90010054  | Special Remark                |                   | Contact No.(Home)      |              |
| Email Address                           |   | TCA                           | + No Yes          | eCode                  | No           |
| KFK                                     | + No Yes  | NCD Entitlement(%)            | 0                 | eCode Reason           |              |
| NCD Protection                          | No  |                               |                   | Private Hire           | No           |
| <b>Accident Details</b>                 |   |                               |                   |                        |              |
| Report Date                             | 28/12/2019 09:31  | Accident Report Within 24 hrs | Yes               | Accident Type          | No collision |
| Date of Accident                        | 25/12/2019  | Time of Accident hh:mm        | 16:30             | Country of Accident    | Singapore    |
| Reporting Centre                        |   | Orange Force                  |                   | ICM No.                |              |
| Accident Location                       | BLK 145 BISHAN ST 11  |                               |                   |                        |              |
| <b>Total Excess Applicable</b>          |   |                               |                   |                        |              |
| 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                       |   |                               |                   |                        |              |
| Total OD Excess Applicable              | 600.00  | Total TP Excess Applicable    | 0.00              |                        |              |
| <b>Benefits</b>                         |   |                               |                   |                        |              |
| <b>GST Registered Information</b>       |   |                               |                   |                        |              |
| GST Registered                          | No  | GST Registration Date         |                   |                        |              |
| GST Registration No.                    |   | GST Status Verified           | Yes               |                        |              |
| Modification History                    | 28/12/2019 09:33:35 System changed GST Status Verified from No to Yes |                               |                   |                        |              |
| <b>Policyholder Mailing Address</b>     |   |                               |                   |                        |              |
| Address 1                               | 79 OWEN ROAD #01-01   | Address 2                     | SINGAPORE 218895  | Address 3              |              |
| Address 4                               |   | Address Type                  | Singapore address | Post Code              | 218895       |
| Unit No.                                | 01-01   | Related Policy Number         | 5110799502        |                        |              |
| <b>O1 Driver Info</b>                   |   |                               |                   |                        |              |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver    | Driver DOB             | 11/01/1982   |
| Unnamed driver Name                     | SOLAI MALAI SHIVA   | Driver NRIC                   | GXXXX425M         | Driving Experience     | 7            |
| Register Date of Driver License         | 23/06/2012  | Driver Age                    | 37                | Contact No.(Home)      |              |
| Contact No.(Mobile)                     | 92655677  | Contact No.(Office)           |                   | Address 3              |              |
| Address 1                               | 30 * BUFFALO ROAD   | Address 2                     | SINGAPORE 219794  | Post Code              | 219794       |
| Address 4                               |   | Address Type                  | Singapore address |                        |              |
| Unit No.                                |   |                               |                   |                        |              |
| Does he own a Singapore Registered car? | Yes + No  | Driver Vehicle No.            |                   | Driver Insurer Company |              |
| <b>Declaration</b>                      |   |                               |                   |                        |              |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?                   | Yes + No          |                        |              |

## Modification History

Claim 001 New

|   |                                    |                    |                             |                      |                            |   |
|---|------------------------------------|--------------------|-----------------------------|----------------------|----------------------------|---|
| Claim Type *  | OD-MX                              | Insured Name       | VEG PRO SINGAPORE PTE. LTD. | Insured NRIC         | 201842382E                 |   |
| Contact No.(Mobile)                                 |                                    | Contact No. (Home) |                             | Contact No. (Office) | NIL                        |   |
| Email Address                                       |                                    | Vehicle Number     | GB36591U                    | TP                   | FBE631                     |   |
| Claim Description                                   | GB36591U / FBE631RP DN 25 Dec 2019 |                    |                             |                      | Name of Preferred Workshop | 0 |
| Preferred Workshop                                  | 0                                  | Insured Liability  | Not at Fault                | GIA report           | Received                   |   |
| Preferred Repair Option                             | Preferred Workshop, Name unknown   |                    |                             |                      |                            |   |
| Date Registered                                     | 28/12/2019 09:35                   | Claim Close Date   |                             | Date Received        | 28/12/2019                 |   |
| Report Taken By                                     | LIEW SHAN HUJ                      |                    |                             |                      |                            |   |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                    |                             |                      |                            |   |

Save Submit

## Attachment

| Accident No.  | MT/1077515     | Claim No.   | 001              |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
|---|----------------|-------------|------------------|------------|--------------|-----------|-------|---------------|----|--------|--|---------------|----|--------|--|---------------|----|--------|--|---------------|----|--------|--|---------------|----|--------|--|---------------|----|--------|--|---------------|----|--------|--|
| Last Doc. Received  | * Yes No       | Upload Date | 28/12/2019 09:35 |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Path *  |                |             |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Choose File   | No file chosen | Clear       | Please Select    |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Message Read  |                |             |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| <b>Attachment List</b>  |                |             |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| <table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Desci</th> </tr> </thead> <tbody> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table> |                |             |                  | Category * | Confidential | Urgency * | Desci | Please Select | NO | Normal |  | Please Select | NO | Normal |  | Please Select | NO | Normal |  | Please Select | NO | Normal |  | Please Select | NO | Normal |  | Please Select | NO | Normal |  | Please Select | NO | Normal |  |
| Category *  | Confidential   | Urgency *   | Desci            |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Please Select   | NO             | Normal      |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Please Select   | NO             | Normal      |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
| Please Select   | NO             | Normal      |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |
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| Please Select   | NO             | Normal      |                  |            |              |           |       |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |               |    |        |  |

| Attachment   | Uploaded By/Date   | Category              |   | Urgency | Description                      | M |
|--|--|-----------------------|---|---------|----------------------------------|---|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2019-12-28 |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | SAS                   |   | Normal  | SAS 2019-12-28                   |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | Photos                |   | Normal  | Photos 2019-12-28                |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | Photos                |   | Normal  | Photos 2019-12-28                |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | Photos                |   | Normal  | Photos 2019-12-28                |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | Photos                |   | Normal  | Photos 2019-12-28                |   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2019 09:35 | Photos                |   | Normal  | Photos 2019-12-28                |   |
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| Uploaded By/Date   | Folder Date  | File Name             |   | Source  |                                  |   |
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