

NATIONAL Assessment Centre Services [ver 1 Jan 2005]

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 06/12/17 | Job description | Date & Time Completed | Done by |
| Ref No: NM/INC/17023114/13 | SAS e-filing | | |
| Veh No: FBK 7958J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 28/11/17 1800 | i-Motor Claim Form | MT/0972608 | |
| 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: SKIDDED | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1707506

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

| | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---|----------------------|----------------------|
| 1) AR: Accident Reporting (\$30); | | |
| 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:- | | |
| OD* | | |
| *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

Invoice dated

Fee Charged

Fee Charged

7/12/17

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 ability.
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 insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|----------------------|
| Date Of Report | 06/12/2017 10:29 |
| Date Of Accident | 28/11/2017 18:00 |
| Exact Location Of Accident | BBDC EMERGENCY BRAKE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | FBK7958J |
| Insured/Policyholder | |
| Name Of Registered Owner | BUKIT BATOK DRIVING CENTRE LTD |
| Co Reg No | 198801155R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64833167 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | GLR125L |
| Exact Purpose for which vehicle was being used at time of accident | TRAINING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 0073451220-13 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------|
| Name of Driver | LEOW LAI CHUAN,WILLIAM(LIAO LAIQUAN) |
| NRIC No | S7820628D |
| Date Of Birth | 23/07/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/11/2017 |
| Driving Experience | 0 YEAR AND 0 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96944956 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 121 BUKIT BATOK CENTRAL #10-451 |
| Postcode | 650121 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - STUDENT |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED 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 INJURED PERSON 1

| | |
|--|--|
| Name | LEOW LAI CHUAN, WILLIAM (LIAO LAIQUAN) |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | FBK7958J |
| Were seat belts worn? | |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

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

B B D C

Emergency Brake area



A - FBK7958J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/11/17 at session 6, Mr Leo Lai Chuan William, was doing lesson 5-02. During warm up time at about 6pm, customer was doing emergency brake when he jam braked the front brake and lost control of his bike. He fell on his right shoulder and arm.

BUKIT BATOK DRIVING CENTRE LTD

815 LUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777

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:

06/12/17

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7820628D



Name
LEOW LAI CHUAN, WILLIAM
(LIAO LAIQUAN)
廖煥全

Race
CHINESE

Date of birth
23-07-1976

Sex
M

Country of birth
SINGAPORE



4362189



NRIC No. S7820628D



Date of issue
28-02-2009

APT BLK 121 BUKIT BATOK CENTRAL #10-451
SINGAPORE 650121

NRIC No. S7820628D Date: 18/01/2015



☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

28/1/17

Time

6.00 pm

Location of Accident

Emergency Brake

RP

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBK 7958J

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda GLR 125L

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others: _____

Exact Purpose for which vehicle was being used at the time of accident.

Training

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

DRIVER

Name of Driver

Low Lai chuan, William

NRIC/ FIN/ Passport

578 20 6280

Date of Birth

23/7/1978

Occupation

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp: 96944956

Address

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

If No, relationship of Driver with the Insured.

Student

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Self-skidded.

Weather Conditions

☐ Clear

☒ Raining

☐ Others:

☒ Wet

☐ Dry

☐ Others:

Road Surface

Damage Area

Approximate Speed

35km/h

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☐ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

FBK 7958J

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

As Driver

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

Left arm and shoulder injured.

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

IT BATOK DRIVING CENTRE LTD

815 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777

(We declare that the above particulars & information provided above are true in every aspect.)

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-13

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK7958J |
| Chassis Number | : JC641000134 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2017 |
| 4. Expiry Date of Insurance | : 31 Dec 2017 |
| 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 |
| EXCESS (THEFT OUTSIDE SINGAPORE) | : PLEASE REFER OVERLEAF |
| INSURE WITH COE | : YES |
| 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 : BUKIT BATOK DRIVING CENTRE (00000662435)

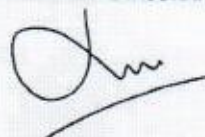
Date of Issue : 14 Dec 2016 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0972608

| | | | | | |
|---------------------|---|---------------------|---|----------------------|--|
| Policy No. | 0073451220-13 | Vehicle No. | FBK7958J | GST Registration No. | |
| Policyholder Name | BUKIT BATOK DRIVING CENTRE LTD | Cover Type | Comprehensive | Policyholder NRIC | |
| Product Code | FLEET INSURANCE | Contact No.(Office) | 64833167 | Loading | |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | | |

▼ Accident Details

| | | | | | |
|-------------------|----------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 06/12/2017 15:33 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 28/11/2017 | Time of Accident hh:mm | 18:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BBDC EMERGENCY BRAKE | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|------|-----------------------------|--|-------------------|--|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

▼ GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/04/1994 |
| GST Registration No. | M200805321 | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------------|-----------------------|----------------------------|-----------|--|
| Address 1 | 815 BUKIT BATOK WEST AVENUE | Address 2 | BUKIT BATOK DRIVING CENTRE | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5072565215-02 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|---------------------|------------------------|--|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | LEOW LAI CHUAN, WILLIAM(LIAI) | Driver NRIC | S7820628D | Driving Experience | |
| Register Date of Driver License | 28/11/2017 | Driver Age | 39 | Contact No.(Home) | |
| Contact No.(Mobile) | 96944956 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | BLK 121 | Address 2 | BUKIT BATOK CENTRAL | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #10-451 | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |

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 | BUKIT BATOK DRIVING CENTRE | Insured NRIC | | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | | |
| Email Address | RACHEL@BBDC.SG | OI Vehicle Number | FBK7958J | TP Vehicle Number | | |
| Claim Description | FBK7958J / SKIDDED ON 28 Nov 2017 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | GIA report | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop (refer below) | Date Received | | |
| Date Registered | 06/12/2017 15:40 | Claim Close Date | | Total Loss but Repaired | | |
| Report Taken By | ROSLINDA | Workshop Repairer | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--|---|---------------|------------------|
| Accident No. | MT/0972608 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/12/2017 00:00 |
| Path * | Category * | | |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | Confidential |
| | | | Urgency |
| | | | NO |
| | | | Normal |

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

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|---|--|-----------------------|---------|---------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | NRIC/ Driving License | Normal | NRIC/ Driving |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | SAS | Normal | SAS |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | Photos | Normal | Photo: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | Photos | Normal | Photo: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | Photos | Normal | Photo: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 15:38 | Photos | Normal | Photo: |

Video List

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