

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] **MAH2002781**

Date In: 5/3/20 - 15:41	Job description	Date & Time Completed	Done by
Ref No: 49/INC20003638724	SAS e-filing		
Veh No: SLH 8544	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/1/20 - 02:45	i-Motor Claim Form	17/1/08 7:56 - 20	5/3/20 15:55
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2001964	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
	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 / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
Cat. 1:	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	05/03/2020 15:41
Date Of Accident	10/02/2020 02:45
Exact Location Of Accident	SLIP RD CTE (SLE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8042S
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5RS HYBRID A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222
Cover Note Number	

Driver

Name of Driver	MOHAMAD RIDHWAN BIN MOHAMAD NOOR
NRIC No	SXXXX301C
Date Of Birth	17/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92372411
Fax Number	
Contact Number	OFFICE-92372411
Email Address	NOEMAIL

Address	BLK 254 YISHUN RING ROAD #10-1087
Postcode	760254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

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)	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/20200210/7036.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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 lodging 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.

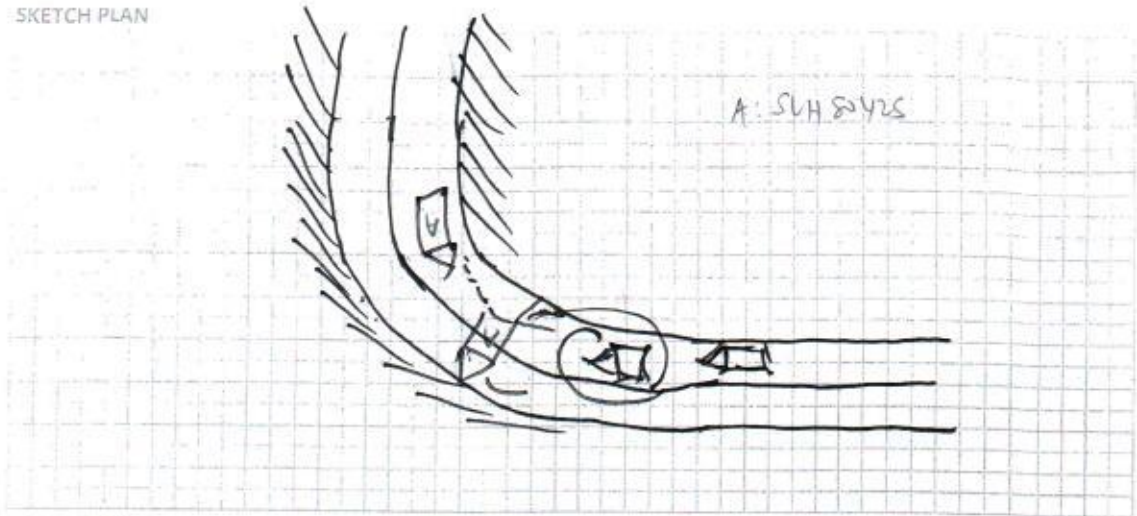
Policyholder's Signature
Date & Time:



Driver's Signature
* Driver is not the policyholder!
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per
Police
REPORT


DECLARATION

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

x 
Policyholder's Signature
Date & Time:




Driver's Signature
(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name:

VEHICLE NO: SLH 8042S. MAKE & MODEL :

DATE OF ACCIDENT	10 / 02 / 2020.
TIME OF ACCIDENT	3:02 AM PM ← 02:45
LOCATION OF ACCIDENT	CTE (SLE) slip road into TPE (PIE)
Exact Purpose use during accident	Ferrying Passenger.
NAME OF OWNER	
TELP NO	
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No: MOHAMAD RIDHWAN Bin Mohamed noor
NRIC	S8114301C Any passengers: 1 male.
DATE OF BIRTH	17 / 05 / 1981
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	30 / 08 / 2008.
GENDER	Male / Female
CONTACT NO.	92372411 Office: 84446694 Home:
ADDRESS	254 Yishun Ring road #10-1087 760254.
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No: Hire.
WEATHER CONDITION	Clear / Raining / Other: Drizzling
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes: Who? Passenger was injured
CONTACT NO.	42372411 90264927
POLICE REPORT	No / If yes: Where? YISHUN NORTH NPC
VEHICLE B NO.	
NAME	
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
TELP NO	Singapore 417883

6 Speed Autowerkz Pte Ltd
 68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com



**SINGAPORE
POLICE FORCE**



T/20200210/7036

1 of 4

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

Report No. T/20200210/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2020 22:56		Vide Report No.: G/20200210/0045		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD RIDHWAN BIN MOHAMAD NOOR			Address: 254 YISHUN RING ROAD #10-1087 SINGAPORE 760254		
ID Type / ID No.: NRIC NO / S8114301C			Contact No.: Home/Office: Mobile: 92372411		
Nationality: SINGAPORE CITIZEN			Email: wawanzda181@gmail.com		
Sex: Male	Age: 38	Date of Birth: 17/05/1981	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: private hire driver		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2020 03:06	Type of Location: Bend
Location: CTE(SLE)slip road into TPE(PIE)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH8042S	Car	HONDA	vezel	Black	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20200210/7036

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

Report No. T/20200210/7036

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SLH8042S (Car)		Contact No. NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2020	Date Discharge	10/02/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MOHAMAD RIDHWAN BIN MOHAMAD NOOR		ID No. S8114301C
Related Vehicle	SLH8042S (Car)		Contact No. 92372411
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am working as Private hire driver. At about 0242hrs i received a booking through my Grab app. The pickup location is at Blk 454 Sin Ming Ave. Upon reaching, I pickup a male passenger in his 20s at the said address. There was only 1 passenger that im fetching at that time. The drop off location was at Flora Drive. I then drove my vehicle SLH8042S towards Cte ave 1 n start entering the expressway. As i was travelling towards CTE(SLE) slip road into TPE(PIE) i came to a bend when suddenly i noticed a black medium sized item like a creature on the surface of the road. At a split seconds my rear tyre start to shake hard as i jammed the brake and the car swerved to the wall on the left of the road. The car airbags was activated and the car came to a stop. My car was facing the otherside of direction and my passenger and i quickly rushed to evacuate the vehicle. My passenger sustain some injuries to the face and his scalp while i did not sustain any injuries. A passerby stop his car on the shoulder of the expressway and help to call for assistance. Minutes later a police car came and help to assist on the road traffic. Then came the Aetos officer who took my particulars and statements. Minutes later then came the ambulance followed by the TP officers. My passenger then conveyed to SENGKANG general hospital when 2 hours later he informed me that he is fine and is not warded. After a while my vehicle was then towed by EMAS recovery team to Jalan Kayu open carpark. The TP officer escorted the vehicle to the carpark. The officer was asking for any sd card belonging to the vehicle's camera but unfortunately there wasn't any sd card inserted at the point of time. The TP officer then handed over my IC and my driving license and advised me to lodge a traffic accident report. Everyone left the carpark moments later. Hereby i wish to state that the item previously was actually a trash bag left on the road. That was when i try to avoid it when the car then swerved to the wall. I am driving at the regulated speed and also was aware of the surroundings. Passenger call and want this matter settled privately. Thanks



**SINGAPORE
POLICE FORCE**



T/20200210/7036

3 of 4

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

Report No. T/20200210/7036

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200210/7036

4 of 4

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

Report No. T/20200210/7036

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 /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

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:
10/02/2020 22:56

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. 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"/>	5110923222	5110923222-000010	BENEFIT AUTO	53121670E	GFM	drive CLASSIC	SLH8042S	SLH8042S	14/07/2019	13/07/2020

 Policy Information

Policy No.	5110923222	Policyholder Name	BENEFIT AUTO	Policyholder NRIC	53121670E
Certificate No.	5110923222-000010				
Address	2 SIMS CLOSE #01-08 GEMINI @ SIMS SINGAPORE 387298				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/07/2019	Effective Date	14/07/2019 00:00	Expiry Date	13/07/2020 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	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5095864980-02		

 Insured Object: 5110923222-000010

 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 MT/1087036

Policy No.	5110923222	Vehicle No.	SLH80425	GST Registration No.	
Certificate No.	5110923222-000010			Policyholder NRIC	53121670E
Policyholder Name	BENEFIT AUTO	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	0	Special Remark		eCode	<input type="text"/>
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No			Accident Type	Collided into Property
▼ Accident Details		Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Report Date	05/03/2020 15:51	Time of Accident hh:mm	02:45	ICM No.	
Date of Accident	10/02/2020	Orange Force			
Reporting Centre					
Accident Location	SLIP RD CTE (SLE) TWDS PIE (CHANGI)				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMING @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5095864980-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/05/1981
Unnamed driver Name	MOHAMAD RIDHWAN BIN MOHU	Driver NRIC	SXXXX301C	Driving Experience	11
Register Date of Driver License	30/08/2008	Driver Age	38	Contact No.(Home)	0
Contact No.(Mobile)	92372411	Contact No.(Office)	0	Address 3	YISHUN SUNSHINE
Address 1	BLK 254	Address 2	YISHUN RING ROAD	Post Code	760254
Address 4	SINGAPORE 760254	Address Type	Singapore address		
Unit No.	10-1087				
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 *	DO-MX	Insured Name	BENEFIT AUTO	Insured NRIC	53121670E
Contact No.(Mobile)	94247885	Contact No.(Home)		Contact No.(Office)	64445913
Email Address	JOBENEFITAUTO@GMAIL.COM	OI Vehicle Number	SLH80425	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLH80425 ON 10 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/03/2020 15:53	Claim Close Date		Date Received	05/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1087036	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2020 15:55	
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"/>
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<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? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:54	SAS		Normal	SAS 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:54	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:54	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:54	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:54	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:53	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:53	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:53	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:53	Photos		Normal	Photos 2020-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 05 Mar 2020 15:53	Photos		Normal	Photos 2020-3-5

Video List

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