

NATIONAL Assessment Centre Services

(wef 1 Jan 05) M NARINOL 66V

Date In: 6/1/10 - 11:40	Job description	Date & Time Completed	Done by
Ref No: NALINK 13002462/121	SAS e-filing		
Veh No: PC69ATJ	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 1/1/10 - 06:55	i-Motor Claim Form	6/1/10 10:30:00	6/1/10 11:51
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 F: / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YP1854	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est Status (VO): 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amc (\$) In Bill	Amc (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) PT: 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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*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	06/02/2020 11:40
Date Of Accident	02/02/2020 06:55
Exact Location Of Accident	70 TUAS SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6995J
Insured/Policyholder	
Name Of Registered Owner	ISLAND BUS EXPRESS PTE LTD
Co Reg No	2XXXXX213D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91281115
Alternative Phone No	OFFICE-91281115

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H 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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5113288926
Cover Note Number	

Driver

Name of Driver	LIU LINSHUAI
Passport No/FIN	GXXXX405L
Date Of Birth	24/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97235334
Fax Number	
Contact Number	OFFICE-97235334
Email Address	NOEMAIL

Address	BLK 705 HOUGANG AVENUE 2 #12-259
Postcode	530705
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20200203/2021.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2185G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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 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.

6. 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.



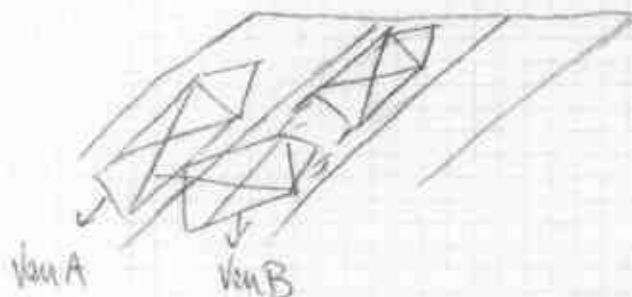
Policyholder's Signature / Date & Time

21

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Van A → PC 6495 J
Van B → YP 2185 G

Describe Circumstances of the Accident

Refer to police report

Declaration

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



Policyholder's Signature / Date & Time

SN

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: PC69953

MAKE & MODEL: Zhong Tong LCK6107H

DATE OF ACCIDENT	02 / 02 / 20
TIME OF ACCIDENT	0655 AM / PM
LOCATION OF ACCIDENT	Along 70 Tuas South Ave 1
Exact Purpose use during accident	
NAME OF OWNER	Island Bus Express Pte Ltd
TELP NO	91281115
NRIC	201715213D
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / <u>NO</u> ?
INSURANCE CO.	NWU
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5104588726
NAME OF DRIVER	As above / If No, <u>Lia Linshuai</u>
NRIC	G8567405L
DATE OF BIRTH	24 / 09 / 1995
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	13 / 03 / 2018
GENDER	<u>Male</u> / Female
CONTACT NO.	97235334 Office, Home,
ADDRESS	31K 705 Hougang Ave 2 #12-259
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No,
RELATIONSHIP	<u>Employee</u> / If No,
WEATHER CONDITION	<u>Clear</u> / Raining / Other,
ROAD SURFACE	<u>Dry</u> / Wet / Other,
ANY INJURIES	<u>NO</u> / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	YP 2185G
NAME	Any Passenger,
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	Any Passenger,
VEHICLE E NO.	Any Passenger,
VEHICLE F NO.	Any Passenger,
ANY WITNESS	Any Passenger,
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
	JD Motorsports Pte Ltd
	weq_845@outlook.com
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO



**SINGAPORE
POLICE FORCE**



G/20200203/2021

1 of 2

POLICE REPORT (NP299)

Report No. G/20200203/2021

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Date/Time Report Made 03/02/2020 10:53	Vide Report No.	Station Diary No. 13		
Name Of Informant LIU LINSHUAI	Address APT BLK 705 HOUGANG AVENUE 2 #12-259 SINGAPORE 530705			
ID Type / ID No. FIN NO / G8567405L	Contact No. Home/Office	Mobile 97235334		
Nationality CHINESE	Email Address			
Occupation Bus Driver	Sex Male	Age 24	Date of Birth 24/09/1995	Race Chinese
Institution/School Name	Language Chinese			
Date/Time Of Incident 02/02/2020 06:55	Location Of Incident 70 TUAS SOUTH AVENUE 1 TUAS VIEW DORMITORY SINGAPORE 637285 Carpark			

Brief details.

I am the above mentioned person. I am currently working as a driver for Island Bus Express Pte Ltd. I am driving bus PC6995J.

On 2/2/2020 at about 0655hrs, I have parked my bus within the carpark compound of No. 70 Tuas South Ave 1, Tuas View Dormitory. After parking my bus at the allocated parking lot, I went to the toilet while my

Signature Of Officer Recording The Report: G / SI TAN ZHI QIN, BENJAMIN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TENG YUAN YIIN Contact No.: 18002440000

Signature Of Informant:
Date/Time: 03/02/2020 10:53
Classification Of Case:

Authentication Stamp SIGNATURE



**SINGAPORE
POLICE FORCE**



G/20200203/2021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200203/2021

passengers were boarding the bus. When I returned to my bus and drove out of the dormitory, I saw from my side mirror and discovered that a small piece of the advertisement stickers on my bus was torn. I immediately stopped my vehicle and made a check on my right side of my bus and found that there was a scratch on the right side of the bus. I informed my supervisor.

My supervisor retrieved the CCTV installed on my bus and it captured a lorry YP2185G reversing into the right side of my vehicle. The CCTV captured that the co-driver alighted the vehicle and made a check after the collision. Another person believed to be the driver also came and made a check. However, none of the driver or co-driver informed me about the accident and they drove away before I returned to my vehicle.

There were people in the bus but no one was injured. That is all.

Signature Of Officer Recording The Report:

G / SI TAN ZHI QIN, BENJAMIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp TENG YUAN YIIN
Contact No.: 18002440000

Signature Of Informant:

Date/Time:
03/02/2020 10:53

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

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 : 5104588726

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC6995J

Chassis Number

: LDY6K59D0H0000278

2. Name of Policyholder

: ISLAND BUS EXPRESS PTE LTD

3. Effective Date of Insurance

: 09 Oct 2018

4. Expiry Date of Insurance

: 12 Jun 2020

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 45 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY

EXCESS (SECTION I)

: S\$3,000

EXCESS (SECTION II)

: S\$1,500

WINDSCREEN EXCESS

: S\$500

INSURE WITH COE

: NO

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF LOSS

(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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 10 Oct 2018 13:12 hrs (BN)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_USI_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"/>	S113288926	S113288926-000002	ISLAND BUS EXPRESS PTE LTD	201715213D	GPM	Comprehensive	PC69953	PC69953	09/10/2019	08/10/2020

Policy Information

Policy No.	5113288926	Policyholder Name	ISLAND BUS EXPRESS PTE LTD	Policyholder NRIC	201715213D
Certificate No.	5113288926-000002				
Address	61H CHOA CHU KANG ROAD NICON GARDENS SINGAPORE 689396				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/10/2019	Effective Date	09/10/2019 00:00	Expiry Date	08/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61H CHOA CHU KANG ROAD	Address 2	NICON GARDENS	Address 3	SINGAPORE 689396
Address 4		Address Type	Singapore address	Post Code	689396
Unit No.		Related Policy Number	5114499610		

Insured Object: 5113288926-000002

Endorsements

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

Continue

Cancel

Claim Handling

Accident #17/183200

Policy No.	511388909	Vehicle No.	AC89950	GET Registration No.	201702130
Certificate No.	511388909-00001				
Policyholder Name	ISLAND BUS EXPRESS PTE LTD	Driver Type	Company Driver	Policyholder NRIC	201702130
Product Code	FLEET MASTER INSURANCE	Contact No (Office)	0	Leadship	0
Contact No (Mobile)	91201115	Special Network		Contact No (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
eFile	<input checked="" type="radio"/> No <input type="radio"/> Yes	WCD Environment No	0	eCode Reason	
WCD Protection	No			Private Hire	No
Accident Details					
Report Date	06/02/2020 11:49	Accident Report within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	06/02/2020	Time of Accident Occur	08:55	Country of Accident	Singapore
Reporting Centre		Damage Force		JOH No.	
Accident Location	79 TOWN SOUTH AVE 3				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	300.00		
CC Standard Excess	1,000.00	TP Standard Excess	1,000.00		
TPCC CC Excess	1,000.00	TPCC TP Excess		Driver is Covered?	
Additional Excess					
Total CC Excess Applicable	4,000.00	Total TP Excess Applicable			

Benefits	
GET Registered Information	
GET Registered	Yes
GET Registration No.	201702130
Modification History	
GET Registration Date	13/02/2018
GET Status verified	Yes

Policyholder Mailing Address			
Address 1	61H CHOA CHU KANG ROAD	Address 2	NICOR GARDENS
Address 4		Address Type	Singapore address
Unit No.		Postal Code	68796
Related Policy Number	5114939610		

OT Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed Driver Name	130 (20180402)	Driver NRIC	SO000405
Register Date of Driver License	22/09/2019	Driver Age	24
Contact No (Mobile)	91201115	Contact No (Office)	0
Address 1	61A 305	Address 2	HOUGAARD AVENUE 2
Address 4		Address Type	Singapore address
Unit No.	12-208	Postal Code	630708
Check he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver vehicle No.	
		Driver Insured Company	

Declaration	
Breathalyzer or Blood Test Reading?	0 mg
Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 501 **New**

Claim Type *	CO-INS	Insured Name	ISLAND BUS EXPRESS PTE LTD	Insured NRIC	201702130
Contact No (Mobile)	94067715	Contact No (Office)		Contact No (Office)	
Email Address		(1) Vehicle Number	AC89950	(2) Vehicle Number	VF21805
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	zjk	Claimant NRIC *			
Claimant Address					
Claim Description	PC89950 / VF21805 On 2 Feb 2020				
Preferred Workshop Contact No.		Insured Locality *	Hit at Fault	Name of Preferred Workshop	
Request Registration	Yes	Preferred Repair Option	Preferred Workshop, Same unknown	COA report	Received
Date Registered	06/02/2020 11:50	Claim Close Date		Date Received	06/02/2020 00:06
Report Taken By	Jackson				

☐ Book an advisor

Save Submit

Attachment

Accident No.		17/183200		Claim No.		501	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		06/02/2020 11:51	
File *		Category *		Confidential		Urgency *	
Description *		Description *		Description *		Description *	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	
Browse	Clear	Please Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	SAIC/ Driving License	Normal	SAIC/ Driving License 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	SAS	Normal	SAS 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	
	NAC_PWA_LBL_800621 NATIONAL ASSESSMENT CENTRE SERV (CS) on 06 Feb 2020 11:51	Photos	Normal	Photos 2020-2-6	

Video List

Uploaded By/Date	Folder Name	File Name	Source	Action
<div> <div>Display all my Videos</div> <div>Copy and uploading</div> </div>				