

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA20016104**

Date In: <b>5/1/20 11:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 2001988724</b>	SAS e-filing		
Veh No: <b>5C34987</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>1/2/20 14:45</b>	i-Motor Claim Form	<b>5/1/20 30/12-021</b>	<b>5/1/20 11:53</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>SLB 9539B</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>NA2001084</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) 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		
	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)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N'in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	05/02/2020 11:32
Date Of Accident	01/02/2020 14:45
Exact Location Of Accident	CTE TWDS MERCHANT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3498T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHEELA PILLAI QUAH
NRIC No	SXXXX864F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934874
Alternative Phone No	OFFICE-96934874

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111871263
Cover Note Number	

### Driver

Name of Driver	ETHAN REESHE QUAH
NRIC No	SXXXX617D
Date Of Birth	14/12/1998
Occupation	INDOOR
Date Of Driving Pass	14/03/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93224416
Fax Number	
Contact Number	OFFICE-93224416
Email Address	NOEMAIL

Address	BLK 255 PASIR RIS STREET 21 #08-265
Postcode	510255
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200204/7029.

#### 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	SLB9539B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WEI TING
NRIC/Passport Number	SXXXX307Z
Contact Number	92954670

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ETHAN REESHE QUAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJC3498T

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.:

SKETCH PLAN

The sketch plan is drawn on a grid of small squares. It features two main rectangular areas. Area A is a rectangle with a small triangle inside it, located in the lower-left portion of the sketch. Area B is a rectangle tilted at an angle, positioned to the right of Area A. A curved line is drawn above Area B, extending from the top right towards the center of the sketch. The entire sketch is enclosed within a rectangular border.

Refer to police report.

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

Date &amp; Time:

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

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

Date of Accident : 1/2/2020 Accident Time: 1445 (24-HR-Format)  
Accident Place : CTE MERCHANT ROAD EXIT 2. (LANE 2)  
Vehicle Reg. No. (Car Plate No.) : SJC 3498 T.  
Vehicle Make/Model : MITSUBISHI LANCER.  
Insurance Company : NTUC. Policy No. 5111871263.  
Owner or Company Name / IC No. : SHEELA PILLAI S 1434864 F.  
Owner or Company Contact No. : 96934874 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : ETHAN REESHE QUAH.  
DRIVER'S Date Of Birth : 14-12-1998. DRIVER'S License Pass Date 14/3/2019.  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 255 Pasir Ris Street 21. #08-265.  
DRIVER'S Contact No. / Alt No. : (1) 93224416 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : ethan - quah @ ymail. com.  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2. 1 male driver passenger.  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLB9539B.  
Vehicle Make/Model: Honda Verzei  
Name Driver: GOH WEI TING.  
IC No. Driver: S9329307 Z  
Driver's Contact & Add: 92954670.

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20200204/7029

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200204/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2020 21:34		Vide Report No.: T/20200201/2107		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ETHAN REESHE QUAH			Address: APT BLK 255 PASIR RIS STREET 21 #08-265 SINGAPORE 510255		
ID Type / ID No.: NRIC NO / S9840617D			Contact No.: Home/Office:		Mobile: 93224416
Nationality: SINGAPORE CITIZEN			Email: ethan_quah@ymail.com		
Sex: Male	Age: 21	Date of Birth: 14/12/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 14:50	Type of Location: CTE Exit
Location: MERCHANT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC3498T	Car					0
SLB9539B	Car	HONDA	Vezel	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB9539B	NTUC Income Insurance Co-Operative Limited			



# SINGAPORE POLICE FORCE



T/20200204/7029

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200204/7029

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ETHAN REESHE QUAH	ID No.	S9840617D
Related Vehicle	SJC3498T (Car)	Contact No.	93224416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2020	Date Discharge	01/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	BEN ONG PANG JUN BAYA SETYA PERKASA	ID No.	S9815195H
Related Vehicle	SJC3498T (Car)	Contact No.	87225402
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH WEI TING	ID No.	S9329307Z
Related Vehicle	SLB9539B (Car)	Contact No.	92954670
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 1/02/2020 at about 1450 hrs i was driving on the CTE Merchant Exit when another vehicle on my right cut the chevrons and collided with my vehicle. The front bumper of my vehicle had collided with the right bumper of my vehicle there was a side swipe as well. Due to the impact my vehicle swerved to the right causing it to brush against the CTE tunnel. However i did not stop to make sure there were no damages to the wall.



**SINGAPORE  
POLICE FORCE**



T/20200204/7029

3 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200204/7029

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200204/7029

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200204/7029

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/02/2020 21:34

Classification Of Case:

eBaoTech

General Claim

Hello, NAC\_PAYA\_UB1\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111871263		SHEELA PILLAI QUAH	S1434864F	GPC	drive CLASSIC	SJC3498T	SJC3498T	13/08/2019	13/08/2020

 Policy Information

Policy No.	5111871263	Policyholder Name	SHEELA PILLAI QUAH	Policyholder NRIC	S1434864F
Certificate No.					
Address	BLK 255 #08-265 PASIR RIS STREET 21 SINGAPORE 510255				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/08/2019	Effective Date	13/08/2019 00:00	Expiry Date	13/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 255 #08-265	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510255
Address 4		Address Type	Singapore address	Post Code	510255
Unit No.		Related Policy Number	5111871263		

 Insured Object: SJC3498T

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/1083010

Policy No.	S111871263	Vehicle No.	SJC3498T	GST Registration No.	
Certificate No.					
Policyholder Name	SHEILA PILLAI QUAH	Cover Type	drive CLASSIC	Policyholder NRIC	S1434864F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96934874	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	05/02/2020 11:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/02/2020	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWOS MERCHANT RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	1000				
Total OD Excess Applicable	4100.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 3	BLK 255 #08-265	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510255
Address 4		Address Type	Singapore address	Post Code	510255
Unit No.		Related Policy Number	S111871263		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/12/1998
Unnamed driver Name	ETHAN REESHE QUAH	Driver NRIC	SXXXX5170	Driving Experience	0
Register Date of Driver License	14/03/2019	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	95224416	Contact No.(Office)	0	Address 3	SINGAPORE 510255
Address 1	BLK 255	Address 2	PASIR RIS STREET 21	Post Code	510255
Address 4		Address Type	Singapore address		
Unit No.	08-265				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	SHEILA PILLAI QUAH	Insured NRIC	S1434864F
Contact No.(Mobile)	96934874	Contact No.(Home)	65831979	Contact No.(Office)	
Email Address	SHEILAQUAH@HOTMAIL.COM	OT Vehicle Number	SJC3498T	TP Vehicle Number	SLB9539B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJC3498T / SLB9539B ON 1 Feb 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	05/02/2020 11:53	Claim Close Date		Date Received	05/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print Aik letter					





Save Submit

## Attachment

Accident No.	MT/1083010	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2020 11:54
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Description *
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:54	SAS		Normal	SAS 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 05 Feb 2020 11:53	Photos		Normal	Photos 2020-2-5		

## Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Display in New Window

Scan and uploading