

NATIONAL Assessment Centre Services Wef 1 Jan 05 **MNA 2008628**

|                                   |  |                       |                     |
|-----------------------------------|--|-----------------------|---------------------|
| Date In: <b>3/7/20-14:24</b>      | Job description                          | Date & Time Completed | Done by             |
| Ref No: <b>MN/INC 20026949/24</b> | SAS e-filing                             |                       |                     |
| Veh No: <b>(MNA 23273)</b>        | E-mail (within 8hrs, AIC 2hrs)           |                       |                     |
| D.O.A : <b>3/7/20-07:00</b>       | i-Motor Claim Form                       | <b>M71295992-02</b>   | <b>3/7/20 14:43</b> |
| 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: **unknown** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

| Remarks:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury : \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 | Invoice Preparation Checklist                   | Amt (\$)<br>for Bill | Amt (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| <b>Claimant's Particulars:-</b> | 1) AR: Accident Reporting (\$30);               |                      |                      |
|                                 | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Driver/Owner:                   | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| Contact No:                     | 4) FT: Follow-Through Survey \$120              |                      |                      |
| Damaged Portion:                | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| QC Checked by (Engr-In-Charge): | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | QJ)*  |                      |                      |
|                                 | *N5: Courtesy Car / Tpl Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
| <b>Auditors' Comments:-</b>     | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
|                                 | 9) N12: Idao Mobile 30                          |                      |                      |
| Dat. 1:                         | Invoice dated                                   | Fee Charged          |                      |
| Dat. 2 / 3:                     | 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             | 03/07/2020 14:24  |
| Date Of Accident           | 03/07/2020 07:00  |
| Exact Location Of Accident | 21 FERNSVALE LINK |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | SMN2327S                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | SHALINI D/O TASHNAMURTHI               |
| NRIC No  | SXXXX310D                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-90185614                   |
| Alternative Phone No   | OFFICE-90185614                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | AUDI                                   |
| Model  | A3 SEDAN 1.4 TFSI (ATTRACTION)         |
| 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                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5113298977                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | SHALINI D/O TASHNAMURTHI               |
| NRIC No  | SXXXX310D                              |
| Date Of Birth  | 03/01/1986                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 16/05/2016                             |
| Driving Experience   | 4 YEARS AND 1 MONTH                    |
| Gender   | FEMALE                                 |
| Mobile Number  | (LOCAL) +65-90185614                   |
| Fax Number   |  |
| Contact Number   | OFFICE-90185614                        |
| Email Address  | NOEMAIL                                |

|   |   |
|---|---|
| Address   | BLK 109 SERANGOON NORTH AVENUE 1<br>#06-665 |
| Postcode  | 550109                                      |
| 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 | -<br>-<br>-                                 |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                                 |

### 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?   | 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         | UNKNOWN     |
| 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) |             |

## 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:

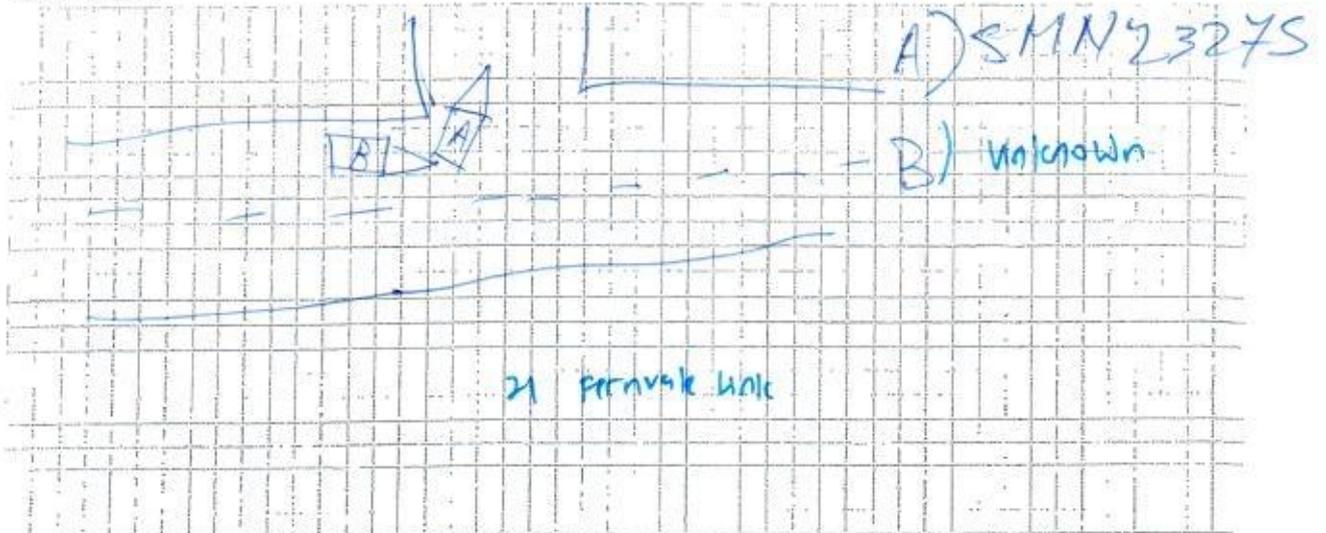
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was making a left turn. Suddenly I felt an impact of my vehicle and realized that vehicle B hit onto my vehicle rear left portion.

DECLARATION

(We declare the foregoing particulars to be 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.:

Date of Accident : 03/07/20 Accident Time: 7:00am (24-HR-FORMAT)

Accident Place : 21 Fernvale Link

Vehicle Reg. No (Car plate No.) : SMN2327S

Vehicle Make/Model : Audi A3

Insurance Company : Sumitomo No. 5113298977

Owner or Company Names /IC NO: S/8600310D

Owner or Company Contact No. : 90185614 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name & IC no : SHALINI D/o TUSHNAMURTHI

DRIVER'S Date of Birth : 03/01/1986 DRIVER'S License Pass Date 16/05/16

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : BK 109 SERANGOON NTH AVE 1 #06-665

DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins

Number of Passengers (including Driver): 1.

Was the accident reported to the police? YES \ NO

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 Particulars (if any)

|                                |                               |
|--------------------------------|-------------------------------|
| Vehicle Reg No: <u>unknown</u> | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____      | Vehicle Make/Model: _____     |
| Name DRIVER: _____             | Name DRIVER: _____            |
| IC No. DRIVER: _____           | IC NO. DRIVER: _____          |
| DRIVER'S Contact & add: _____  | DRIVER'S Contact & add: _____ |

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="03/07/2020 07:00"/> |                   |         |               |             |                |               |             |
|---|---------------------------------------|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Vehicle No. (For Motor)                 | <input type="text" value="SMN23275"/> | 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"/>                   | 5113298977                            |                    | SHALINI D/O TASHNAMURTHI                      | S8600310D         | GPC     | drive CLASSIC | SMN23275    | SMN23275       | 14/10/2019    | 13/10/2020  |
| <input type="button" value="Continue"/> |                                       |                    |   |                   |         |               |             |                |               |             |

Policy Information

|                             |   |                             |                          |                                  |                  |
|-----------------------------|---|-----------------------------|--------------------------|----------------------------------|------------------|
| Policy No.                  | 5113298977  | Policyholder Name           | SHALINI D/O TASHNAMURTHI | Policyholder NRIC                | S8600310D        |
| Certificate No.             |   |                             |                          |                                  |                  |
| Address                     | BLK 109 #06-665 SERANGOON NORTH AVENUE 1 SINGAPORE 550109 |                             |                          |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                                     | Plan                        |                          | Group Policy Flag                | N                |
| Policy Issue Date           | 14/10/2019  | Effective Date              | 14/10/2019 00:00         | Expiry Date                      | 13/10/2020 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                       | ASSURE PTE. LTD.  | Agent Tel.                  | 68489119                 | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                          |                                  |                  |
| Open Policy Info            |   |                             |                          |                                  |                  |
| Certificate Info            |   |                             |                          |                                  |                  |

Policyholder Mailing Address

|           |                  |                       |                          |           |               |
|-----------|------------------|-----------------------|--------------------------|-----------|---------------|
| Address 1 | BLK 109 #06-665  | Address 2             | SERANGOON NORTH AVENUE 1 | Address 3 | HWI YOH VILLE |
| Address 4 | SINGAPORE 550109 | Address Type          | Singapore address        | Post Code | 550109        |
| Unit No.  | 06-665           | Related Policy Number | 5113298977               |           |               |

Insured Object: SMN2327S

Endorsements

| Sequence  | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---|---------------------|------------------|--------------------|---------------------|
| <input type="button" value="Continue"/> <input type="button" value="Cancel"/> |                     |                  |                    |                     |

**Claim Handling**

**Accident MT/1095990**

|                      |   |                      |   |                      |                      |
|----------------------|---|----------------------|---|----------------------|----------------------|
| Policy No.           | 5113298977  | Vehicle No.          | SMN23275  | GST Registration No. |                      |
| Certificate No.      |   |                      |   |                      |                      |
| Policyholder Name    | SHALINI D/O TASHNAMURTHI                                      | Cover Type           | Drive CLASSIC   | Policyholder NRIC    | S86003100            |
| Product Code         | PRIVATE CAR INSURANCE   | Contact No. (Office) | 0   | Loading              | 0                    |
| Contact No. (Mobile) | 90185614  | Special Remark       |   | Contact No. (Home)   | 0                    |
| Email Address        |   | TCA                  | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | <input type="text"/> |
| KFK                  | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)   | 30  | eCode Reason         |                      |
| NCD Protection       | No  |                      |   | Private Hire         | No                   |

**Accident Details**

|                   |                  |                               |       |                     |                          |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 03/07/2020 14:41 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 03/07/2020       | Time of Accident hh:mm        | 07:00 | Country of Accident | Singapore                |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |                          |
| Accident Location | 21 PERNALE LINK  |                               |       |                     |                          |

**Total Excess Applicable**

|                            |              |                            |        |                    |         |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type                | Per ACCIDENT | Windscreen Excess          | 100.00 | Driver is Covered? | Covered |
| OD Standard Excess         | 600.00       | TP Standard Excess         | 0.00   |                    |         |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00   |                    |         |
| Additional Excess          | 0            | Total TP Excess Applicable | 0.00   |                    |         |
| Total OD Excess Applicable | 600.00       |                            |        |                    |         |

**GST Registered Information**

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

**Policyholder Mailing Address**

|           |                  |                       |                          |           |               |
|-----------|------------------|-----------------------|--------------------------|-----------|---------------|
| Address 1 | BLK 109 #06-665  | Address 2             | SERANGGON NORTH AVENUE 1 | Address 3 | HWT YOH VILLE |
| Address 4 | SINGAPORE 550109 | Address Type          | Singapore address        | Post Code | 550109        |
| Unit No.  | 06-665           | Related Policy Number | 5113298977               |           |               |

**OT Driver Info**

|   |   |                      |                          |                        |               |
|---|---|----------------------|--------------------------|------------------------|---------------|
| Driver Name                             | SHALINI D/O TASHNAMURTHI                                      | Driver Type          | Main Driver              | Driver DOB             | 03/01/1986    |
| Unnamed driver Name                     |   | Driver NRIC          | S86003100                | Driving Experience     | 4             |
| Register Date of Driver License         | 16/05/2016  | Driver Age           | 34                       | Contact No. (Home)     | 0             |
| Contact No. (Mobile)                    | 90185614  | Contact No. (Office) | 0                        | Address 3              | HWT YOH VILLE |
| Address 1                               | BLK 109   | Address 2            | SERANGGON NORTH AVENUE 1 | Post Code              | 550109        |
| Address 4                               | SINGAPORE 550109  | Address Type         | Singapore address        |                        |               |
| Unit No.                                | 06-665  |                      |                          |                        |               |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

|                                |                                  |                         |                                  |                      |                            |  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|--|
| Claim Type *                   | DD-MX                            | Insured Name            | SHALINI D/O TASHNAMURTHI         | Insured NRIC         | S86003100                  |  |
| Contact No. (Mobile)           | 91732579                         | Contact No. (Home)      | 83006296                         | Contact No. (Office) |                            |  |
| Email Address                  | sha0301@gmail.com                | OT Vehicle Number       | SMN23275                         | TP Vehicle Number    | UNKNOWN                    |  |
| Claimant Type Claimant *       | Please Select                    | Type of Benefit *       | Please Select                    |                      |                            |  |
| Claimant Name *                |                                  | Claimant NRIC *         |                                  |                      |                            |  |
| Claimant Address               |                                  |                         |                                  |                      |                            |  |
| Claim Description              | SMN23275 / UNKNOWN ON 3 Jul 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                | 03/07/2020 14:43                 | Claim Close Date        |                                  | Date Received        | 03/07/2020 00:00           |  |
| Report Taken By                | Jackson                          |                         |                                  |                      |                            |  |

Print AK letter

**Save** **Submit**

**Attachment**

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1095990  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/07/2020 14:44 |

| Path *               | Category *  | Confidential         | Urgency *                   | Description * |
|----------------------|---|----------------------|-----------------------------|---------------|
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |
| <input type="text"/> | <input type="text"/> Browse... <input type="button" value="Clear"/> Please Select | <input type="text"/> | <input type="text"/> Normal |               |

Send Message [

Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency  | Description                    | Msg Sent? (CO) |
|------------|---|-----------------------|----------|--------------------------------|----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:44 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-7-3 |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:44 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-7-3 |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:44 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-7-3 |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:44 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-7-3 |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | SAS                   | Normal   | SAS 2020-7-3                   |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jul 2020 14:43 | Photos                | Normal   | Photos 2020-7-3                |                |

Video List

| Uploaded By/Date   | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |             |           |        |        |