

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MAH/006654

Date In: 24/12-16:28	Job description	Date & Time Completed	Done by
Ref No: NA/14C 200394/24	SAS e-filing		
Veh No: FP309E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 12/6/20-05:15	i-Motor Claim Form	24/12/2003-00V	24/12/20 16:37
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: FBW52016	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
	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:-		
	QJ*:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Ref 1:

Ref 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	29/07/2020 16:28
Date Of Accident	10/06/2020 05:15
Exact Location Of Accident	PASIR RIS DR 1 INFRONT WEST PLAZA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FP309E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AKIF BIN SULEIMAN
NRIC No	SXXXX000Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90257729
Alternative Phone No	OFFICE-90257729
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5117002977
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AKIF BIN SULEIMAN
NRIC No	SXXXX000Z
Date Of Birth	05/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90257729
Fax Number	
Contact Number	OFFICE-90257729
Email Address	NOEMAIL

Address	BLK 272 PASIR RIS STREET 21 #02-470
Postcode	510272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200610/2003.

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	FBN5201G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.



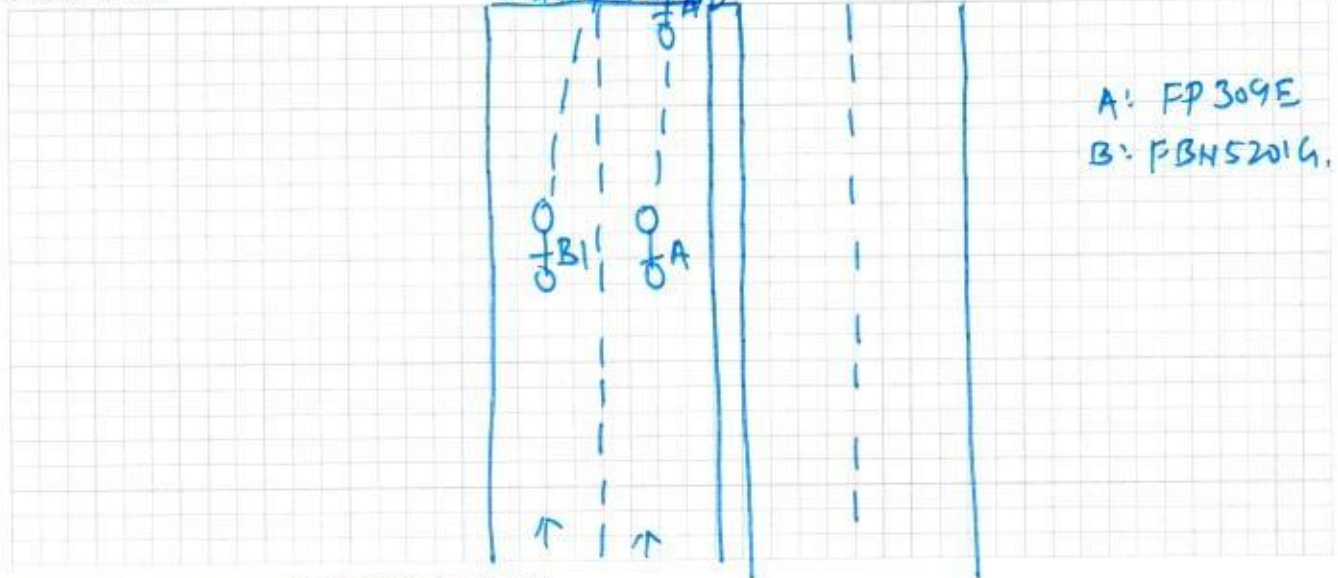
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2200610/2003.

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: 10 / 6 / 20 (DD/MM/YYYY), TIME: 05 : 15 (HH:MM)

LOCATION: PASIR PAS DE 1 in front West Plaza

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PP309E
b) INSURANCE COMPANY: NTOC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: Muhammad Akif Bin Suleiman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 598250002 CONTACT: 90257729
c) ADDRESS: _____

* 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: (____/____/____) (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: PBN52016 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

Email: akifslmn@gmail.com

fax =

VIDEO = X



SINGAPORE POLICE FORCE



T/20200610/2003

1 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20200610/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2020 07:13	Vide Report No.: G/20200610/0028	Station Diary No.: 14
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Informant's Particulars

Name of Informant: MUHAMMAD AKIF BIN SULEIMAN			Address: APT BLK 272 PASIR RIS STREET 21 #02-470 SINGAPORE 510272		
ID Type / ID No.: NRIC NO / S9825000Z			Contact No.: Home/Office: Mobile: 90257729		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 05/08/1998	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/06/2020 05:15	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 1				
Pasir Ris Drive 1 infront of West Plaza (infront of bus stop B22)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN5201G	Motorcycle				Slightly Damaged	1
FP309E	Motorcycle	YAMAHA	SNIPER T150	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP309E	NTUC Income Insurance Co-Operative Limited	5117002977	13/04/2020	12/04/2021



Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20200610/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HARITH BIN DAUD	ID No.	S9507418I
Related Vehicle	FBN5201G (Motorcycle)	Contact No.	87995996
Hospital/Clinic	SENG KANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MUHAMMAD AKIF BIN SULEIMAN	ID No.	S9825000Z
Related Vehicle	FP309E (Motorcycle)	Contact No.	90257729
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/06/2020 at about 0515hrs, I was travelling along Pasir Ris Drive 1 (towards Pasir Ris Drive 10) on my motorcycle bearing registration plate number FP309E. I wish to inform that at that point in time, a friend of mine who was riding his motorcycle bearing registration plate number FBN5201G was travelling ahead of me. He had a pillion with him then. As we were approaching the pedestrian crossing (located in front of West Plaza), my friend suddenly made a right turn onto the pedestrian crossing, I assume attempting to make an illegal U-turn. I was then caught by surprise as I was not expecting him to do so and thus, collided into the right rear portion of his motorcycle. The impact of the collision resulted in both his pillion and himself to fall over onto their left and subsequently having his leg caught under the motorcycle.

I then immediately alighted from my motorcycle to provide necessary assistance. Ambulance were then called to scene. Upon the arrival of ambulance, paramedics conveyed my friend to Seng Kang General hospital conscious as he informed he was unable to feel his left leg. Police who was also at scene provided me a case card and instructed me to lodge a traffic accident report.

I wish to state that apart from the injury informed by my friend, no other visible injury was observed on him. There was no government property damaged during the accident.



**SINGAPORE
POLICE FORCE**



T/20200610/2003

3 of 4

Report No. T/20200610/2003

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200610/2003

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20200610/2003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 3 JOYSON NG HAO FAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Signature Of Informant:

Date/Time:

10/06/2020 07:13

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/25315/2020
Date : 30 June, 2020

MUHAMMAD AKIF BIN SULEIMAN
BLK 272 PASIR RIS STREET 21
#02-470
SINGAPORE 510272

Dear Sir/Madam

ACCIDENT INVOLVING FP309E & FBN5201G ALONG PASIR RIS DRIVE 1 TOWARDS LOYANG AVENUE, BEFORE PASIR RIS DRIVE 12 ON 10 JUNE 2020 AT 0447 HRS.

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the rider of **FBN5201G** has committed an offence of Careless Driving under Section 65(5)(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the rider for the said offence.
3. If you have any queries, please contact the Investigation Officer, Abdul Muhaimin at telephone number 6547 6845.

Yours faithfully

SHAHUL HAMEED
for HEAD TRAFFIC INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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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"/>	5117002977		MUHAMMAD AKIF BIN SULEIMAN	S9825000Z	GMC	Third Party, Fire & Theft	FP309E	FP309E	13/04/2020	12/04/2021

Claim Handling

Accident MT/1097383

Policy No.	5117002977	Vehicle No.	PP309E	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AKIF BIN SULEIMAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S98250002
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	N/A	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	20/07/2020 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/06/2020	Time of Accident hh:mm	04:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DRIVE 1				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 272 #02-470	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510272
Address 4		Address Type	Singapore address	Post Code	510272
Unit No.	02-470	Related Policy Number	5117002977		
OT Driver Info					
Driver Name		Driver Type		Driver ODB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD AKIF BIN SULEIMAN	Insured NRIC	S98250002
Contact No. (Mobile)	90257729	Contact No. (Home)		Contact No. (Office)	
Email Address		OT vehicle Number	PP309E	TP Vehicle Number	FRNS201G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PP309E / FRNS201G ON 10 Jun 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	29/07/2020 00:00
Date Registered	29/07/2020 16:37	Claim Close Date			
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1097383	Claim No.	002																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	29/07/2020 16:39																																			
<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>Browse... Clear</td> <td>Please Select</td> <td><input checked="" type="radio"/> Yes</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input checked="" type="radio"/> Yes	Normal		Browse... Clear	Please Select	<input type="radio"/> No	Normal		Browse... Clear	Please Select	<input type="radio"/> No	Normal		Browse... Clear	Please Select	<input type="radio"/> No	Normal		Browse... Clear	Please Select	<input type="radio"/> No	Normal		Browse... Clear	Please Select	<input type="radio"/> No	Normal	
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Browse... Clear	Please Select	<input type="radio"/> No	Normal																																			
<input type="checkbox"/> Send Message																																						
Attachment List																																						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?																																	

(CO)

(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:39	NRIC/ Driving License	X	Normal	NRIC/ Driving License 2020-7-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:39	SAS		Normal	SAS 2020-7-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:39	Photos		Normal	Photos 2020-7-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:39	Photos		Normal	Photos 2020-7-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:38	Photos		Normal	Photos 2020-7-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Jul 2020 16:38	Photos		Normal	Photos 2020-7-29
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