

**NATIONAL Assessment Centre Services**

Date In: <b>06/01/20</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NM/INC20000330/R3</b>	E-mail (within 8hrs, INC 2hrs):		
Veh No: <b>FBQ1596C</b>	i-Motor Claim Form: <b>MT/1078596-001</b>		
DOA: <b>14/12/19 1240</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<input checked="" type="radio"/> OD TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **KIM KEAT (BBDC)** ) Tel: Fax:

TP Particulars: Veh No: **SK10000** 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%; F: 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)

Remarks	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

**11A2000337**

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 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	06/01/2020 09:29
Date Of Accident	14/12/2019 12:40
Exact Location Of Accident	E-BRAKE AREA (BBDC)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1596C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
<b>Driver</b>	
Name of Driver	JEROME GAN LI JIE
NRIC No	SXXXX060G
Date Of Birth	06/07/1992
Occupation	INDOOR
Date Of Driving Pass	14/12/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91714982
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 112 LENGKONG TIGA #09-223
Postcode	410112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
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	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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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**

PLS REFER TO THE ATTACHED 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 INJURED PERSON 1**

Name	JEROME GAN LI JIE
Approximate Age	
Injuries Sustain	ABRASION LEFT ARM & KNEE
Injured person in which vehicle?	FBQ1596C
Were seat belts worn?	
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 purposes 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.

**BUKIT BATOK DRIVING CENTRE LTD**  
116 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659086  
TEL: 659 1233 FAX: 6569 0777

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.:

*ofym* 06/10/20

SKETCH PLAN

Bukit Batok Driving Centre - Circuit course E - Brake

A - FBQ 1596 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic Condition is clear. road surface is wet. I was doing  
 Emergency brake. My speed is ~~not~~ within acceptable range but I  
 Jammed the front brake very hard causing my front wheel to lock and  
 fell down.

DECLARATION  
 POLICYHOLDER'S SIGNATURE  
 SINGAPORE 958085  
 TEL: +65 61 288 FAX: +65 60 0777  
 001 288 0777

is true in every respect.

*[Signature]*

*[Signature]* 06/01/20

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:

# ACCIDENT STATEMENT

Owner  
 Driver

Date of Accident  
14/12/19

Time  
1240am

Location of Accident  
E-bike area

INSURED/POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBG1234
Name of Policyholder	FBG1234
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	
Occupation	Tel: 65943513 Hp:
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda CBF190LST
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/Motorcycle/ Others:
Exact Purpose for which vehicle was being used at the time of accident.	Training
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00934151220
DRIVER	
Name of Driver	JEROME GAN LI ME
NRIC/ FIN/ Passport	59216609
Date of Birth	06/07/1992
Occupation	CONSULTANT
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 91314782
Address	112 LINGKUN LIA #09-222 (S)41.11
Email Address	jeromegan@icb.com.sg
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	Friend
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Self - self
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:
Damage Area	Both mirrors, brake, bike chain, some box
Approximate Speed	25km/h
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera/ video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number  
Vehicle Make/ Model/ Colour  
Details of Properties (If Other Party is not a Vehicle)  
Damage Area  
Name of Driver  
NRIC/ FIN/ Passport  
Contact Number / Email Address  
Address  
Name of Insurance Company

**Other Vehicle or Property 2**  
Vehicle Registration Number  
Vehicle Make/ Model/ Colour  
Details of Properties (If Other Party is not a Vehicle)  
Damage Area  
Name of Driver  
NRIC/ FIN/ Passport  
Contact Number / Email Address  
Address  
Name of Insurance Company

**DETAILS OF WITNESS**

Name  
Phone / Email Address  
Address  
NRIC/ FIN/ Passport

**DETAILS OF INJURED PERSON 1**

Name  
NRIC/ FIN/ Passport  
Address

*As Driver*

Approximate Age  
Injuries Sustained

*Abrasions on left arm and knee*

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  
 No

Yes  
 No

Was Injured conveyed to hospital by ambulance?

**DETAILS OF INJURED PERSON 2**

Name  
NRIC/ FIN/ Passport  
Address

Approximate Age  
Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  
 No

Yes  
 No

Was Injured conveyed to Hospital by Ambulance?

**DRIVER/PAK POLYVIC CENTRE LTD**

(We warrant the above information provided above are true in every aspect.)

SINGAPORE 659085

TEL: 6507 0200 FAX: 6507 0777

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

*[Signature]*

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

**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** : 0073451220-15

**Cover** : Comprehensive

- |  |                                  |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : FRQ1596C                       |
| Chassis Number   | : LWBMC4695L1600331              |
| 2. Name of Policyholder  | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance   | : 07 Aug 2019                    |
| 4. Expiry Date of Insurance  | : 06 Aug 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.<br>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 business or profession.  |                                  |
| This Policy does not cover   |                                  |
| (a) Use for hire or reward.  |                                  |
| (b) Use for racing, pace-making, reliability trial or speed-testing.   |                                  |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business.   |                                  |
| (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
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 : BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue : 07 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorized Officer



Chief Executive

**Register New Vehicle (Acknowledgement)**

**Vehicle Particulars**

Vehicle No.:	FBQ1596C		
Vehicle Type:	P00 - Passenger Motorcycle / Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4695L1600331	Engine No.:	MC46E5092159
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

**Owner Particulars**

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Registered Building Name: BUKIT BATOK DRIVING CENTRE  
Registered Postal Code: 659085  
COE No. / Expiry Date: 2019060106000810Z / 06 Aug 2029  
COE Bid Category: D - Motorcycle  
QP Paid: \$3,352.00

#### Transaction Details

Business Transaction Ref. No.: 20190807113453955634  
Business Transaction Date: 07 Aug 2019  
Business Transaction Time: 11:34:53

#### Message

The above vehicle has been successfully registered.

Please note that \$3,741.00 will be deducted from your GIRO account.

**Claim Handling**

**Accident MT/1078596**

Policy No.	0073451220-15	Vehicle No.	FBQ1596C	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD.			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833162	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	06/01/2020 11:37	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	14/12/2019	Time of Accident hh:mm	12:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	E-BRAKE AREA (BBDC)			

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	M200805323	GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114136654	

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JEROME GAN LI JIE	Driver NRIC	SXXXX060G	Driver DOB
Register Date of Driver License	14/12/2019	Driver Age	27	Driving Exper
Contact No.(Mobile)	91714982	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 112	Address 2	LENGKONG TIGA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-223			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insur

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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**Modification History**

Claim 001 OD-MD **New**

Claim Type	OD-MD	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	DI Vehicle Number	
Claim Description	FBQ1596C ON 14 Dec 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	06/01/2020 11:36
		Workshop Repairer	

Print AK letter

Save Submit

**Attachment**

<https://gicclaim.income.com.sg/gcs/lcm/eclaim/claimantSave.do>

Accident No.	MT/1078596	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	06/01/2020 00:00

Path \*

Choose File	No file chosen	Clear	Category *	Confid
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	Photos	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:36	Photos	Normal

Video List

Uploaded By/Date	Folder Date	File Name
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		