

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] **MA 2000 60**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 17/1/20-14/28 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC20001084/24 | SAS e-filing | | |
| Veh No: 52520824 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 17/1/20-14/28 | i-Motor Claim Form | 17/1/20 14:47 | |
| 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: FBK49304 | 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: | 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 2000 60 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Est Bill | Add Bill |
| 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 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | * N5: Courtesy Car / 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 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat. 1: | | | |
| Dat. 2 / 3: | | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|------------------------------------|
| Date Of Report | 17/01/2020 14:28 |
| Date Of Accident | 17/01/2020 12:20 |
| Exact Location Of Accident | SENGKANG EAST RD OUTSIDE PALM VIEW |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|------------------------|
| Vehicle Registration Number | SJS2082G |
| Insured/Policyholder | |
| Name Of Registered Owner | TZR KARX RENTAL |
| Co Reg No | 5XXXX279X |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5102405135-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | TAY TOK TONG (ZHENG ZHUODONG) |
| NRIC No | SXXXX592A |
| Date Of Birth | 10/09/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/01/2017 |
| Driving Experience | 2 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98760361 |
| Fax Number | |
| Contact Number | OFFICE-98760361 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 334A ANCHORVALE CRESCENT #13-116 |
| Postcode | 541334 |
| 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 - HEAD TO REAR |
| 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? | 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: : - 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 | FBK4930H |
| 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)

1

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | TAY TOK TONG (ZHENG ZHUODONG) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SJS2082G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



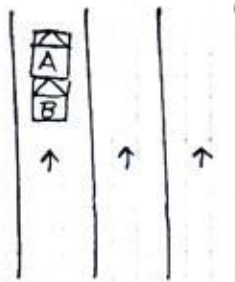
Policyholder's Signature
Date & Time:

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

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

SENGKANG
EAST RD
OUTSIDE PALM VIEW

B → FBK4930H



On the stated time & date, I was travelling on my vehicle A, bearing (SJS 2082 G). As the front vehicle stopped, I stopped and I suddenly felt an impact from the rear. I alighted from my vehicle and realised that vehicle B, bearing (FBK 4930 H) had collided onto the rear of my vehicle.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 01 / 20 (DD/MM/YYYY), TIME: 12 : 20 (HH:MM)

LOCATION: SENG KANG EAK ROAD OUTSIDE PALM VIEW

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 2082 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 510240535 - 01
 d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: (~~SALOON~~ / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TZR KARX RENTAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53376279 X CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAY TOK TONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7927592 A CONTACT: 9876 0361
 c) ADDRESS: BK 334 A ANCHORVALE CRES #13-116
S(541334)

* d) DATE OF BIRTH: 10 / 09 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3

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

5. a) WEATHER CONDITION: (~~CLEAR~~ / RAINING / OTHERS)

b) ROAD SURFACE: (~~DRY~~ / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - driver only

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBK 4930 H MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1/2 No of passengers
 (including driver)
(2)

2 Male

1/2 No of passengers
 (including driver)
(1)

1/2 No of passengers
 (including driver)
()

email =

fax =

eBaoTech

GeneralClaim

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="17/01/2020 12:20"/> |
| Vehicle No. (For Motor) | <input type="text" value="SJS2082G"/> | 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"/> | 5102405135-01 | | TZR KARX RENTAL | 53376279X | GPC | drive CLASSIC | SJS2082G | SJS2082G | 03/08/2019 | 02/08/2020 |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|---------------------|----------------------------------|------------------|
| Policy No. | 5102405135-01 | Policyholder Name | TZR KARX RENTAL | Policyholder NRIC | 53376279X |
| Certificate No. | | | | | |
| Address | 15 KAKI BUKIT ROAD 4 #03-18 BARTLEY BIZ CENTRE SINGAPORE 417808 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | Group Policy Flag N | | |
| Policy Issue Date | 02/08/2019 | Effective Date | 03/08/2019 00:00 | Expiry Date | 02/08/2020 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 | B.A.S. INSURANCE AGENCY | Agent Tel. | 67492112 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------------|-----------------------|---------------------------|-----------|------------------|
| Address 1 | 13 KAKI BUKIT ROAD 4 | Address 2 | #03-18 BARTLEY BIZ CENTRE | Address 3 | SINGAPORE 417807 |
| Address 4 | | Address Type | Singapore address | Post Code | 417807 |
| Unit No. | 03-18 | Related Policy Number | 5107099235-01 | | |

Insured Object: SJS2082G

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 02/09/2019 00:00 | Basic Information Endorsement | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 02 Sep 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DICKSON CAPITAL PTE LTD CHASSIS NUMBER: MR053ZEE106151244 ENGINE NUMBER: 3Z24918361 VEHICLE REGISTRATION NUMBER: SJS2082G ORIGINAL REGISTRATION DATE: 03 Aug 2009</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 02 Sep 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party to drive CLASSIC 2. The Endorsement M1 stated in the Policy is not applicable 3. Section 1 of this Policy is subject to an excess of S\$2,000.00. In view of this amendment, an additional premium of \$574.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> |
| 2 | 02/09/2019 00:00 | Basic Information Endorsement | Endorsement Take Effective | |

Continue

Cancel

Claim Handling

Accident MT/1080593

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | S102405135-01 | Vehicle No. | S1S2082G | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TZR KARX RENTAL | Cover Type | drive CLASSIC | Policyholder NRIC | 53376279X |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | |
| KPK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Yes |
| Accident Details | | | | | |
| Report Date | 17/01/2020 14:45 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 17/01/2020 | Time of Accident (hh:mm) | 12:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SENGKANG EAST RD OUTSIDE PALM VIEW | | | | |
| 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 TP Excess Applicable | | | |
| Total OD Excess Applicable | 2000.00 | | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 13 KAKI BUKIT ROAD 4 | Address 2 | #03-18 BARTLEY BIZ CENTRE | Address 3 | SINGAPORE 417807 |
| Address 4 | | Address Type | Singapore address | Post Code | 417807 |
| Unit No. | 03-18 | Related Policy Number | S107099235-01 | | |
| Q1 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 10/09/1979 |
| Unnamed driver Name | TAY TOK YONG (ZHENG ZHUO) | Driver NRIC | SXXX5592A | Driving Experience | 2 |
| Register Date of Driver License | 24/01/2017 | Driver Age | 40 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 98760361 | Contact No.(Office) | 0 | Address 3 | ANCHORVALE COVE |
| Address 1 | BLK 334A | Address 2 | ANCHORVALE CRESCENT | Post Code | 541334 |
| Address 4 | SINGAPORE 541334 | Address Type | Singapore address | | |
| Unit No. | 13-116 | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 **New**

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | CD-MX | Insured Name | TZR KARX RENTAL | Insured NRIC | 53376279X |
| Contact No.(Mobile) | 82006653 | Contact No.(Home) | NIL | Contact No.(Office) | NIL |
| Email Address | | OT Vehicle Number | S1S2082G | TP Vehicle Number | FBK4930H |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | S1S2082G / FBK4930H ON 17 Jan 2020 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 17/01/2020 00:00 |
| Date Registered | 17/01/2020 14:47 | Claim Close Date | | | |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit













Attachment

| | | | |
|--------------------|---|--|------------------|
| Accident No. | MT/1080593 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/01/2020 14:48 |
| Path * | Category * | Confidential | Urgency * |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |
| Browse... Clear | Please Select | <input type="radio"/> No <input type="radio"/> Yes | Normal |

☐ Send Message

Attachments

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|---|---|-----------------------|----------|---------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:46 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:46 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | SAS | Normal | SAS 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:47 | Photos | Normal | Photos 2020-1-17 | |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

Display in New Window

Scan and uploading