

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) **MSIA 117161201**

Date In: 7/12/17-11:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC1763376/24	SAS e-filing		
Veh No: SKR20742	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 5/12/17-23:00	i-Motor Claim Form	NA/0972727	7/12/17 14:03
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: Property 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:- (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

NA170758 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			Est. Bill	Add. Bill
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$90)			
	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	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 willful 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	07/12/2017 11:58
Date Of Accident	05/12/2017 23:00
Exact Location Of Accident	MCE TWDS ECP BEFORE CENTRAL BLVD EXIT 2
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2074Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-02
Cover Note Number	

#### Driver

Name of Driver	CHOY MUN YOONG, DARREN (CAI WENYONG)
NRIC No	S8813813I
Date Of Birth	29/04/1988
Occupation	INDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600885
Fax Number	
Contact Number	OFFICE-90600885
Email Address	NOEMAIL

Address	BLK 234 JURONG EAST STREET 21 #09-308
Postcode	600234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
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

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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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 compliance with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:



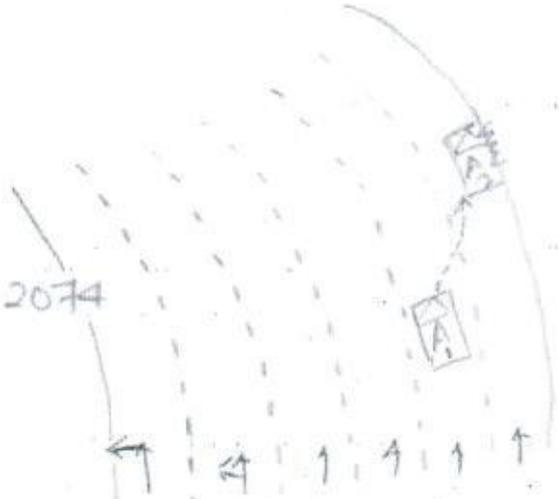
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A: 3LK2074

*Jan*



MCE turns ECP before Central Blvd exit 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was travelling along MCE turns ECP before Central Blvd exit 2 at the 2nd lane. I felt tired and close my eyes for awhile. However due to that instant, it caused by car to swerve to the right and graze along the wall barrier on the right.

*Jan*

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Name:  
Date & Time:



*[Signature]*

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

*Jan*

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

*[Signature]*

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### Accident details

Date and time of accident	Date: 05.12.17 (DD/MM/YY) Time: 2300 (HH:MM)
Exact location of accident	MCE turns ECP before Central Blvd exit 2.

### Details of vehicle

Vehicle registration number	SLK 2074-Z
Vehicle make and model	ALFA
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

### Insurance information

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

### Insured / Policy holder

Name	ETH LIMOUSINE PTE LTD. Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	701536531R
Contact	
Address	70 Ubi Ave 1, #01-12 Ubi Technopark S (40.8577)

### Driver

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

Name	Chay Mun Yang Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S PR 13813I
Contact	906008851 81122106
Address	Blk 234 Jurong East St 21 # 09-308 (60234)
Email address	
Date of birth	29.04.1988
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	13.09.2007

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Driver</u> (Inclusive of driver)
No of passenger	<u>01</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	

Other information

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

Details of police action

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

Third party vehicle 1

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

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

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

Injured person 2

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

Injured person 3

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

Injured person 4

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S88138131



Name  
**CHOY MUN YOONG, DARREN**  
(CAI WENYONG)  
蔡文勇

Race  
**CHINESE**

Date of Birth **29-04-1988** Sex **M**

Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S88138131**

**CHOY MUN YOONG, DARREN**  
(CAI WENYONG)

Birth Date: **29 Apr 1988**  
Issue Date: **13 Sep 2007**

0015288968




3316853



NRIC No. **S88138131**



Blood Group **-** Date of Issue **09-05-2003**

**APT BLK 234 JURONG EAST STREET 21 #09-308**  
**SINGAPORE 600234**  
NRIC No: **S88138131** Date: **30-06-2006** No: **5432861**

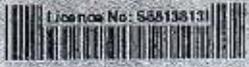
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

PASS DATE

**Class 3 Motor Cars < 3000 kg with < 4 passengers, exclusive of the driver, and other motor vehicles < 2500 kg** 13 Sep 2007

NP428A

License No: **S88138131**



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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S0753091111-02	LIMOUSINE PTE LTD	201536531R	GFT	drive PREMIUM	SLK2074Z	SLK2074Z	01/11/2017	

Continue

▼ Policy Information

Policy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LTD	Policyholder NRIC	201536531R
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	21537.04		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5075309111-02		

► Insured Object: SLK2074Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/11/2017 00:00	Basic Information Endorsement	000001286691817	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKL9024D 01-11-2017 1,347.68 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	09/11/2017 00:00	Basic Information Endorsement	000001286689224	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

**Claim Handling**

The premium on this policy has not been collected.

Accident MT/0972727

Policy No.	5075309111-02	Vehicle No.	SLK2074Z	GST Registration No.	
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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		

▾ Accident Details

Report Date	07/12/2017 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pro
Date of Accident	05/12/2017	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TWDS ECP BEFORE CENTRAL BLVD EXIT 2				

▾ Benefits

▾ Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

▾ GST Registered Information

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

▾ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-12	Related Policy Number	5075309111-02		

▾ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOY MUN YOONG, DARREN (C)	Driver NRIC	588138131	Driver DOB	
Register Date of Driver License	13/09/2007	Driver Age	29	Driving Experience	
Contact No.(Mobile)	90600885	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 234	Address 2	JURONG EAST STREET 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-308				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLK2074Z	TP Vehicle Number	
Claim Description	SLK2074Z / PROPERTY ON 5 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	07/12/2017 14:03	Claim Close Date		Date Received	
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0972727	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/12/2017 14:05
Path *		Category *	Confidential Urgency

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:05	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:05	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:04	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:03	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:03	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:03	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:03	Photos	Normal	Photo
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 14:03	Photos	Normal	Photo
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