

NATIONAL Assessment Centre Services.

[Part 1 of 2]

Date Inc: 18/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21002323/13	SAS e-filing		
Veh No: SLR8505X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 17/02/21 1655	I-Motor Claim Form 18/02	MT/1121547-001	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: *

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

XE712T

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 () / Non-INC ()	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	Action

NA201482

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bngr-In-Charge):

Auditors' Comments:

Ref. 11

2/3

Invoice/Particulars	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		INC (\$30)	
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
QD:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Co-ordination	\$10		
*NJ: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Coordination	\$5		
*NI: DV / Collect Excess Coordination	\$20		
TP (NI): TP (Non INC) against INC	\$0		
9) NI2: Idao Mobile			
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	18/02/2021 16:17 (SGT)
Date of Accident	17/02/2021 16:55 (SGT)
Exact Location of Accident	Jln Buroh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8505X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KUI KENG
NRIC No	SXXXX423H
Email Address	fannoei@hotmail.com
Mobile Phone No	(Phone) +65-98269944
Alternative Phone No	+65-92950519

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5100754546-02
Cover Note Number	-

DRIVER

Name of Driver	OEI YUAN FANG, FANN
NRIC No	SXXXX123F
Date Of Birth	10/06/1996
Occupation	Indoor

Date Of Driving Pass	20/11/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92950519
Alt. Phone Number	-
Email Address	fannoei@hotmail.com
Address	70 HOUGANG AVE 7
Address complement	#01-04
Postcode	538804
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	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?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210218/2056

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	XE712T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOGAN
Contact Number	(Phone) +65-84937764

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	OEI YUAN FANG,FANN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLR8505X
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 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.

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

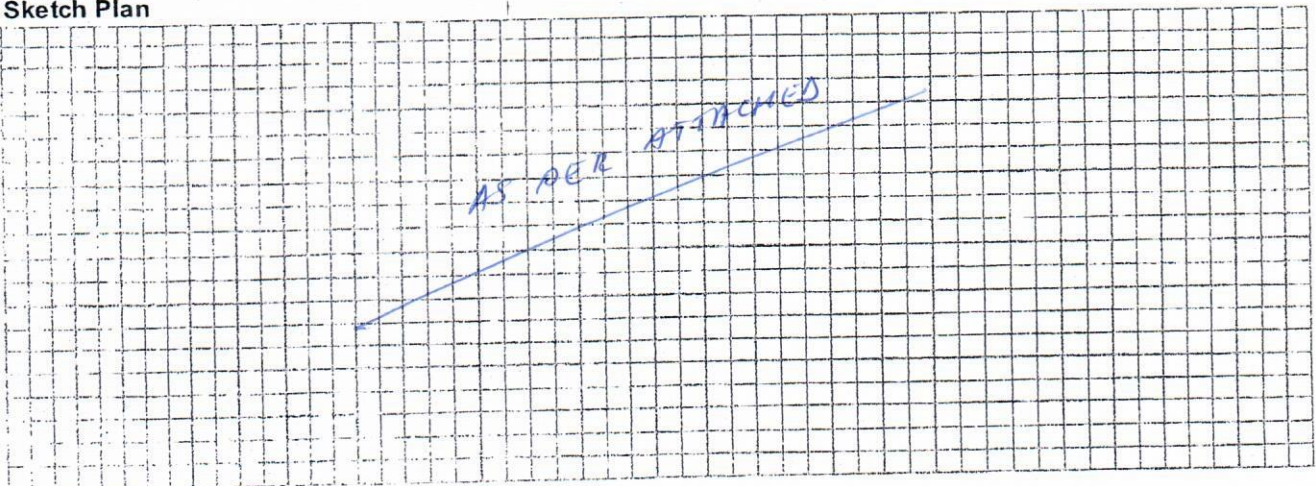
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: 7/20210218/2056

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Tamir 18 Feb 2021

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

Witnessed by Reporting Centre
Personnel

14/2/2021
16:55 PM

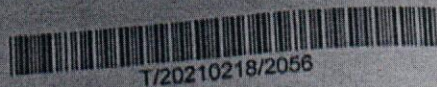
Jurong Pier
Circus

Jalan
Buroh

51R8505X



XE7121

**SINGAPORE
POLICE FORCE**

T/20210218/2056

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20210218/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2021 15:05	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: OEI YUAN FANG, FANN			Address: 70 HOUGANG AVENUE 7 #01-04 SINGAPORE 538804	
ID Type / ID No.: NRIC NO / S9621123F			Contact No.:	Mobile: 92950519
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 24	Date of Birth: 10/06/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: STUCTURAL ENGINEER			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/02/2021 16:55	Type of Location: Roundabout
Location: JALAN BUROH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR8505X	Car	HONDA	FIT 1.3G A	Pink	Slightly Damaged	0
XE712T	Truck	MERCEDES BENZ	AXOR C 1836LS 4X2 3600 AUTO ABS	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



POLICE FORCE



T/20210218/2056

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20210218/2056

CONTINUATION OF REPORT

Driver				
Name	OEI YUAN FANG, FANN		ID No.	S9621123F
Related Vehicle	SLR8505X (Car)		Contact No.	92950519
Hospital/Clinic	UNIHEALTH Clinic		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2021	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Mogan		ID No.	NIL
Related Vehicle	NIL		Contact No.	84937764
Hospital/Clinic	NIL		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	

Brief Details.

On the 17/02/2021 at 1655hr. I was driving along Jalan Buroh entering a merging lane when I felt an impact from the back of my vehicle. I exited from my vehicle and went to make a check and realized it was a Head to Rear collision. I then exchanged details with the driver and continued my way back home. On the 18/02/2021, I visited a private clinic(Unihealth Clinic) located at 214 Bedok North Street 1 #01-171 just for a regular check up and was given 3 days of Medical Certificate. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20210218/2056

3 of 3

Report No. T/20210218/2056

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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 1 KENDRICK TAN KIAN LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

18/02/2021 15:05

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (17/02/21) (DD/MM/YYYY), TIME: (16:55) (HH:MM)

LOCATION: JALAN BURUH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR8505X
b) INSURANCE COMPANY: NTHC
c) POLICY NUMBER: HONDA FIT (A)
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA FIT (A)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: LOH KUI KENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 87170423H CONTACT: 98269944
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OOI YUAN FANG, FANN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 59621123F CONTACT: 92950519
c) ADDRESS: 70 HONGKANG AVE 7
#01-04 (538804)

*d) DATE OF BIRTH: (10/06/1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/11/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

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: XE712T MODEL:
b) DRIVER'S NAME: MOGAN
c) NRIC/FIN/PASSPORT: CONTACT: 84937764

9. THIRD PARTY VEHICLE

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

18/02/21

waiting police
report.

Email = fannoei@hotmail.com

fax =

video =

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: 5100754546-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SLR8505X**
 Chassis Number : GE61060825
2. Name of Policyholder : LOH KUI KENG
3. Effective Date of Insurance : 21 May 2020
4. Expiry Date of Insurance : 20 May 2021
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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


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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: LOH KUI KENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
 Date of Issue : 24 Apr 2020 13:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

2/18/2021

Claim Handling

Accident MT/1121547

Policy No.	5100754546-02	Vehicle No.	SLR8505X	GST Registration No.	
Certificate No.				Policyholder NRIC	S7170423H
Policyholder Name	LOH KUI KENG	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	98269944	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	18/02/2021 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	17/02/2021	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BURUH				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
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		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	70 HOUGANG AVENUE 7	Address 2	#01-04 THE FLORIDA	Address 3	SINGAPORE 53881
Address 4		Address Type	Singapore address	Post Code	538804
Unit No.	01-04	Related Policy Number	5120147369		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/06/1996
Unnamed driver Name	OEI YUAN FANG,FANN	Driver NRIC	S9621123F	Driving Experience	5
Register Date of Driver License	20/11/2015	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	92950519	Contact No.(Office)	0	Address 3	SINGAPORE 53881
Address 1	70 HOUGANG AVENUE 7	Address 2	THE FLORIDA	Post Code	538804
Address 4		Address Type	Singapore address		
Unit No.	#01-04			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LOH KUI KENG	Insured NRIC	
Contact No.(Mobile)	98269944	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	kk1@successforever.com.sg	Vehicle Number	SLR8505X	TP Number	
Claim Description	SLR8505X / XE712T ON 17 Feb 2021				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered	18/02/2021 18:45	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1121547 Claim No. 001

Claim Handling(accident reporting Claim Task 001 OD-MX)

2/18/2021

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/02/2021 00:00

Path *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:44	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:44	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:44	SAS	Normal	SAS 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:44	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:44	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:43	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:43	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:43	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:43	Photos	Normal	Photos 2021-2-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2021 18:43	Photos	Normal	Photos 2021-2-18

Video List

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