

# NATIONAL Assessment Centre Services (NAIC) (NAIC 1 Jan 2007)

Date In: 13/12/2017 10:02	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 17023736/4	SAS e-Miling		
Veh No: SJH 3011M	E-mail (within 2hrs, AIC only)		
P.O.A: 01/12/2017 18:30	1-Motor Claim Form	MT/0972188	14/12/17 15:10
OD / TP / Reporting Only	1-Motor W/O (within 2hrs, TP only)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Toll	Fax: (
TP Particulars: Yeh No: S B K 1900 P	INC ( ) / Non-INC ( )	
Owner / Drivers: (	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 0010	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:
Order/Time:
Actions:

NA1707740	Invoice Preparation Checklist	By: ( )	Approved: ( )
Insured's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	Excluding against INC Only (wef 10 Jan 2007)		
	6) TR: Re-inspection	\$75	
	7) NTUC DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	Q11:		
	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N1: Repair Coordination	\$10	
	*N1: Post Repair Inspection	\$25	
	*N1: DY / Collect Excess Coordination	\$5	
	TP (N1) LTP (Non INC) against INC	\$20	
	7) NTUC Mobile	\$0	
	Invoice dated	Paid Charged	
	Invoice Paid	Not 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	13/12/2017 10:02
Date Of Accident	01/12/2017 18:30
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJH3011M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE MALCOLM ANSTISS
Passport No/FIN	G5020122N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81866398
Alternative Phone No	OTHERS-81866398

**Vehicle Particulars**

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI 7 SPD A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083521916-01
Cover Note Number	

**Driver**

Name of Driver	LEE MALCOLM ANSTISS
Passport No/FIN	G5020122N
Date Of Birth	22/07/1976
Occupation	INDOOR
Date Of Driving Pass	26/08/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81866398
Fax Number	
Contact Number	OTHERS-81866398
Email Address	NOEMAIL

Address	TELSTRA SINGAPORE PTE LTD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBK1900P
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:

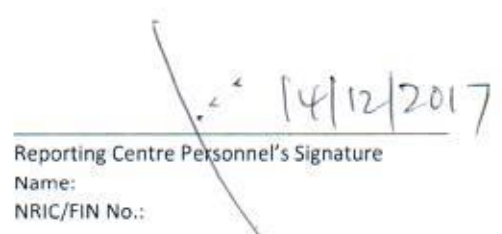
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



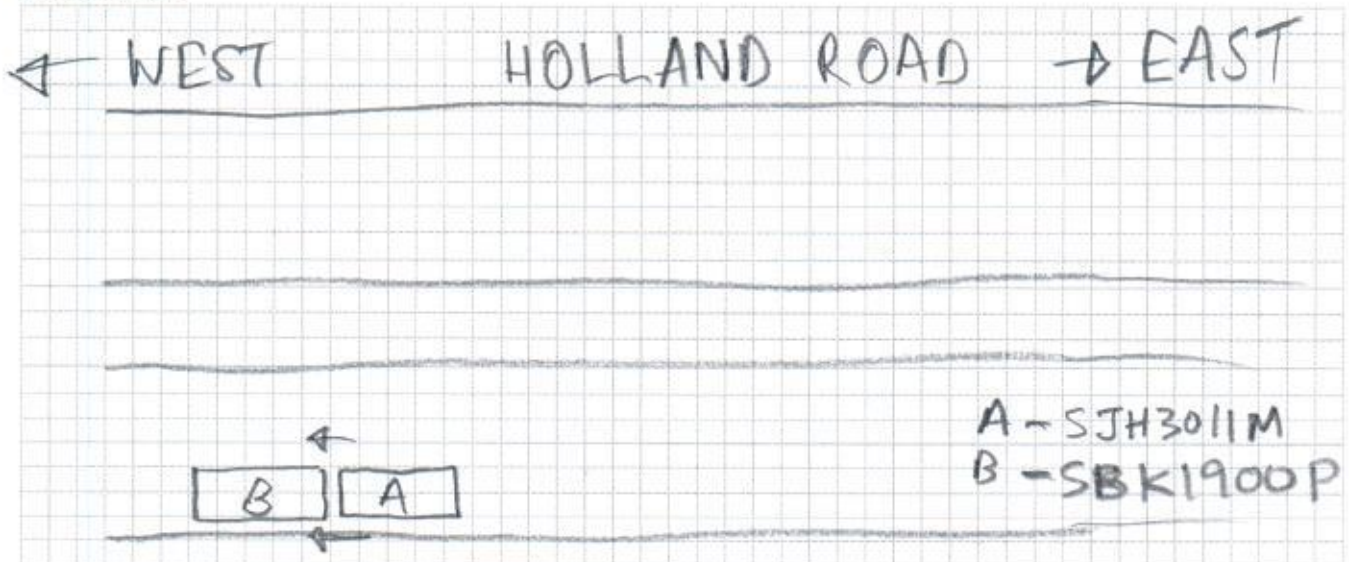
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



14/12/2017

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING HOME AT APPROXIMATELY 6:30PM  
DECEMBER 1<sup>st</sup>. I WAS IN VEHICLE A, I BRAKED TO  
SLOW DOWN IN TRAFFIC & UNFORTUNATELY  
MADE SLIGHT CONTACT WITH CAR B.  
THERE WAS NO DAMAGE WITH MY CAR (CAR A)  
& A SMALL SCRATCH ON CAR B.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 14/12/2017

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



Our Ref: MT/CA/TP/059/0972188-001/DP/VU

04 Dec 2017

LEE MALCOLM ANSTISS  
6 SUNSET HEIGHTS  
CLEMENTI PARK  
SINGAPORE 597393

Dear Policyholder

**CLAIM NUMBER: MT/0972188-001**  
**ACCIDENT INVOLVING SJH3011M / SBK1900P on 1 Dec 2017**

We would like to inform you that a claim for S\$5,241.61 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

*late reporting fee*

*photo of car.*

*Accident & reporting cent  
→ IDAC, Bukit Merah*

Bukit Merah \*

Reported on 12/12/2017  
@ 1600 Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2017) (DD/MM/YYYY), TIME: (18:30 HRS) (HH:MM)  
LOCATION: Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 3011 M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81866398  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: \_\_\_\_\_ (MALE / FEMALE)  
e) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER  
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: SBK1900P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

Fax =

VIDEO

Present at Bukit Merah  
By Email  
Waiting for Vehicle Photos  
TP Vehicle number ?



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

Employer  
**TELSTRA SINGAPORE PTE. LTD.**

Name  
**LEE MALCOLM ANSTISS**  
Occupation  
**ACCOUNT DIRECTOR**

FIN  
**G5020122N**

Date of Application  
**04-08-2017**

Date of Issue  
**04-09-2017**

Date of Expiry  
**04-09-2019**

**L8277327**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G5020122N**  
Name: **LEE MALCOLM ANSTISS**

Birth Date: **22 Jul 1976**  
Issue Date: **26 Aug 2016**  
Valid Till: **25/08/2021**

**002603247A**

**VISIT PASS**  
Immigration Regulations

Name  
**LEE MALCOLM ANSTISS**

Date of Birth: **22-07-1976** Sex: **M** Nationality: **IRISH**

FIN: **G5020122N** Date of Issue: **04-09-2017** Date of Expiry: **04-09-2019**

**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 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **26 Aug 2016**

**NP 428A**

Licence No: **G5020122N**



eBaoTech

GeneralClaim

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="01/12/2017 18:30"/>						
Vehicle No. (For Motor)	<input type="text" value="SJH3D11M"/>								
<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"/>	5083521916-01	LEE MALCOLM ANSTISS	G5020122N	GPC	drive CLASSIC	SJH3D11M	SJH3011M	30/08/2017	29/08/2018
<input type="button" value="Continue"/>									

## Claim Handling

Task Transfer Exit

## Accident MT/0972188

LOS SAL SUB

Policy No.	5083521916-01	Vehicle No.	SJH3011M	GST Registration No.	
Policyholder Name	LEE MALCOLM ANSTISS			Policyholder NRIC	G5020122N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	81866398	Contact No. (Office)	63705259	Contact No. (Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	10		

## Accident Details

Report Date	04/12/2017 14:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear (Insured Hit TP)
Date of Accident	01/12/2017	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOLLAND ROAD				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	6 SUNSET HEIGHTS	Address 2	CLEMENTI PARK	Address 3	SINGAPORE 597393
Address 4		Address Type	Singapore address	Post Code	597393
Unit No.		Related Policy Number	5083521916-01		

## OI Driver Info

Driver Name	LEE MALCOLM ANSTISS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G5020122N	Driver DOB	22/07/1976
Register Date of Driver License	22/07/2006	Driver Age	41	Driving Experience	11
Contact No. (Mobile)	81866398	Contact No. (Office)	63705259	Contact No. (Home)	
Address 1	6 SUNSET HEIGHTS	Address 2	CLEMENTI PARK	Address 3	SINGAPORE 597393
Address 4		Address Type	Singapore address	Post Code	597393



## Claim Handling

Accident MT/0972188

Policy No.	5083521916-01	Vehicle No.	SJH3011M	GST Registration No.	
Policyholder Name	LEE MALCOLM ANSTISS			Policyholder NRJC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81866398	Contact No.(Office)	63705259	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	04/12/2017 14:37	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	01/12/2017	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOLLAND ROAD				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	6 SUNSET HEIGHTS	Address 2	CLEMENTI PARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5083521916-01		

**OI Driver Info**

Driver Name	LEE MALCOLM ANSTISS	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRJC	G5020122N	Driving Experience	
Register Date of Driver License	22/07/2006	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	81866398	Contact No.(Office)	63705259	Address 3	
Address 1	6 SUNSET HEIGHTS	Address 2	CLEMENTI PARK	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
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 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LEE MALCOLM ANSTISS	Insured NRJC	
Contact No.(Mobile)	82996907	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJH3011M	TP Vehicle Number	
Claim Description	SJH3011M / SBK1900P ON 1 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	14/12/2017 15:13	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter









Save Submit

## Attachment

Accident No.	MT/0972188	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2017 15:10
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select
			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
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:13	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:12	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:12	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:12	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 14 Dec 2017 15:11	Photos	Normal	Photos

#### Video List

Uploaded By/Date	Folder Date	File Name	Sour
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