

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

JN0923CV0003

Date In: 31/12/20 - 11:09	Job description	Date & Time Completed	Done by
Ref No: 14/INC/2014791/24	SAS e-filing		
Veh No: 5M4895E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 31/12/20 - 11:30	i-Motor Claim Form	14/11/5696-001	31/12/20 11:15
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5BR5112J	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

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

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

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

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

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

Date/Time	Actions

<p>14N00310</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	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:-			
<p>QD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11) : TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>				
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 Submission ..... 31/12/2020 11:09 (SGT)  
Date of Accident ..... 30/12/2020 11:30 (SGT)  
Exact Location of Accident ..... 7030 Ang Mo Kio Ave 5, Singapore 569880  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN6938C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ESTATE OF SEET AI LI  
NRIC No ..... SXXXX952G  
Email Address ..... aaron\_ljy@hotmail.com  
Mobile Phone No ..... (Phone) +65-83138369  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 535i  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5112395771-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AARON LIM JUN YING  
NRIC No ..... SXXXX734C  
Date Of Birth ..... 14/02/1995  
Occupation ..... Indoor



Date Of Driving Pass .....	14/04/2015
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83138369
Alt. Phone Number .....	-
Email Address .....	aaron_ljy@hotmail.com
Address .....	BLK 146 BEDOK RESERVOIR ROAD
Address complement .....	#01-1649
Postcode .....	470146
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LOO SI MIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SBR5112J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... AARON LIM JUN YING  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SMN6938C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... LOO SI MIN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SMN6938C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No



### SKETCH PLAN

### **IMPORTANT NOTICE**

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

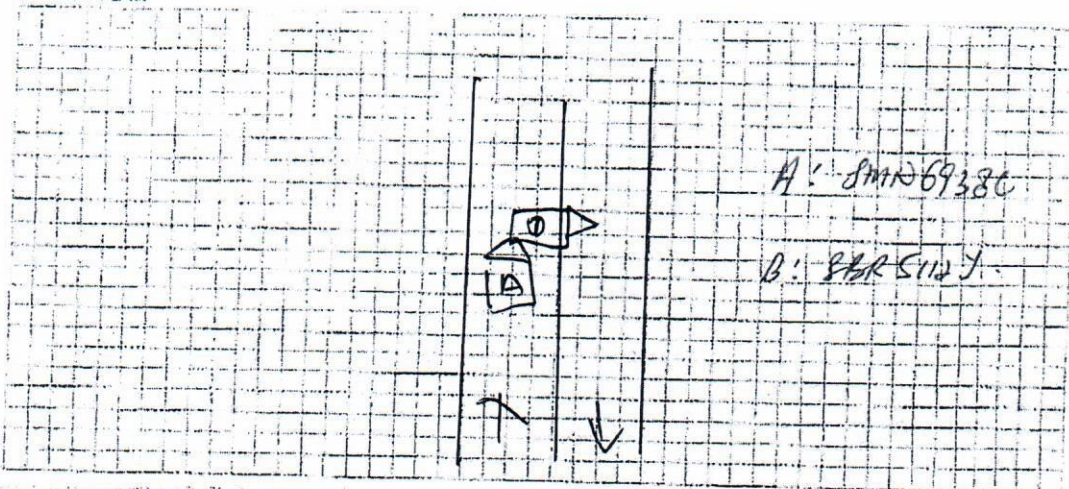
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

my car was stationary waiting for vehicle B to finish his 3 point turn. Suddenly, his 1 felt a huge impact from the front. Driver of vehicle B got down & apologized & ask me to make a report to claim his insurance.

## 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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 30/12/2020 (DD/MM/YY) Time: 11:30am (HH:MM)
Exact location of accident	North star Amk

## Details of vehicle

Vehicle registration number	SMN 6938C
Vehicle make and model	Bmw 535
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Estate of Peter H. Li	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	9526	
Contact		
Address		

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	Aaron Lim Jun Ying	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	734C	
Contact	8313 8369	
Address	Block 146 Bedok Reservoir Road #01-1649 Singapore 470146	
Email address	aaron-1j4@hotmail.sg.com	
Date of birth	14 Feb 1995	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	14 Apr 2015	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	Leo Si Min
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

#### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	



Third party vehicle 1

(14)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	8BR 512J
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Witness 1**

Name	
------	--

**Witness 2**

Name	
------	--

**Injured person 1**

Name	Aaron Lim Jun Yung	
Injuries sustained	Bruise	
Which vehicle person in?	PMN 6938C	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**Injured person 2**

Name	Loo Pi Min	
Injuries sustained	Bruise	
Which vehicle person in?	PMN 6938C	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**Injured person 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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="30/12/2020 11:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SMN6938C"/>	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"/>	5112395771-01		ESTATE OF SEET AI LI	S7524952G	GPC	drivo CLASSIC	SMN6938C	SMN6938C	01/12/2020	30/05/2021
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5112395771-01	Policyholder Name	ESTATE OF SEET AI LI	Policyholder NRIC	S7524952G
Certificate No.					
Address	BLK 146 #01-1649 BEDOK RESERVOIR ROAD SINGAPORE 470146				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/11/2020	Effective Date	01/12/2020 00:00	Expiry Date	30/05/2021 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	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 146 #01-1649	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470146
Address 4		Address Type	Singapore address	Post Code	470146
Unit No.		Related Policy Number	5112395771-01		

## Insured Object: SMN6938C

## Endorsements

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



## Claim Handling

## Accident MT/1115696

Policy No.	5112395771-01	Vehicle No.	SMN6938C	GST Registration No.	
Certificate No.					
Policyholder Name	ESTATE OF SEET AI LI	Cover Type	drivo CLASSIC	Policyholder NRIC	S7524952G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83138369	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	31/12/2020 11:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/12/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	7030 Ang Mo Kio Ave 5				
<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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<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 146 #01-1649	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470146
Address 4		Address Type	Singapore address	Post Code	470146
Unit No.		Related Policy Number	5112395771-01		
<b>▼ OI Driver Info</b>					
Driver Name	AARON LIM JUN YING	Driver Type	Main Driver	Driver DOB	14/02/1995
Unnamed driver Name		Driver NRIC	S9504734C	Driving Experience	5
Register Date of Driver License	14/04/2015	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	83138369	Contact No.(Office)	0	Address 3	EUNOS SPRING
Address 1	BLK 146	Address 2	BEDOK RESERVOIR ROAD	Post Code	470146
Address 4	SINGAPORE 470146	Address Type	Singapore address		
Unit No.	01-1649				
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 checked="" type="radio"/> Yes <input type="radio"/> No

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ESTATE OF SEET AI LI	Insured NRIC	S7524952G
Contact No.(Mobile)	96211113	Contact No.(Home)	65040892	Contact No.(Office)	
Email Address	seet.dorin9@gmail.com	OI Vehicle Number	SMN6938C	TP Vehicle Number	SBR5112J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN6938C / SBR5112J ON 30 Dec 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/12/2020 11:15	Claim Close Date		Date Received	31/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1115696	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/12/2020 11:16	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

MESSAGE

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	SAS		Normal	SAS 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Dec 2020 11:15	Photos		Normal	Photos 2020-12-31		

**Video List**

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