

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA120026327**

Date In: 28/12/10-15:39	Job description	Date & Time Completed	Done by
Ref No: UA/INC2000338724	SAS e-filing		
Veh No: FBL63093	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/12/10-14:10	i-Motor Claim Form	27/1/10 6:26:00	28/12/10 15:51
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 54C303T	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

NA20978	Invoice Preparation Checklist	Amf (\$) Inc Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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:-		
	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 (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	28/02/2020 15:39
Date Of Accident	25/02/2020 19:10
Exact Location Of Accident	JUNC LOR BAKAR BATU & KALLANG SECTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6309J
Insured/Policyholder	
Name Of Registered Owner	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
NRIC No	SXXXX169Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94461195
Alternative Phone No	OFFICE-94461195

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097522761-02
Cover Note Number	

Driver

Name of Driver	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
NRIC No	SXXXX169Z
Date Of Birth	09/05/1986
Occupation	INDOOR
Date Of Driving Pass	28/05/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94461195
Fax Number	
Contact Number	OFFICE-94461195
EMail Address	NOEMAIL

Address	BLK 220 PETIR ROAD #06-343
Postcode	670220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	1

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/20200226/2088.

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	SHC7133T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG WEE KET
NRIC/Passport Number	SXXXX019C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL6309J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.



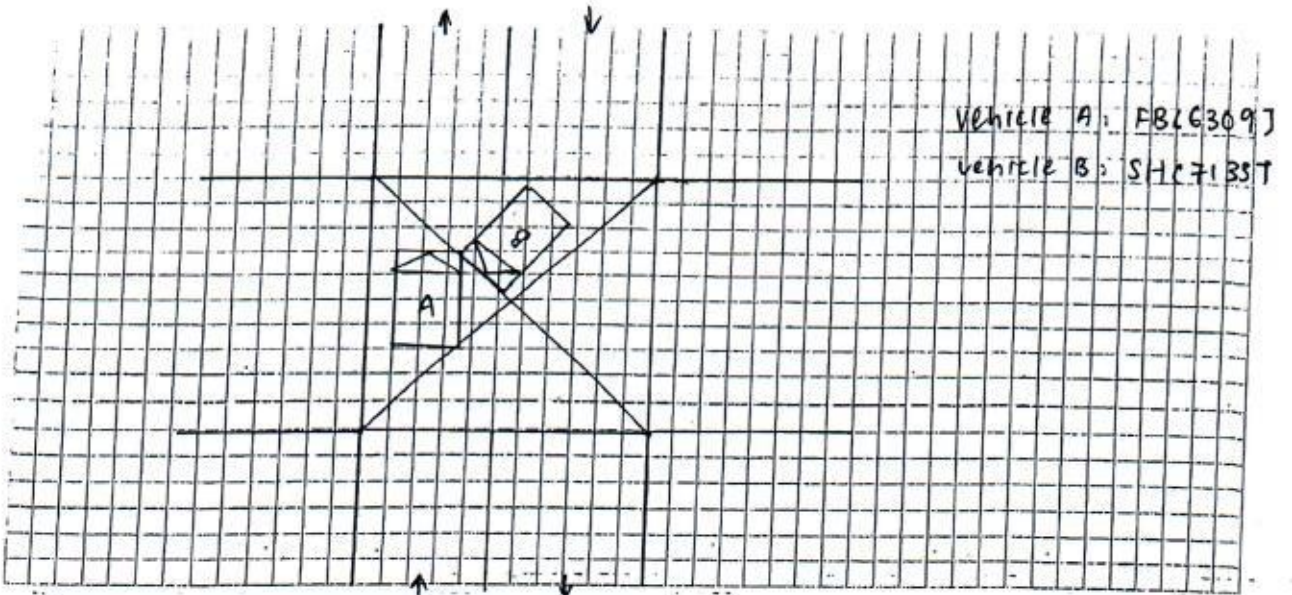
Policyholder's Signature
Date & Time:



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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACHED

DECLARATION

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

for
Policyholder's Signature
Date & Time:

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

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

Date of Accident : 25/2/2020 Accident Time: 1910 (24-HR-Format)
Accident Place : AWAS COR BAKAR BATU AND KUALAH SECTOR
Vehicle Reg. No. (Car Plate No.) : JUNCTION FBL 6309 J.
Vehicle Make/Model : CBF 190 WH
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : R RAGU RAJA GOPAL @ RAGU S/O RAJA
Owner or Company Contact No. : 94461195 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : S 9673169 Z.
DRIVER'S Date Of Birth : 09/5/1986 DRIVER'S License Pass Date 28/5/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BK 220 PETIL ROAD #06.343 S 670220
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN @ MY CAR . SG
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): 01
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: SAC 7133 T.
Vehicle Make/Model: TAXI
Name Driver: HN WRE KE7
IC No. Driver: S 1280019 C
Driver's Contact & Add: _____

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



**SINGAPORE
POLICE FORCE**



T/20200226/2088

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

1 of 3

Report No. T/20200226/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 15:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL		Address: APT BLK 220 PETIR ROAD #06-343 SINGAPORE 670220	
ID Type / ID No.: NRIC NO / S8673169Z		Contact No.: Home/Office: Mobile: 94461195	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 09/05/1986	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2020 19:10	Type of Location: T-Junction
Location: Along Road 1 LORONG BAKAR BATU KALLANG SECTOR AT THE T JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6309J	Motorcycle	HONDA	CBF190WH	Orange	Seriously Damaged	0
SHC7133T	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6309J	NTUC Income Insurance Co-Operative Limited	5097522761-02	20/01/2020	19/01/2021



**SINGAPORE
POLICE FORCE**



T/20200226/2088

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

2 of 3

Report No. T/20200226/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL	ID No.	S8673169Z
Related Vehicle	FBL6309J (Motorcycle)	Contact No.	94461195
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	NG WEE KET	ID No.	S1280019C
Related Vehicle	SHC7133T (Car)	Contact No.	NIL
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS RIDING MY BIKE WHEN A TAXI MADE A RIGHT TURN. I WAS GOING STRAIGHT AND THE TAXI DIDNT NOTICE ME AND HE COLLIDED AGAINST ME. I THEN FELL FROM MY VEHICLE AND SUFFERED INJURIES SUCH AS CONTUSION OF CHEST WALL, KNEE AND RIGHT SHOULDER. I TOOK PARTICULARS FROM THE CAB DRIVER. THE CAB DRIVER THEN HELP TO CALL FOR AMBULANCE AND I WAS CONVEYED TO TTSH.



**SINGAPORE
POLICE FORCE**



T/20200226/2088

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

3 of 3

Report No. T/20200226/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476195

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/02/2020 15:21

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_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"/>	5097522761-02		R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL	S8673169Z	GMC	Third Party, Fire & Theft	FBL6309J	FBL6309J	20/01/2020	19/01/2021

▼ Policy Information

Policy No.	5097522761-02	Policyholder Name	R RAGU RAJA GOPAL @R RAGU	Policyholder NRIC	S8673169Z
Certificate No.					
Address	BLK 220 #06-343 PETIR ROAD SINGAPORE 670220				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/01/2020	Effective Date	20/01/2020 00:00	Expiry Date	19/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	CHANG PHUI YANG	Agent Tel.	97378448	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 220 #06-343	Address 2	PETIR ROAD	Address 3	SINGAPORE 670220
Address 4		Address Type	Singapore address	Post Code	670220
Unit No.	04-328	Related Policy Number	5097522761-02		

▶ Insured Object: FBL6309J

▼ Endorsements

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

Claim Handling

Task Transfer Exit

Accident MT/1086226

LOS SAL SUB

Policy No.	5097522761-02	Vehicle No.	FBL6309J	GST Registration No.	
Certificate No.					
Policyholder Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL			Policyholder NRIC	S8673169Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94461195	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<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(%)	20	Private Hire	No

Accident Details

Report Date	28/02/2020 15:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	25/02/2020	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JUNC LOR BAKAR BATU & KALLANG SECTOR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 220 #06-343	Address 2	PETIR ROAD	Address 3	SINGAPORE 670220
Address 4		Address Type	Singapore address	Post Code	670220
Unit No.	04-328	Related Policy Number	5097522761-02		

OI Driver Info

Driver Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8673169Z	Driver DOB	09/05/1986
Register Date of Driver License	28/05/2014	Driver Age	33	Driving Experience	5
Contact No.(Mobile)	94461195	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 220	Address 2	PETIR ROAD	Address 3	SINGAPORE 670220
Address 4		Address Type	Singapore address	Post Code	670220
Unit No.	06-343				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	R RAGU RAJA GOPAL @R RAGU	Insured NRIC	S8673169Z
Contact No.(Mobile)	94461195	Contact No.(Home)		Contact No.(Office)	
Email Address	RAGUMES@YAHOO.COM	OI Vehicle Number	FBL6309J	TP Vehicle Number	SHC7133T
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	FBL6309J / SHC7133T ON 25 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	GIA report	Received
Date Registered	28/02/2020 15:53	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1086226	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 00:00		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	<input type="text" value=""/>
	Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal	<input type="text" value=""/>

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:53	SAS		Normal	SAS 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 28 Feb 2020 15:52	Photos		Normal	Photos 2020-2-28		Edit
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