

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA1V0032531

Date In: 14/3/20 16:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC20024213/24	SAS e-filing		
Veh No: 54222	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/3/20 13:02	i-Motor Claim Form	14/3/20 16:14	14/3/20 16:14
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: SMQ3080E	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

NA 2002124	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	14/03/2020 16:01
Date Of Accident	14/03/2020 13:00
Exact Location Of Accident	504 YISHUN ST 51 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2012C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAKARIA BIN MOHAMED SHARIFF
NRIC No	SXXXX002J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92726753
Alternative Phone No	OFFICE-92726753

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5046183863-08
Cover Note Number	

### Driver

Name of Driver	ZAKARIA BIN MOHAMED SHARIFF
NRIC No	SXXXX002J
Date Of Birth	15/06/1958
Occupation	INDOOR
Date Of Driving Pass	03/04/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92726753
Fax Number	
Contact Number	OFFICE-92726753
EEmail Address	NOEMAIL

Address	BLK 577 HOUGANG AVENUE 4 #05-658
Postcode	530577
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SMQ3080E
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)	2



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vehicle A: SJY2012C

Vehicle B: SM&3080E

BLK 504  
YD hum

point of contact

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SJY2012C, was travelling along the stated venue. As there was a car before passing through, I assumed that there was no more cars. I proceeded to turn left, and as it was a sharp left turn, I went right a bit to complete the left turn. In the midst, I accidentally grazed onto vehicle 'B', SM&3080E, right portion.

## DECLARATION

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: 14 / 03 / 2020 (DD/MM/YYYY), TIME: 13:04 (HH:MM)

LOCATION: 504 Yishun St 51 Carpark Entrance

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 2012 C  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes Benz  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Zakaria Bin Mohamed Shauki (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81310002J CONTACT: 9726753  
 c) ADDRESS: 577 Hougang Avenue 4, #05-658 S(530577)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: 15 / 06 / 1956 (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: owner

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: SMX3080E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 THIRD PARTY VEHICLE  
 d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passenger  
 (including driver)  
(01)

# No of passenger  
 (including driver)  
(02) male driver female passenger

# No of passenger  
 (including driver)  
( )

Email = zoomanoworks@gmail.com

fax =

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="14/03/2020 13:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY2012C"/>	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"/>	5046183863-08		ZAKARIA BIN MOHAMED SHARIFF	S13100023	GPC	Third Party	SJY2012C	SJY2012C	01/12/2018	31/05/2020
<input type="button" value="Continue"/>										

## ▼ Policy Information

Policy No.	5046183863-08	Policyholder Name	ZAKARIA BIN MOHAMED SHARI	Policyholder NRIC	S1310002J
Certificate No.					
Address	BLK 577 #05-658 HOUGANG AVENUE 4 SINGAPORE 530577				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/11/2018	Effective Date	01/12/2018 00:00	Expiry Date	31/05/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 577 #05-658	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.		Related Policy Number	5116590656		

## ▶ Insured Object: SJY2012C

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/11/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 01 Dec 2018 TO 31 May 2020 In view of this amendment, an additional premium of \$288.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue

Cancel



## Claim Handling

Accident MT/1088248

Policy No.	5046183863-08	Vehicle No.	57Y2012C	GST Registration No.	
Certificate No.					
Policyholder Name	ZAKARIA BIN MOHAMED SHARIFF	Cover Type	Third Party	Policyholder NRIC	S1310002J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92726753	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	14/03/2020 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/03/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	504 YISHUN ST S1 CARPARK ENTRANCE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 577 #05-658	Address 2	HOUANG AVENUE 4	Address 3	SINGAPORE S30577
Address 4		Address Type	Singapore address	Post Code	S30577
Unit No.		Related Policy Number	S116590656		
<b>OI Driver Info</b>					
Driver Name	ZAKARIA BIN MOHAMED SHARIFF	Driver Type	Main Driver	Driver DOB	15/06/1958
Unnamed driver Name		Driver NRIC	S1310002J	Driving Experience	40
Register Date of Driver License	03/04/1979	Driver Age	61	Contact No.(Home)	0
Contact No.(Mobile)	92726753	Contact No.(Office)	0	Address 3	SINGAPORE S30577
Address 1	BLK 577	Address 2	HOUANG AVENUE 4	Post Code	S30577
Address 4		Address Type	Singapore address		
Unit No.	05-658				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ZAKARIA BIN MOHAMED SHARIFF	Insured NRIC	S1310002J
Contact No.(Mobile)	92726753	Contact No.(Home)	63856189	Contact No.(Office)	
Email Address	17ZAKARIA@GMAIL.COM	OI Vehicle Number	57Y2012C	TP Vehicle Number	SMQ3080E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	57Y2012C / SMQ3080E ON 14 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/03/2020 16:12	Claim Close Date		Date Received	14/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1088248	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2020 16:13																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> <tr> <td><input type="text" value="Browse..."/></td> <td><input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>		<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
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<b>Attachment List</b>																																						
Msg Sent?																																						

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	SAS		Normal	SAS 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:13	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:12	Photos		Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:12	Photos		Normal	Photos 2020-3-14	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Mar 2020 16:12	Photos		Normal	Photos 2020-3-14	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>						