

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHAIR 0037419**

Date In: <b>27/3/12-17.30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>AG/INC 2000460874</b>	SAS e-filing		
Veh No: <b>5JH 1954E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>26/2-18:42</b>	i-Motor Claim Form	<b>27/3/12 17:42</b>	<b>27/3/12 17:42</b>
OD: <b>(TP)</b> 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: <b>[FV 38497]</b>	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

<b>Claimant's Particulars:-</b>	<b>Invoice Preparation Checklist</b>	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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	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 \$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	27/03/2020 17:30
Date Of Accident	26/03/2020 23:40
Exact Location Of Accident	JUNC DAIRY FARM RD & UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1954E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU KHEE HUA
NRIC No	SXXXX946D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96719528
Alternative Phone No	OFFICE-96719528

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087628505-03
Cover Note Number	

### Driver

Name of Driver	ELISE LIM SHI RUI
NRIC No	SXXXX294Z
Date Of Birth	19/08/1999
Occupation	INDOOR
Date Of Driving Pass	19/06/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86861035
Fax Number	
Contact Number	OFFICE-86861035
Email Address	NOEMAIL



Address	BLK 550 SERANGOON NORTH AVENUE 3 #10-35
Postcode	550550
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 - HEAD TO REAR
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)	3
Passenger 1	NAME: : LAU JUN HAO GENDER: : MALE
Passenger 2	NAME: : LOW JIA LI GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFV5899D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PING WEE
NRIC/Passport Number	
Contact Number	96889697
Address	



Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

#### DETAILS OF INJURED PERSON 1

Name ELISE LIM SHI RUI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJH1954E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name LAU JUN HAO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJH1954E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name LOW JIA LI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJH1954E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.

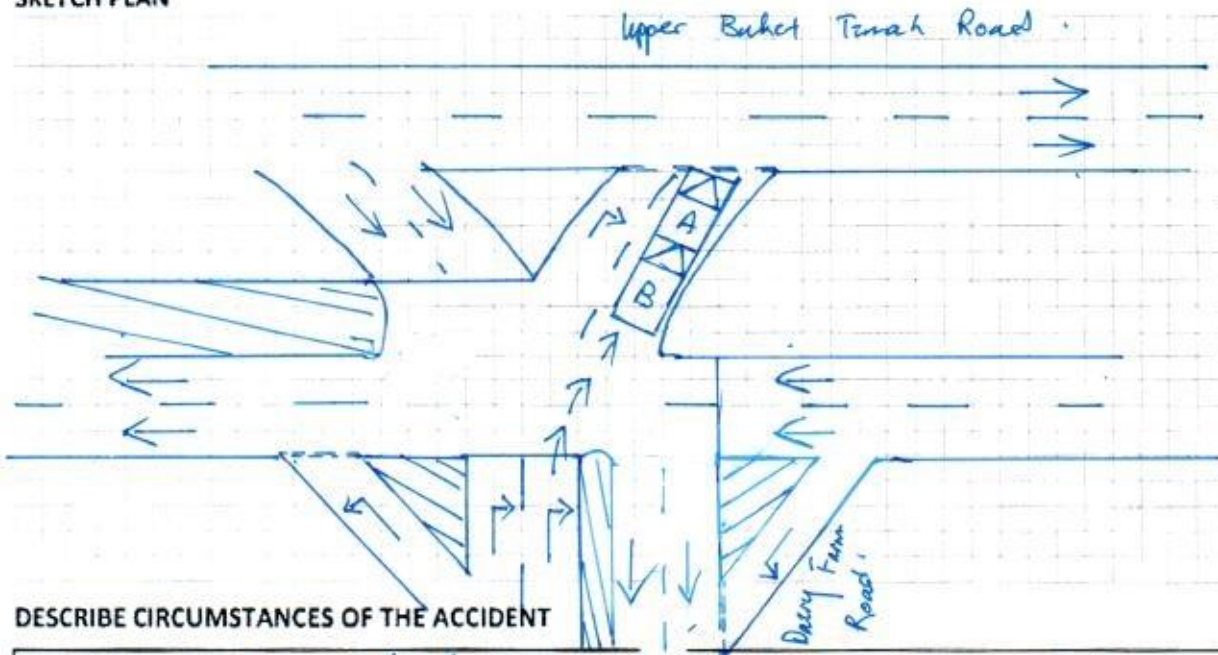
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/03/2020 at @ 2342 hrs, I stopped my vehicle (SJ4 1954E) along Darry Farm Road slip road into Upper Bukit Timah Road to give way to the traffic on the main road. Suddenly, a car (SFV 58990) from behind collided onto the rear portion of my vehicle.

## 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.:



Vehicle No.	3JH 1954E	Model / Make	Toyota Wish.
Date of Accident	26/03/2020		
Time of Accident	2342 HRS		
Location of Accident	Daery Farm Road Junction Upper Bukit Timah Road.		
Exact purpose use during accident	Private Used.		
Name of Owner	Lau Khee Hua		
Telephone No.	H/P: 9671 9528	Home :	Office :
NRIC	S 1423946D		
Address	BLK 549 Choa Chu Kang St 52 #12-11 (S) 680549		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NJC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5087628505 -03		
Name of Driver	As Above If No, Elise Lim Shi Rui		
NRIC	S 9926294Z	Any Passengers :	02 (M)
Date of birth	19/08/1999		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	19/06/2019		
Gender	Male ' <u>Female</u>		
Contact No.	H/P: 8686 1035	Home :	Office :
Address	BLK 550 Serangoon North Ave 3 #10-35 (S) 550550		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Friends</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	① Elise Lim Shi Rui (H/P: 8686 1035) ③ Lau Jia Li (H/P: 92974502)		
Name And Contact No.	② Lau Jun Hao (H/P: 9068 3280)		
Police Report	No, If Yes, Where?		
Vehicle B No.	SFV 5899D	Any Passengers :	01 (2)
Name of Driver	TAN PING WEE	Contact No. :	9688 9697
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Rear Portion		
Camera Recorder	<u>Yes</u> / No		
Email Address	elise.lm - 99@hotmail.com		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5087628505-03

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJH1954E**  
Chassis Number : JTDER12W603000411
2. Name of Policyholder : LAU KHEE HUA
3. Effective Date of Insurance : 15 Feb 2020
4. Expiry Date of Insurance : 14 Feb 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAU KHEE HUA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ALLGEN INSURANCE AGENCY (00000573443)  
Date of Issue : 10 Jan 2020 15:03 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



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"/>	5087628505-03		LAU KHEE HUA	S1423946D	GPC	drive CLASSIC	SJH1954E	SJH1954E	15/02/2020	14/02/2021



## Policy Information

Policy No.	5087628505-03	Policyholder Name	LAU KHEE HUA	Policyholder NRIC	S1423946D
Certificate No.					
Address	BLK 549 #12-11 CHO A CHU KANG STREET 52 SINGAPORE 680549				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/01/2020	Effective Date	15/02/2020 00:00	Expiry Date	14/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ALLGEN INSURANCE AGENCY	Agent Tel.	91711148	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 549 #12-11	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680549
Address 4		Address Type	Singapore address	Post Code	680549
Unit No.		Related Policy Number	5087628505-03		

Insured Object: SJH1954E

## Endorsements

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



## Claim Handling

Accident MT/1089626

Policy No.	5087628505-03	Vehicle No.	SIH1954E	GST Registration No.	
Certificate No.					
Policyholder Name	LAU KHEE HUA			Policyholder NRIC	S1423946D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	96719528	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	27/03/2020 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/03/2020	Time of Accident hh:mm	23:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC DAIRY FARM RD & UPP BUKIT TIMAH RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable			
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 549 #12-11	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680549
Address 4		Address Type	Singapore address	Post Code	680549
Unit No.		Related Policy Number	5087628505-03		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ELISE LIM SHI JUI	Driver NRIC	SXXXX294Z	Driver DOB	19/08/1999
Register Date of Driver License	19/06/2019	Driver Age	20	Driving Experience	0
Contact No.(Mobile)	86861035	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 550	Address 2	SERANGOON NORTH AVENUE 3	Address 3	SINGAPORE 550550
Address 4		Address Type	Singapore address	Post Code	550550
Unit No.	10-35				
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 *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="LAU KHEE HUA"/>	Insured NRIC	<input type="text" value="S1423946D"/>
Contact No.(Mobile)	<input type="text" value="96719528"/>	Contact No.(Home)	<input type="text" value="67692289"/>	Contact No.(Office)	<input type="text"/>
Email Address	<input type="text"/>	OI Vehicle Number	<input type="text" value="SIH1954E"/>	TP Vehicle Number	<input type="text" value="SPV5899D"/>
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value="22"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	<input type="text" value="SIH1954E / SPV5899D ON 26 Mar 2020"/>				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	<input type="text" value="Not at Fault"/>	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="27/03/2020 17:42"/>	Claim Close Date	<input type="text"/>	Date Received	<input type="text" value="27/03/2020 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

Attachment

Accident No.	MT/1089626	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2020 17:43

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>



Attachments

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	SAS	Normal	SAS 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 27 Mar 2020 17:42	Photos	Normal	Photos 2020-3-27	

## Video List

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		Display in new Window	Scan and uploading	