

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023565/13	SAS e-filing		
Veh No: YL96714	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/12/17 1925	i-Motor Claim Form	MT/0973385	
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: (ZERO GRAVITY Tel: Fax:)

TP Particulars:	Veh No: X053080	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

NA1707683

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 2 / 3:			

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	12/12/2017 15:18
Date Of Accident	11/12/2017 19:25
Exact Location Of Accident	ALONG ECP TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9671U
Insured/Policyholder	
Name Of Registered Owner	SINGA CHEM PTE LTD
Co Reg No	200408365W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64828601

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71LU5GY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5058415085-04
Cover Note Number	

Driver

Name of Driver	MOHAMED KASSIM S/O AJAM UDDI
NRIC No	S1281872F
Date Of Birth	15/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96785080
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 627 PASIR RIS DR 3 #03-324
Postcode	510627
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	CHAIN 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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

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

I WAS TRAVELLING STRAIGHT ALONG ECP TWDS TPE ON THE EXTREME LEFT LANE. SUDDENLY VEH B FROM BEHIND HIT ONTO MY REAR PORTION OF MY VEH. DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH C.

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	XD5308A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	82006330
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGH2772S
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

DETAILS OF INJURED PERSON 1

Name MOHAMED KASSIM S/O AJAM UDDI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YL9671U
Were seat belts worn? YES
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.



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

ALONG ECP TWDS TPE

A - YL9671U
B - XD5308A
C - SGH27725

ACK A B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 11.12.2017 Time 1925 Hrs
Exact Location Of Accident * ECP

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * 4L 96711
Insured Policyholder:
Name of Registered Owner * SINGA CHEM PTE LTD
NRIC/FIN/Passport Number * 200408365W
Vehicle Particulars:
Manufacturer * ISUZU
Model * NPR
Exact Purpose for which vehicle was being used at time of accident * Private use ☐ Commercial use ☒ Hire & reward ☐
Others ☐ - please specify _____
Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others _____
If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐
Vehicle Category * Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company

Name of Insurance Company * NTUC
Type of Coverage * Third Party
Fleet Policy Yes ☐ No ☐
Policy Number * 5058416085-04
Cover Note Number _____

Driver

Name of Driver * MOHAMMED RAHMAN O B ALAM MOI
NRIC/FIN/Passport Number * S1281874E
Date of Birth * 15.7.1957
Occupation * DRIVER
Date of Driving Pass * 13 May 2004
Gender * Male ☒ Female ☐
Mobile Number * 96780880
Address * BLE 624 ROS-324 PASIR RIS DR
3. SINGAPORE 570624
Email Address _____
Was driver an employee of the Insured's Company? * Yes ☐ No ☐
If no, Relationship of the Driver with the Insured * Staff

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
General Information of the Accident		
Type of Accident	* 4 Year Bumper	
Weather Conditions	* Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/>	
Road Surface	* Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Others <input type="checkbox"/>	
Other Information		
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of Injured Persons		
Name	* Mohamed Cassin to Alan UDDI	
Address	* Bldg 7 HOB-324 PARKER RD 3	
Approximate Age	* 60T	
Injuries Sustained	* Neck belt shoulder hit to knee	
If vehicle Occupants, state in which vehicle?	* 496711	
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please state which Police Station		
Was notice of intended Prosecution given?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If Yes, against whom?		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* XD 15208A	
Vehicle Make / Model / Colour		
Detail Of Properties		
Name of Driver		
NRIC/Passport Number	* 82006330	
Contact Number		
Email Address		
Address		
Insurance Company Name		
Nature of Damage		
Details of Witness		
Name		
Phone Number		
Email Address		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1281872F**

Name: **MOHAMED KASSIM S/O AJAM UDDI**

Birth Date: **15 Jul 1957**

Issue Date: **03 May 2004**

001209995A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1281872F**



Name: **MOHAMED KASSIM S/O AJAM UDDI**

Race: **PAKISTANI**

Date of Birth: **15-07-1957**

Country of Birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


Class	Description	Pass Date
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	03 May 2004
Class 4	Heavy motor cars and motor tractors > 2500 kg	20 Jun 2005
Class 5	Motor vehicles > 7250 kg are constructed to carry any load	13 Sep 2005

S/No. 9000037579

51281872F

NP 425A

Licence No: S1281872F



0602074

NRIC No. **S1281872F**

Blood Group: **A+**

Date of issue: **07-11-1992**

APR 11 1997 PAPER R33 DRIVE 3 803-324

SINGAPORE 1851

NRIC No: **S1281872F**

Date: **13-04-1994**

No: **1501813**






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 : 5058415085-04

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : YL9671U |
| Chassis Number | : JAANPR71L57100594 |
| 2. Name of Policyholder | : SINGA CHEM PTE LTD |
| 3. Effective Date of Insurance | : 19 Mar 2017 |
| 4. Expiry Date of Insurance | : 18 Mar 2018 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 21 Feb 2017 13:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5058415085-04	SINGA CHEM PTE LTD	200408365W	GCV	Third Party, Fire & Theft	YL9671U	YL9671U	19/03/2017	18/03/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	8365W
Vehicle Details	
Vehicle No.	YL9671U
Vehicle to be Exported	Yes
Intended De-registration Date	12 Dec 2017
Vehicle Make	ISUZU
Vehicle Model	NPR71LU5GY
Primary Colour	White
Manufacturing Year	2005
Engine No.	4HG1193004
Chassis No.	JAANPR71L57100594
Maximum Power Output	-
Open Market Value	\$27,030.00
Original Registration Date	19 Mar 2005
First Registration Date	19 Mar 2005
Transfer Count	2
Actual ARF Paid	\$1,352.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	18 Mar 2020
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	5
PQP Paid	\$27,286.00
COE Rebate Amount	\$12,366.00
Total Rebate Amount	\$12,366.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory	

Accident MT/0973385

Policy No.	5058415085-04	Vehicle No.	YL9671U	GST Registration No.	
Policyholder Name	SINGA CHEM PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	64828601	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(%)	20		
Accident Details					
Report Date	12/12/2017 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/12/2017	Time of Accident hh:mm	19:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ECP TWDS TPE				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
Policyholder Mailing Address					
Address 1	55 UBI AVENUE 1	Address 2	#02-07/08 UBI 55	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-07/08	Related Policy Number	5061910026-04		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MOHAMED KASSIM S/O AJAM U	Driver NRIC	51281872F	Driving Experience	
Register Date of Driver License	03/05/2004	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	96785080	Contact No.(Office)	0	Address 3	
Address 1	BLK 627	Address 2	PASIR RIS DRIVE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#03-324				
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	SINGA CHEM PTE LTD	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	YL9671U	TP Vehicle Number
Claim Description	YL9671U / XD5308A ON 11 Dec 2017			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received
Date Registered	12/12/2017 17:15	Claim Close Date		Total Loss but Repaired
Report Taken By	ROSLINDA	Workshop Repairer		
<input checked="" type="checkbox"/> Print AK letter				
			Save	Submit

Attachment

Accident No.	MT/0973385	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2017 00:00
Path *		Category *	Confidential <input type="radio"/> Urgency <input type="radio"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
		<input type="button" value="NO"/>	<input type="button" value="Normal"/>

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 17:14	Photos	Normal	Photos

Video List

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