

NATIONAL Assessment Centre Services. [wef 1 Jan'05] NA92112000v

Date In: 13/1/05-09:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000591/24	SAS e-filing		
Veh No: DM7899L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 14/1/05-15:15	i-Motor Claim Form	17/1/05-01	13/1/05 09:48
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: Vch No: GREFOIA 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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	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			
Pat. 1:	6) TR : Re-inspection \$75			
Pat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N11 : TP (N11) against INC			
	9) N12 : Idac Mobile			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	Fee Charged			
	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 ..... 13/01/2021 09:45 (SGT)  
Date of Accident ..... 12/01/2021 15:15 (SGT)  
Exact Location of Accident ..... Punggol Way, Singapore  
Additional Location Information ..... exit twds tpe/kpe  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDM7899L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KUA LI CHUEN  
NRIC No ..... SXXXX365D  
Email Address ..... gwendoline\_kua@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-93887546  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 523i  
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 ..... 5093618015-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KUA LI CHUEN  
NRIC No ..... SXXXX365D  
Date Of Birth ..... 27/07/1973  
Occupation ..... Indoor

Date Of Driving Pass .....	09/09/1996
Driving experience .....	24 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93887546
Alt. Phone Number .....	+--
Email Address .....	gwendoline_kua@yahoo.com.sg
Address .....	BLK 467B ADMIRALTY DRIVE
Address complement .....	#16-133
Postcode .....	752467
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Collision - Head to Rear
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 .....	GBE7501A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	THNG WEI MING
Contact Number .....	(Phone) +65-91163070
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... KUA LI CHUEN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SDM7899L  
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.

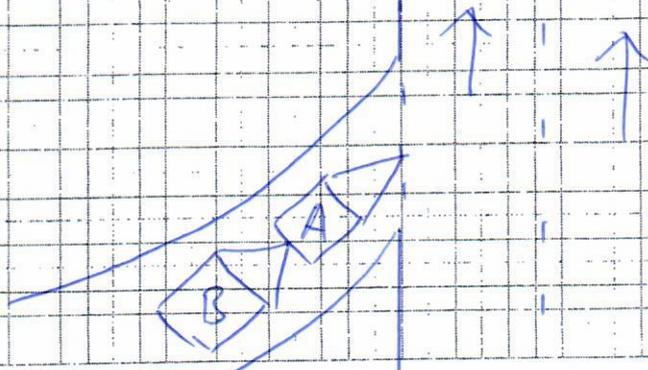
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

TPE



A : SDM7899L

B : GPE7501A

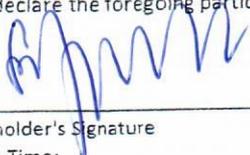
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Punggol Way Exit Towards TPE, I stopped my vehicle as I approached the main road to look out for incoming vehicles.

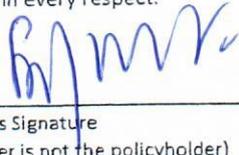
Suddenly, I felt an impact at the rear of my vehicle. Vehicle B knocked onto my vehicle.

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: S0M7899LMAKE & MODEL : BMW 523i

DATE OF ACCIDENT	<u>12 / 1 / 21</u>	
TIME OF ACCIDENT	<u>3.15</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>Punggol Way Exit towards TPE/KPE</u>	
Exact Purpose use during accident	<u>Driving to work.</u>	
<b>NAME OF OWNER</b>	<u>Kua Li Chuen</u>	
TELP NO	<u>9388 7546</u>	
NRIC	<u>S73263650</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	<u>NTUC Income</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>5093618015 - 03</u>	
EMAIL	<u>gwendoline_kua@yahoo.com.sg</u>	
<b>NAME OF DRIVER</b>	<u>As above</u> / If No:	
NRIC	<u>S73263650</u>	Any passengers: <input type="radio"/>
DATE OF BIRTH	<u>27 / 07 / 1973</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>09 / 09 / 1996</u>	
GENDER	Male / <u>Female</u>	
CONTAC NO.	Office:	Home:
EMAIL		
ADDRESS	<u>Blk 467B Admiralty Drive #16-133 S(752467)</u>	
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No.	
RELATIONSHIP	Employee / If <u>No</u> :	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> : Who? <u>Driver / Kua Li Chuen</u>	
CONTAC NO.	<u>9388 7546</u>	
POLICE REPORT	No / If yes: Where?	
VEHICLE B NO.	<u>GBE7501A</u>	Any Passenger: <input type="radio"/>
NAME	<u>Thng Wei Ming</u>	
CONTAC NO.	<u>9116 3070</u>	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY PHOTO CAPTURE?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
	<u>Hock Motors Workshop</u> <u>hockmotors@hotmail.com</u>	
	<u>Fax: 6753 5346</u>	

**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:** 5093618015-03

**Cover :** drivo CLASSIC

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SDM7899L</b>          |
| Chassis Number  | : <b>WBAFP32060C546785</b> |
| 2. Name of Policyholder   | : <b>KUA LI CHUEN</b>      |
| 3. Effective Date of Insurance  | : <b>03 Sep 2020</b>       |
| 4. Expiry Date of Insurance   | : <b>02 Sep 2021</b>       |
| 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)	: N/A
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	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: KUA LI CHUEN
NAMED DRIVER (1)	: TEO CHENG BOON RAYMOND
NAMED DRIVER (2)	: RYAN TEO JIA XUAN
HIRE PURCHASE COMPANY	: SINGAPURA FINANCE LTD
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 : TAN INSURANCE BROKERS PTE LTD (00000690287)  
Date of Issue : 01 Sep 2020 17:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Aliwal Street, Chenn Leonn Building  
Singapore 199896  
www.tib.com.sg  
Tel: (65) 6742 6766 Fax: (65) 6742 6669

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"/>	5093618015-03		KUA LI CHUEN	S7326365D	GPC	drivo CLASSIC	SDM7899L	SDM7899L	03/09/2020	02/09/2021

▼ Policy Information

Policy No.	5093618015-03	Policyholder Name	KUA LI CHUEN	Policyholder NRIC	S7326365D
Certificate No.					
Address	BLK 467B #16-133 ADMIRALTY DRIVE SINGAPORE 752467				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/09/2020	Effective Date	03/09/2020 00:00	Expiry Date	02/09/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 467B #16-133	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 752467
Address 4		Address Type	Singapore address	Post Code	752467
Unit No.		Related Policy Number	5093618015-03		

▶ Insured Object: SDM7899L

▼ 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/1117163**

Policy No.	5093618015-03	Vehicle No.	SDM7899L	GST Registration No.	
Certificate No.					
Policyholder Name	KUA LI CHUEN			Policyholder NRIC	S7326365D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93887546	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
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

**Accident Details**

Report Date	13/01/2021 09:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/01/2021	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Punggol Way				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

**Benefits**

Coverage	Sum Insured	
Excess Waiver	99999999.99	
Transport Allowance	99999999.99	

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 467B #16-133	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 752467
Address 4		Address Type	Singapore address	Post Code	752467
Unit No.		Related Policy Number	5093618015-03		

**OI Driver Info**

Driver Name	KUA LI CHUEN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7326365D	Driver DOB	27/07/1973
Register Date of Driver License	09/09/1996	Driver Age	47	Driving Experience	24
Contact No.(Mobile)	93887546	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 467B	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 752467
Address 4		Address Type	Singapore address	Post Code	752467
Unit No.	16-133				
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 *	OD-MX	Insured Name	KUA LI CHUEN	Insured NRIC	S7326365D	
Contact No.(Mobile)	93887546	Contact No.(Home)		Contact No.(Office)	64166888	
Email Address		OI Vehicle Number	SDM7899L	TP Vehicle Number	GBE7501A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *				
Claimant Address						
Claim Description	SDM7899L / GBE7501A ON 12 Jan 2021				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	13/01/2021 09:48	Claim Close Date		Date Received	13/01/2021 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1117163	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/01/2021 09:50

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

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:49	SAS	Normal	SAS 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:49	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:49	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:49	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2021 09:48	Photos	Normal	Photos 2021-1-13	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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