

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Date In: 14/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC/7023773/13	SAS e-filing		
Veh No: SJX3631P	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 14/12/17 0850	i-Motor Claim Form	MT/0973744	
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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SRT646/C	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/707726	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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 / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-in 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 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	14/12/2017 16:43
Date Of Accident	14/12/2017 08:50
Exact Location Of Accident	BLK 106 HOUGANG AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3631P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE PHUI YI MARILYN
NRIC No	S78291411
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86862899
Alternative Phone No	OTHERS-86862899

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	THIRD PARTY
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	5091183957
Cover Note Number	

### Driver

Name of Driver	CHENG LEE WOEI
NRIC No	S8682847B
Date Of Birth	01/12/1986
Occupation	INDOOR
Date Of Driving Pass	15/10/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98202899
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 124 HOUGANG AVE 1 #04-1446
Postcode	530124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT6461C
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

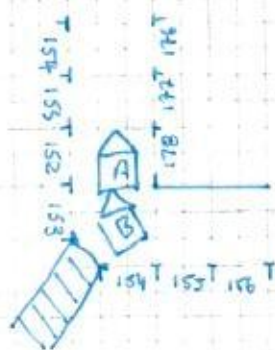
Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	CHENG LEE WOEI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJX3631P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# SKETCH PLAN

Blk 106 Hougang Ave 1 Open Carpark



A - SJX 3631P

B - SKT 6461C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

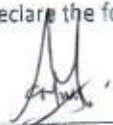
On the above date and time, I was driving along Blk 106 Hougang  
ave 1 open carpark. vehicle ahead of me stopped and reverse to lot,  
As such I applied brake to stopped completely. Suddenly vehicle B  
(SKT 6461C) came from the rear and collided directly onto the rear  
portion of my vehicle.

A - SJX 3631P

B - SKT 6461C

## 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:

 14/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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:

 14/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

<b>Vehicle No.</b>	SJX 3631 P	<b>Model / Make</b>	Subaru Impreza
<b>Date of Accident</b>	14/12/17		
<b>Time of Accident</b>	08.50am	<b>HRS</b>	
<b>Location of Accident</b>	BLK 106 Hougang Ave 1 Open Carpark		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	Lee Phui Yi, Marilyn		
<b>Telephone No.</b>	H/P : 8686 2899	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	57829141 I		
<b>Address</b>	BLK 124 Hougang Ave 1 #04-1446 S(530124)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	5091183957		
<b>Name of Driver</b>	As Above (If No, Cheng Lee Woei		
<b>NRIC</b>	58682847 B	<b>Any Passengers :</b>	1
<b>Date of birth</b>	1/12/1986		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	15 Oct 2012		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9820 2899	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 124 Hougang Ave 1 #04-1446 S(530124)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SKT 6461 C	<b>Any Passengers :</b>	1
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Ramas		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		

Dr' new

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8682847B**



Name  
**CHENG LEE WOEI**

詹礼伟

Race  
**CHINESE**

Date of birth  
**01-12-1986**

Country/Place of birth  
**MALAYSIA**

Sex  
**M**



9327600

S8682847B

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8682847B**

Name:  
**CHENG LEE WOEI**

Birth Date: **01 Dec 1986**

Issue Date: **25 Jul 2014**

002328569B

9327600



NRIC No. **S8682847B**



Nationality  
**MALAYSIAN**

Date of Issue  
**11-04-2014**

Address  
**APT BLK 124 HOUGANG AVENUE 1  
#04-1446  
SINGAPORE 530124**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	15 Oct 2012
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Oct 2012

NP 428A

Licence No: **S8682847B**

Owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S78291411



Name  
LEE PHUI YI, MARILYN

李佩倪

Race  
CHINESE

Date of Birth  
04-10-1978

Sex  
F

Country of Birth  
SINGAPORE



4301972



NRIC No. S78291411



Date of Issue  
04-11-2008

Address  
APT BLK 124 HOUGANG AVENUE 1  
#04-1446  
SINGAPORE 530124

## 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:** 5091183957

**Cover :** drive CLASSIC

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJX3631P            |
| Chassis Number  | : JF1GH3KS59G035344   |
| 2. Name of Policyholder   | : LEE PHUI YI MARILYN |
| 3. Effective Date of Insurance  | : 14 Jun 2017         |
| 4. Expiry Date of Insurance   | : 13 Jun 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.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHENG LEE WOEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : IVAN INSURANCE AGENCY (00000614519)  
Date of Issue : 24 May 2017 15:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company  
Cert No.: S7829141I  
Owner ID Type: Singapore NRIC  
Owner Name: LEE PHUI YI MARILYN  
Registered Address: APT BLK 124 HOUGANG AVENUE 1 #04-1446 SINGAPORE 530124  
Mailing Address: -  
Birth Date: 04 Oct 1978

### Vehicle Particulars

Vehicle No.: SJX3631P  
Previous Vehicle No.: -  
Effective Date of  
Ownership: 14 Jun 2016  
Original Regn Date: 05 Jun 2010  
Registration Date: 05 Jun 2010  
Year of Manufacture: 2009  
Vehicle Type: Passenger Station Wagon/Jeep/Land Rover  
Vehicle Scheme: -  
Vehicle Attachment 1: No Attachment  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: SUBARU  
Vehicle Model: IMPREZA 5D 1.5R AWD AT  
Primary Colour: Gold  
Secondary Colour: Purple  
Passenger Capacity: 4  
Chassis No.: JF1GH3KS59G035344  
Engine No.: EL15D867706  
Engine Capacity/Power  
Rating: 1498 cc / -  
Maximum Power  
Output: 79.0 kW (105 bhp)  
Propellant: Petrol  
Max Unladen Weight: 1265 kg

## Claim Handling

Accident MT/0973744

Policy No.	5091183957	Vehicle No.	SJX3631P	GST Registration No.	
Policyholder Name	LEE PHUI YI MARILYN	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	86862899	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No				

**Accident Details**

Report Date	14/12/2017 18:25	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	14/12/2017	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 106 HOUGANG AVE 1 OPEN CARPARK				

**Benefits**

Coverage	Sum Insured
Excess Waiver	999999999.99
Transport Allowance	999999999.99

**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	BLK 124 #04-1446	Address 2	HOUGANG AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-1446	Related Policy Number	5091183957		

**OI Driver Info**

Driver Name	CHENG LEE WOEI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S86828478	Driving Experience	
Register Date of Driver License	01/01/2007	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	98202899	Contact No.(Office)	0	Address 3	
Address 1	BLK 124	Address 2	HOUGANG AVENUE 1	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	#04-1446	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE PHUI YI MARILYN	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	doggy78sg@yahoo.com.sg	OI Vehicle Number	SJX3631P	TP Vehicle Number	
Claim Description	SJX3631P / SKT6461C ON 14 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	14/12/2017 18:28	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/0973744

Claim No. 001

Last Doc. Received

Yes No

Upload Date

14/12/2017 00:00

Path *			Category *	Confidential	Urgency
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Remove Row"/>	<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 14 Dec 2017 18:28	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:28	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:27	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
			

Display in New Window

Scan and uploading