

# NATIONAL Assessment Centre Services

Date In: 15/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003364/r3	SAS e-filing		
Veh No: SUN5622E	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 12/03/21 1630	i-Motor Claim Form 16/03 MT/1124512-001		
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: SME7154M	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%. F: 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

NA2102223	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	15/03/2021 17:00 (SGT)
Date of Accident	12/03/2021 16:30 (SGT)
Exact Location of Accident	140 Corporation Dr, Singapore
Additional Location Information	MSCP LEVEL 2B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5622E
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAWN GOH ENG HWEE
NRIC No	SXXXX279I
Email Address	SHAWNGOH18@GMAIL.COM
Mobile Phone No	(Phone) +65-93215277
Alternative Phone No	+65-93215277

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	5119541566
Cover Note Number	-

#### DRIVER

Name of Driver	SHAWN GOH ENG HWEE
NRIC No	SXXXX279I
Date Of Birth	20/01/1979
Occupation	Indoor



Date Of Driving Pass .....	23/12/2016
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93215277
Alt. Phone Number .....	+65-93215277
Email Address .....	SHAWNGOH18@GMAIL.COM
Address .....	BLK 140A CORPORATION DRIVE
Address complement .....	#15-10
Postcode .....	611140
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 .....	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) .....	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 .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:J/20210312/7056

#### 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 .....	SME7154M
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 .....	SHAWN GOH ENG HWEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ELBOW,KNEE & SHOULDERS
Injured person in which vehicle? .....	SJN5622E
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.

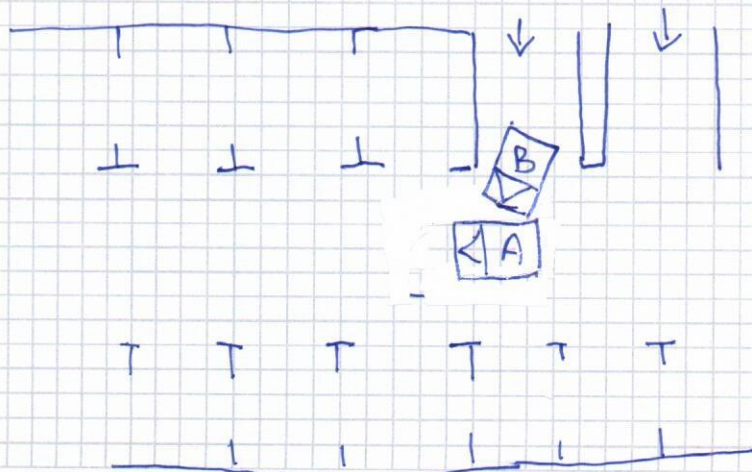
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Blk 140 MSCP Level 2B



Vehicle A: SJN 5622E

Vehicle B: SME 7154M

On the stated date and time I vehicle A was travelling straight on the stated venue. Suddenly vehicle B who was coming up the slope on my right hit onto my vehicle's right portion

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



J/20210312/7056

1 of 1

## POLICE REPORT (NP299)

Report No. J/20210312/7056

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 12/03/2021 23:14	Vide Report No.	Station Diary No.
Name Of Informant SHAWN GOH ENG HWEE	Address 140A CORPORATION DRIVE #15-10 SINGAPORE 611140	
ID Type / ID No. NRIC NO / S7902279I	Contact No. Home/Office:                      Mobile: 93215277	
Nationality SINGAPORE CITIZEN	Email Address SHAWNGOH18@GMAIL.COM	
Occupation Self employed	Sex Male	Age 42
Institution/School Name	Date of Birth 20/01/1979	Race Chinese
Date/Time Of Incident 12/03/2021 16:30	Language English	
	Location Of Incident 140 CORPORATION DRIVE #2b YUNG HO SPRING I SINGAPORE 610140	

### Brief details.

On the stated date and time I SJN5622E was travelling straight inside the MSCP level 2B when vehicle SME7154M who was coming up from the slope on my right hit onto my vehicle right rear portion. The impact was great and I felt pain on my right shoulder, knee, elbow and neck. I then proceeded to Unihealth 24hr clinic at Jurong East to seek treatment and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2021 23:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Date of Accident : 12/3/21 Accident Time: 1630HR (24-HR-Format)  
Accident Place : BK 140 MSCP Level 2B  
Vehicle. No. (Car Plate No.) : SJN5622E Make/Model: Merces  
Insurance Company : HTV C Policy No: WDD2040462A 233096  
Owner or Company Name /IC No. : Shawn Goh Eng Hwee 57902279I  
Owner or Company Contact No. : 93215277 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : As Above  
DRIVER'S Date Of Birth : 20/1/1979 DRIVER'S License Pass Date 23/12/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BK 140A Corporation Dr #15-10 S(611140)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : Shawngh18@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): elbow, knee, shoulders

(B) Other Party Driver's Particular (if any)

Vehicle. No: <u>SME 7154M</u>	Vehicle. No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



## 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: 5119541566

Cover : drive CLASSIC

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN5622E           |
| Chassis Number                                   | : WDD2040462A233096  |
| 2. Name of Policyholder                          | : SHAWN GOH ENG HWEE |
| 3. Effective Date of Insurance                   | : 20 Oct 2020        |
| 4. Expiry Date of Insurance                      | : 19 Oct 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

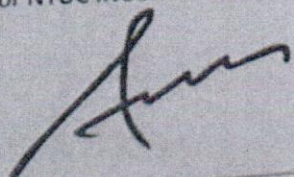
headings.

EXCESS (SECTION 1)	: S\$600
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SHAWN GOH ENG HWEE
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
Date of Issue : 20 Oct 2020 13:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	279I
Vehicle Details	
Vehicle No.:	SJN5622E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180K
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	27195231155886
Chassis No.:	WDD2040462A233096
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$37,079.00
Original Registration Date:	20 Feb 2009
First Registration Date:	20 Feb 2009
Transfer Count:	2
Actual ARF Paid:	\$37,079.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$24,545.00
<b>Total Rebate Amount:</b>	<b>\$24,545.00</b>

The information contained herein is correct as at 15 Mar 2021

OK



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	279I
<b>Vehicle Details</b>	
Vehicle No.:	SJN5622E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180K
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	27195231155886
Chassis No.:	WDD2040462A233096
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$37,079.00
Original Registration Date:	20 Feb 2009
First Registration Date:	20 Feb 2009
Transfer Count:	2
Actual ARF Paid:	\$37,079.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Jan 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$24,545.00
<b>Total Rebate Amount:</b>	<b>\$24,545.00</b>

The information contained herein is correct as at 15 Mar 2021

OK

Claim Handling

Accident MT/1124512

Policy No.	5119541566	Vehicle No.	SJN5622E	GST Registration No.	
Certificate No.					
Policyholder Name	SHAWN GOH ENG HWEE			Policyholder NRIC	S7902279I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93215277	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	16/03/2021 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	12/03/2021	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	140 CORPORATION DRIVE MSCP LVL 2B				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP 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	BLK 140A #15-10	Address 2	CORPORATION DRIVE	Address 3	YUNG HO SPRING I
Address 4	SINGAPORE 611140	Address Type	Singapore address	Post Code	611140
Unit No.	15-10	Related Policy Number	5119541566		

OI Driver Info

Driver Name	SHAWN GOH ENG HWEE	Driver Type	Main Driver	Driver DOB	20/01/1979
Unnamed driver Name		Driver NRIC	S7902279I	Driving Experience	5
Register Date of Driver License	01/01/2016	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	93215277	Contact No.(Office)	0	Address 3	YUNG HO SPRING I
Address 1	BLK 140A	Address 2	CORPORATION DRIVE	Post Code	611140
Address 4	SINGAPORE 611140	Address Type	Singapore address		
Unit No.	#15-10				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	SHAWN GOH ENG HWEE	Insured NRIC	S7902279I
Contact No.(Mobile)	93263777	Contact No.(Home)	67939137	Contact No.(Office)	
Email Address	shawngoh18@hotmail.com	OI Vehicle Number	SJN5622E	TP Vehicle Number	SME7154M
Claim Description	SJN5622E / SME7154M ON 12 Mar 2021			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	16/03/2021 00:00
Date Registered	16/03/2021 09:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter











Save Submit

Attachment


Accident No.	MT/1124512	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2021 00:00		
Path *		Category *	Confidential	Urgency *	Description
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Message Read					

Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:59	SAS		Normal	SAS 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 16 Mar 2021 09:58	Photos		Normal	Photos 2021-3-16	

Video List

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