

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA 1002105

Date In: 17/12-11:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2002660/24	SAS e-filing		
Veh No: SKC46476	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/12-00:30	i-Motor Claim Form	17/12/08 14:15	
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: JKW7989A

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
	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:-		
	QD*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	17/02/2020 11:50
Date Of Accident	15/02/2020 00:30
Exact Location Of Accident	JUNC BIDEFORD RD & ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC4647L
Insured/Policyholder	
Name Of Registered Owner	CHEW HAN MING CLEMENT
NRIC No	SXXXX252A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92701065
Alternative Phone No	OFFICE-92701065

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	5109777090
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIROZ BIN ABU BAKAR
NRIC No	SXXXX531F
Date Of Birth	02/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92701065
Fax Number	
Contact Number	OFFICE-92701065
Email Address	NOEMAIL

Address	17A WOODLANDS AVENUE 6 #03-23 TWIN FOUNTAINS
Postcode	738998
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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: : FEMALE

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/20200215/7008.

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	SKW7989A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAIROZ BIN ABU BAKAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC4647L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE


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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.

X

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.:

Vehicle A: SKC4647C
Vehicle B: SKW7989A.

biddeford Rd

Orchard Rd.

Refer to Police report.

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: 15 / 02 / 2020 (DD/MM/YYYY), TIME: 00 : 30 (HH:MM)

LOCATION: Junction of bidetford Rd x orchard Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC4647L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5109777090
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen Jetta
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: Chew Han Ming Clement (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Fairuz Bin Abu Bakar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8110531F CONTACT: 9270 1065
 c) ADDRESS: 17A Woodlands Ave 6, #03-23 S(738998)

* No of passenger
 (including driver)
(02)

female passenger

- d) DATE OF BIRTH: 02 / 04 / 1981 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW7989A MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(03) females

- THIRD PARTY VEHICLE
 d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
()

Email =

fax =



SINGAPORE POLICE FORCE



T/20200215/7008

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

1 of 3

Report No. T/20200215/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2020 14:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD FAIROZ BIN ABU BAKAR		Address: 17A WOODLANDS AVENUE 6 #03-23 TWIN FOUNTAINS SINGAPORE 738998	
ID Type / ID No.: NRIC NO / S8110531F		Contact No.: Home/Office: Mobile: 92701065	
Nationality: SINGAPORE CITIZEN		Email: fairoz.ashburn@gmail.com	
Sex: Male	Age: 38	Date of Birth: 02/04/1981	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: FIREFIGHTER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2020 00:30	Type of Location: T-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SKC4647L	Car	VOLKSWAGO N	JETTA		Seriously Damaged	1
SKW7989A	Car				Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200215/7008

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

2 of 3

Report No. T/20200215/7008

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FAIROZ BIN ABU BAKAR	ID No.	S8110531F
Related Vehicle	SKC4647L (Car)	Contact No.	92701065
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/02/2020	Date Discharge	15/02/2020
No. of Days granted Medical Leave	28	Degree of Injury	Serious

Brief Details.

ON 15/02/2020 AT ABOUT 00:30HR, I WAS DRIVING MY VEHICLE - SKC4647L, WITH A FEMALE PASSENGER ONBOARD. AT THE JUNCTION OF BIDEFORD ROAD & ORCHARD ROAD, I WAS ON LANE 4 INDICATING MY SIGNAL TO TURN LEFT ONTO BIDEFORD ROAD WHEN VEHICLE NUMBER - SKW7989A, WHO WAS TRAVELLING ON LANE 5 (LEFT TURN ONLY LANE) WENT STRAIGHT AND COLLIDED ONTO MY VEHICLE'S FRONT LEFT PORTION.

SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT NATIONAL UNIVERSITY HOSPITAL & WAS GIVEN 28 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20200215/7008

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

3 of 3

Report No. T/20200215/7008

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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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:
15/02/2020 14:07

Classification Of Case:

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="15/02/2020 00:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKC4647L"/>	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"/>	5109777090		CHEW HAN MING CLEMENT	S8732252A	GPC	drive CLASSIC	SKC4647L	SKC4647L	24/05/2019	23/05/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5109777090		Policyholder Name	CHEW HAN MING CLEMENT		Policyholder NRIC	S8732252A	
Certificate No.								
Address	BLK 213C #08-787 PUNGGOL WALK PUNGGOL WAVES SINGAPORE 823213							
Product Name	PRIVATE CAR INSURANCE		Plan			Group Policy Flag	N	
Policy issue Date	24/05/2019		Effective Date	24/05/2019 00:00		Expiry Date	23/05/2020 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	TECK WEI CREDIT PTE. LTD.		Agent Tel.	64650020 null		GST Flag	Y	
Co-Insurance Flag	No							
Open Policy Info								
Certificate Info								

Policyholder Mailing Address

Address 1	BLK 213C #08-787	Address 2	PUNGGOL WALK	Address 3	PUNGGOL WAVES
Address 4	SINGAPORE 823213	Address Type	Singapore address	Post Code	823213
Unit No.	08-787	Related Policy Number	5109777090		

Insured Object: SKC4647L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1084608

Policy No.	S109777090	Vehicle No.	SKC4647L	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW HAN MING CLEMENT			Policyholder NRIC	S8732252A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92701065	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	17/02/2020 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/02/2020	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BIDEFORD RD & ORCHARD RD				
▼ 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	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable			

▼ Benefits	
▼ GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

▼ Policyholder Mailing Address	
Address 1	BLK 213C #05-787
Address 4	SINGAPORE 823213
Unit No.	08-787
Address 2	PUNGGOL WALK
Address Type	Singapore address
Related Policy Number	S109777090
Address 3	PUNGGOL WAVES
Post Code	823213

▼ OT Driver Info	
Driver Name	Unnamed Driver
Unnamed driver Name	MUHAMMAD FAIROZ BIN ABU B
Register Date of Driver License	15/03/2007
Contact No.(Mobile)	92701065
Address 1	17A WOODLANDS AVENUE 6
Address 4	SINGAPORE 823213
Unit No.	03-23
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Driver Type	Unnamed Driver
Driver NRIC	SXXXX531F
Driver Age	38
Contact No.(Office)	0
Address 2	TWIN FOUNTAINS
Address Type	Singapore address
Address 3	SINGAPORE 736998
Post Code	736998
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-MX	Insured Name	CHEW HAN MING CLEMENT	Insured NRIC	S8732252A
Contact No.(Mobile)	67844291	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SKC4647L	TP Vehicle Number	SKW7989A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKC4647L / SKW7989A ON 15 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/02/2020 14:25	Claim Close Date		Date Received	17/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1084608	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/02/2020 14:27

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:27	SAS		Normal	SAS 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 17 Feb 2020 14:26	Photos		Normal	Photos 2020-2-17	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>						