

Date In: 11/12/17 16:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 17023490/h4	SAS e-filing		
Veh No: PC 6393x	E-mail (within 8hrs, AIO Pres)		
D.O.A: 9/12/17 10:00	i-Motor Claim Form	MT/0973206	11/12/17 18:40
OD TP <u>Repairing</u> Only	i-Motor W/O (within 8hrs, AIO Pres)		
	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: SJM 79915	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

NA 1707658

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2/3:

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

- | | |
|--|-------|
| 1) AR: Accident Reporting (\$30) | 30.00 |
| 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 claimants against INC Only (wef 10 Jan 2017) | |
| 6) TR: Re-inspection \$75 | |
| 7) NI: (Inc) DA - SMRT Survey \$160 | |
| 8) NTUC Additional Services:- | |
| OD: | |
| *NS: Courtesy Car / Tol Allowance | \$5 |
| *ND: Repair Coordination | \$10 |
| *NT: Post Repair Inspection | \$25 |
| *NB: DV / Collision Excess Coordination | \$5 |
| TP (N11): TP (N) & INC against DIT | \$20 |
| 9) N12: Idac Mobile | \$5 |

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 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	11/12/2017 16:53
Date Of Accident	09/12/2017 10:00
Exact Location Of Accident	ALONG HOUGANG AVE 1 TWDS LOR AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6393X
Insured/Policyholder	
Name Of Registered Owner	REXY CORPORATION PTE. LTD.
Co Reg No	200601806W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62817702

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095900356
Cover Note Number	-

Driver

Name of Driver	WONG CHOO SIAN
Passport No/FIN	G7956396Q
Date Of Birth	26/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98583590
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 27 TOA PAYOH EAST #05-182
Postcode	310027
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJM7991G
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)	1

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 complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

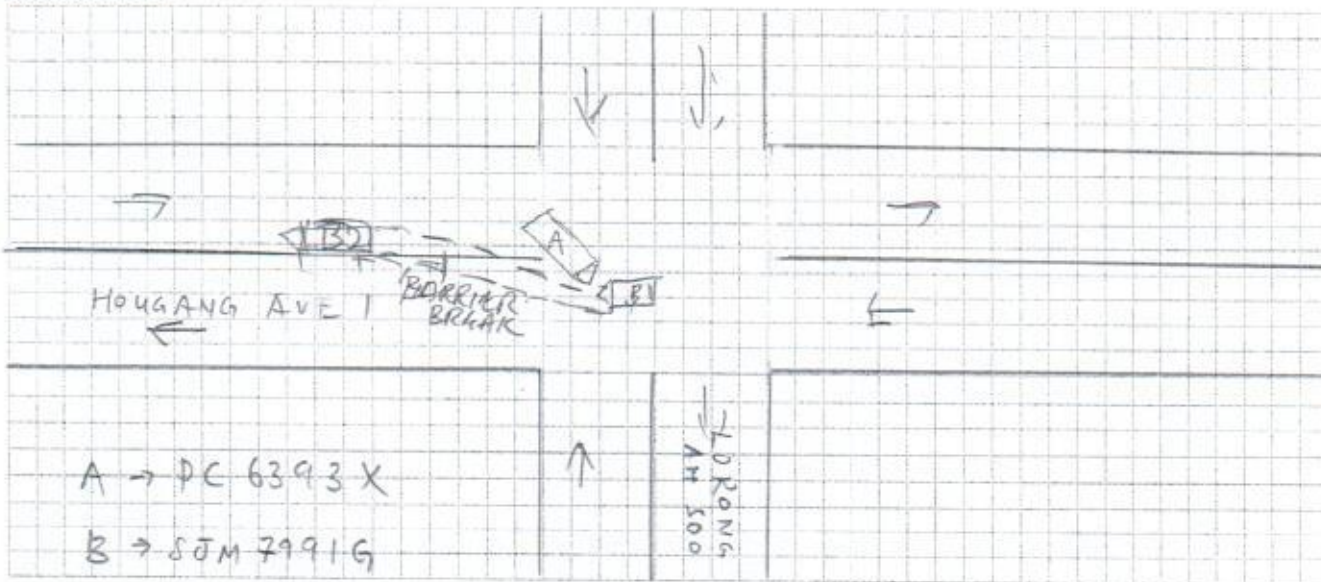
John 9/12/17

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

H

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09/12/2017) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: HOUGANG AVE 1 (TRAFFIC LIGHT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 6393 X
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5095900356
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA / HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: REXY CORPORATION PTE LTD (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: CONTACT: 62817702
 C) ADDRESS: 3 ANG MO KIO IND PARK 2A #03-02
 AMK TECH 1 S568050

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: WONG CHOO SIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 979563962 CONTACT: 95898583590
 c) ADDRESS: BLK 27 TOA PAYOH EAST #05-1F2
 S310027

* d) DATE OF BIRTH: (24/09/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SJM 79916 MODEL: PROTON

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 87501186

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of
passenger
(including d)
(1)

* No of pass
(including d)
(1)

* No of pass
(including d)
(-)

wasting police Report.

email =

fax =



**SINGAPORE
POLICE FORCE**



T/20171210/2018

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20171210/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 10:28	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: WONG CHOO SIAN		Address: APT BLK 27 TOA PAYOH EAST #05-182 SINGAPORE 310027	
ID Type / ID No.: NRIC NO / G7956396Q		Contact No.: Home/Office: Mobile: 98583590	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 26/09/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: RECRUITMENT EXECUTIVE		Driving Licence Information: Class: 3C Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/12/2017 10:00	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 1 Along hougang avenue 1 toward Lorong Ah soo				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC6393X	Van				Slightly Damaged	0
SJM7991G	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171210/2018

2 of 3

Report No. T/20171210/2018

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver				
Name	WONG CHOO SIAN		ID No.	G7956396Q
Related Vehicle	PC6393X (Van)		Contact No.	98583590
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 09/12/2017 at about 1000hrs, I was driving my silver Toyota Hi-Ace vehicle bearing Reg no (PC6393X) along Hougang Avenue 1. I was on the most right lane waiting for my turn to make a U-Turn. I did stop to look out for on-coming traffic before making a U-Turn, I ensure that there is no traffic so I proceed. Subsequently I proceed, I noticed there was a white Proton bearing Reg no (SJM7991G) driving toward at a high speed. At the point of time, I was in shocked so I did not react to it.

Subsequently, the white Proton vehicle hit onto my front bumper and the white Proton vehicle crashed into the road divider. The white Proton vehicle ended up at the opposite direction of the road. I stopped my vehicle at the road and approached the white Proton vehicle driver. I asked if he needed any medical attention and he told me that he was injured. I asked him why he driving so fast, he could not answer you and informed you that he wasn't putting seat belt on. After that I called for the ambulance and Police hotline to inform about the incident. The driver of white Proton vehicle was conveyed by ambulance. I did not managed to take down any of his particulars.

After the Police arrived, the Traffic Police instructed me to report at Traffic Police Division located at 10 Ubi ave 3 at 12/12/2017 at 1500hrs. The investigation officer is IO Shaiful (65476180).



**SINGAPORE
POLICE FORCE**



T/20171210/2018

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20171210/2018

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:

E /

Sgt 1 DARREN TAN YUANJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Signature Of Informant:

Date/Time:

10/12/2017 10:28

Classification Of Case:

Contact No.:

SN 188

Authentication Stamp

NP168

Signature

Singapore Police Force

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
REXY RECRUITMENT PTE. LTD.

Sector: **SERVICE**

Name:
WONG CHOO SIAN
Occupation:
RECRUITMENT EXECUTIVE

S Pass No.
4 02362901

Date of Application
07-06-2016

Date of Issue
02-08-2016

Date of Expiry
07-06-2018

L7194680





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G7956396Q**

Name:
WONG CHOO SIAN

Birth Date: **26 Sep 1988**

Issue Date: **14 Nov 2017**

Valid Till: **13/11/2022**

002743423A




VISIT PASS
Immigration Regulations

Name:
WONG CHOO SIAN

Date of Birth: **25-09-1988** Sex: **M** Nationality: **MALAYSIAN**

FIN: **07956396Q** Date of Issue: **02-08-2016** Date of Expiry: **07-06-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

EFFECTIVE DATE

Class 3C Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver **14 Nov 2017**

NP 428A





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

	EFFECTIVE DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	12 Jul 2012

NP 428A



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/12/2017 12:33"/>						
Vehicle No.(For Motor)	<input type="text" value="PC6393X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095900356	REXY CORPORATION PTE. LTD.	200601806W	GBS	Comprehensive	PC6393X	PC6393X	14/11/2017	13/11/2018
<input type="button" value="Continue"/>									

Claim Handling

Accident MT/0973206

Policy No.	5095900356	Vehicle No.	PC6393X	GST Registration No.	
Policyholder Name	REXY CORPORATION PTE. LTD.			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	62817702	Contact No.(Office)		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(%)	10		

➤ **Accident Details**

Report Date	11/12/2017 18:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross
Date of Accident	09/12/2017	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 1 TWDS LOR AH SOD				

➤ **Benefits**

➤ **Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

➤ **GST Registered Information**

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

➤ **Policyholder Mailing Address**

Address 1	3 ANG MO KIO INDUSTRIAL PAI	Address 2	#03-02 AMK TECH 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095900356		

➤ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	WONG CHOO SIAN	Driver NRIC	G7956396Q	Driving Experience	
Register Date of Driver License	12/07/2012	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	96583590	Contact No.(Office)		Address 3	
Address 1	BLK 27 #05-182	Address 2	TOA PAYOH EAST	Post Code	
Address 4	SINGAPORE 310027	Address Type	Singapore address		
Unit No.	05-182				
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	REXY CORPORATION PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	98311162	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC6393X	TP Vehicle Number	
Claim Description	PC6393X / SJM7991G ON 9 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	11/12/2017 18:39	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0973206	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2017 18:40
Path *		Category *	Confidential Urgency
			NO Normal

Browse... Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<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 11 Dec 2017 18:40	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:39	Photos	Normal	Photos

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"/>