

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA17166908**

Date In: 19/12/17 - 17:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024072/24	SAS e-filing		
Veh No: 5JB198TY	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 7/12/17 - 12:00	i-Motor Claim Form	M710974414	19/12/17 18:04
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 5JU94697 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1707824	Invoice Preparation Checklist	Amt (\$)	Amt (\$)	
		Est Bill	Add Bill	
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	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 claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	QI*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments :-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	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	19/12/2017 17:14
Date Of Accident	07/12/2017 12:00
Exact Location Of Accident	BLK 289 YISHUN AVE 6 OPENSOURCE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB1985Y
Insured/Policyholder	
Name Of Registered Owner	X-CLUSIVE CAR RENTAL PTE LTD
Co Reg No	201701254C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5087851728
Cover Note Number	

Driver

Name of Driver	PECH GOO LEONG
NRIC No	S1457428Z
Date Of Birth	20/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84587255
Fax Number	
Contact Number	OFFICE-84587255
EEmail Address	NOEMAIL

Address	BLK 4 TELOK BLANGAH CRESCENT #04-478
Postcode	090004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20171219/2142. VEHICLE MISSING.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9469T
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.



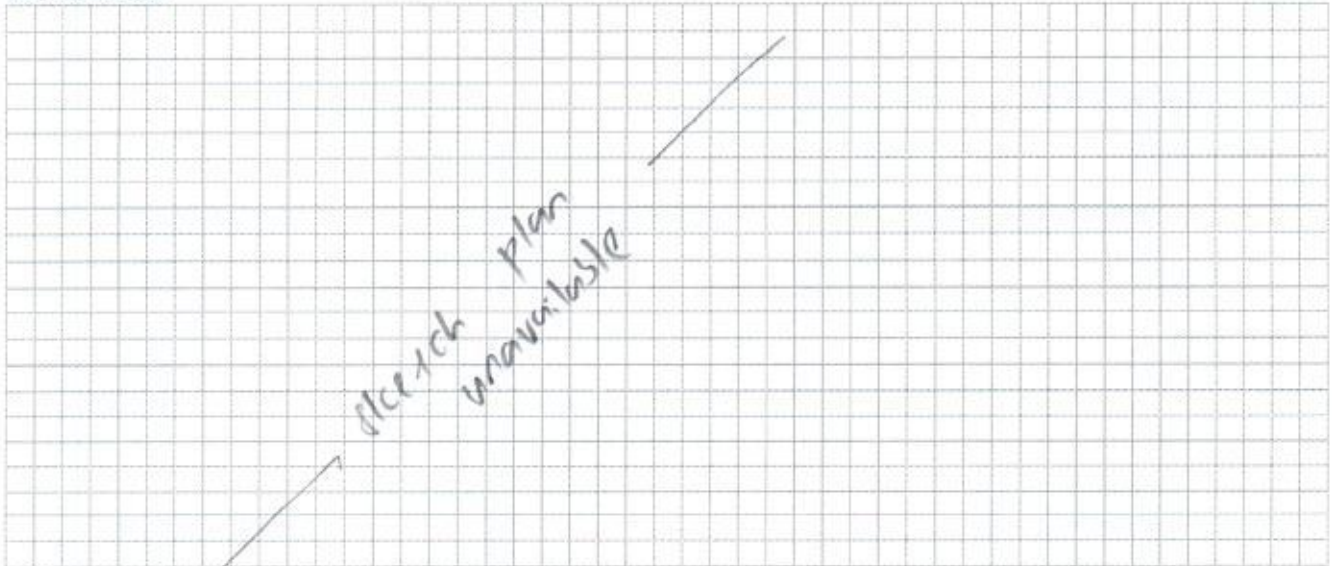
Policyholder's Signature
Date & Time:

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

on behalf of
Pech Gao Leng

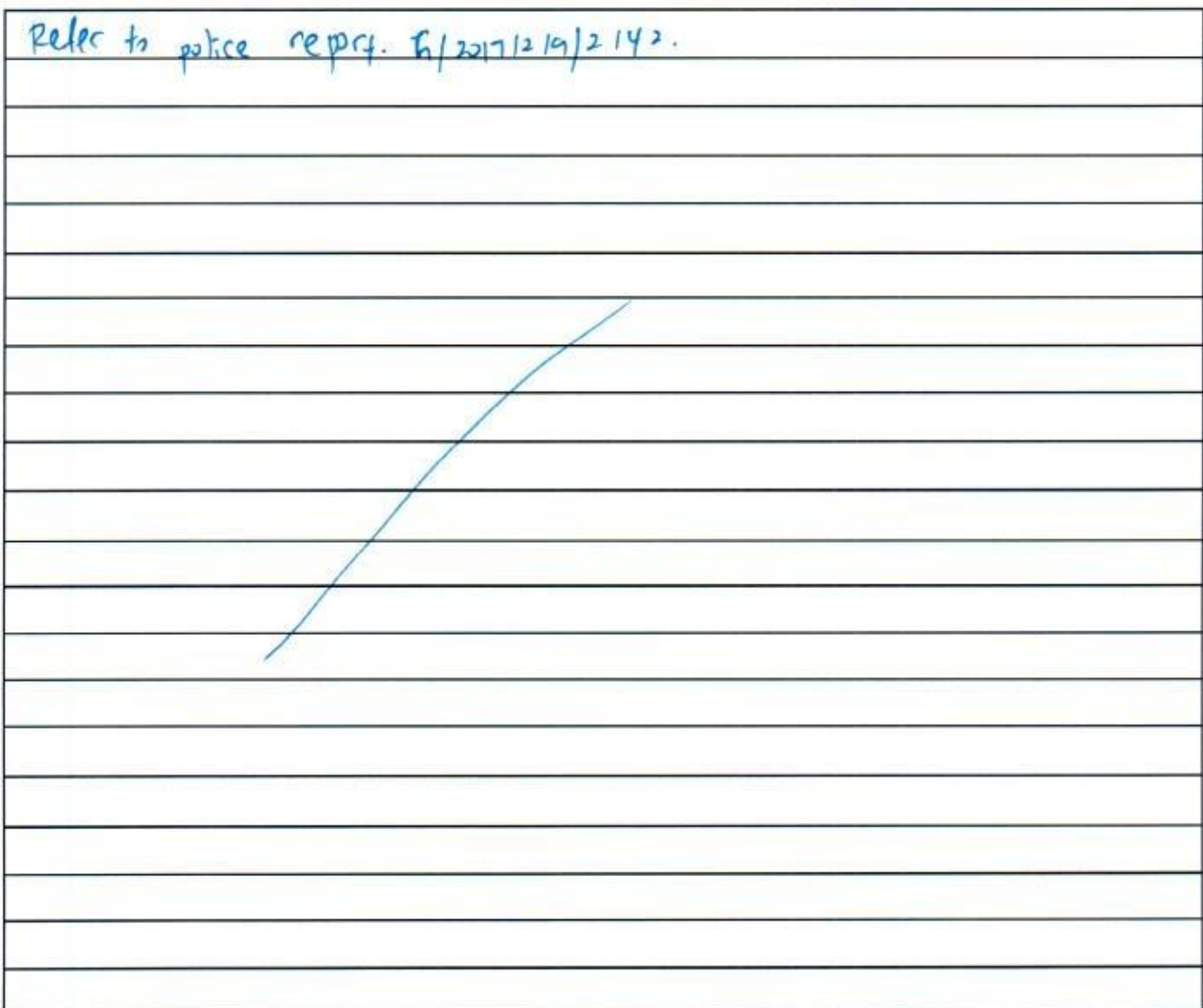
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. G/2017/219/2142.



DECLARATION

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



Policyholder's Signature
Date & Time:

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

On behalf of
Pech Goo Kong

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

A C SYED & PARTNERS

Advocates & Solicitors
Commissioner for Oaths
101A Upper Cross Street
#13-23 People's Park Centre
Singapore 058358

Tel : 6538 7411 Fax : 6534 1011 (Not for service of Court Documents)

Our Ref : ACS.CH(ys).MISC.17.ts
Date : 13 December 2017

WITHOUT PREJUDICE

M/s. X-CLUSIVE CAR RENTAL PTE LTD
10 Ubi Crescent
#07-18 Ubi Techpark
Singapore 408564

BY CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT INVOLVING SJU 9469T & SJB 1985Y ON 7.12.17 @BLK 289 YISHUN AVE 6 OPEN CARPARK

We act for CHNG ERIC, the registered owner of motorvehicle No. **SLU 9469T** in the above matter.

Our investigation reveals that you were the owner of motorvehicle No. **SJB 1985Y** at the time of the accident. Kindly confirm.

Please let us have the following particulars and document:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motorvehicle was at the time of the accident covered by a policy of insurance and if so, the particulars thereof.
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorized driver and covered by the policy of insurance.
- (e) a copy of your Motor Accident Report (GIA report)/Police report.
- (f) Copy of the Hiring Agreement.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent unless you confirm otherwise. Kindly revert within the next 5 days.

We advise that upon receipt of this letter you should report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our client's claim. In such event, our client will look to you for his claim. If you are found liable, you will have to pay our client's damages out of your own pocket.

Yours faithfully

cc. client [by fax]



**SINGAPORE
POLICE FORCE**



G/20171219/2142

1 of 2

Report No. G/20171219/2142

POLICE REPORT (NP299)



Police Station Of Origin
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Date/Time Report Made 19/12/2017 16:44		Vide Report No.		Station Diary No. 28	
Name Of Informant LIM TAT ANN		Address APT BLK 145 LORONG 2 TOA PAYOH #22-308 SINGAPORE 310145			
ID Type / ID No. NRIC NO / S8013618H		Contact No. Home/Office		Mobile 86138631	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF EMPLOYED		Sex Male	Age 37	Date of Birth 17/05/1980	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 03/12/2017 16:40		Location Of Incident 10 UBI CRESCENT #07-18 UBI TECHPARK SINGAPORE 408564			

Brief details.

I am the shareholder of this vehicle rental company, X-clusive car rental Pte Ltd which is located at 10 Ubi Crescent #07-18.

On 03/12/2017, one male customer came to my company and signed an agreement to rent a car (SJB1985Y, Toyota ISIS), however the duration of rental was not stated in the agreement.

Signature Of Officer Recording The Report: G / Sgt 2 LIM ZHENG HONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 16:44
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP IVAN TAN JIAN LIANG Contact No.: 62440000	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171219/2142

On 18/12/2017 evening, the customer told my partner that he will be coming to the office to settle the payment and some insurance matters with us on 19/12/2017 at between 1100hrs to 1200hrs. However, he did not turn up and I could not contact him. The car location is unknown at the moment.

On 19/12/2017 at about 1600hrs, I opened my company letter box and received a letter from "A C Syed & Partners" which is a third party lawyer firm saying that the vehicle that this customer had rented was involved in a car accident on 07/12/2017.

This customer informed that he had made a report with the traffic police however I am not sure of the report number.

I am lodging this report for insurance claim purpose and IDAC to lodge a Motor Accident Report.



Particulars of customer:

PECH GOO LEONG

S1457428Z

BLK 4 TELOK BLANGAH CRESCENT #04-478

TEL: 8458 7255

Signature Of Officer Recording The Report: G / Sgt 2 LIM ZHENG HONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 16:44
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP IVAN TAN JIAN LIANG Contact No.: 62440000	Classification Of Case:

Authentication Stamp



SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8013618H



Name

LIM TAT ANN
(LIN DA'AN)

林 达 安

Race

CHINESE

Date of birth

Sex

17-05-1980

M

Country of birth

SINGAPORE



4581305



NRIC No. S8013618H

Date of issue

31-05-2010

Address

APT BLK 145 LORONG 2 TOA PAYOH
#22-308
SINGAPORE 310145

5671236



NRIC No. S1457428Z



Date of issue
14-11-2016

Address
APT BLK 4 TELOK BLANGAH CRESCENT
#04-478
SINGAPORE 090004



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1457428Z



Name

PECH GOO LEONG

白 伍 龍

Race

CHINESE

Date of birth

20-06-1960

Country/Place of birth

SINGAPORE

Sex

M

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg
Class 4 Motor vehicles which are restricted to carry load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry load and the unladen weight < 7500kg

ISSUE DATE

16 Mar 1981

28 Jan 1991



Licence No. S1457428Z

AP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1457428Z
Name

PECH GOO LEONG



Birth Date 20 Jun 1960

Issue Date 06 Dec 2009



001610261D

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087851728	X-CLUSIVE CAR RENTAL PTE LTD	201701254C	GFT	Third Party	SJB1985Y	SJB1985Y	22/05/2017	

Continue

▼ Policy Information

Policy No.	5087851728	Policyholder Name	X-CLUSIVE CAR RENTAL PTE LT	Policyholder NRIC	201701254C
Address	10 UBI CRESCENT #07-18 UBI TECHPARK SINGAPORE 408564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/02/2017	Effective Date	06/02/2017 00:00	Expiry Date	18/01/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#07-18 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	07-18	Related Policy Number	5088475615		

▶ Insured Object: SJB1985Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/02/2017 00:00	Cancellation	000001286514131	Endorsement Undo	<p>Thank you for having insured with Income. We confirm that your policy is cancelled on 28 Feb 2017, 00:00 hr. We are pleased to inform you that you will receive a refund of \$924.16 (inclusive of GST) being the premium of the unused portion of the period of insurance. Please collect this refund from your agent/broker after seven business days from the date of this letter at the following address: Agent/Broker: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661) Agent/Broker Address: 71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE SINGAPORE 658071 Contact Number: 94892977 Email: joycechua@tonghin.com.sg</p>
2	07/03/2017 00:00	Basic Information Endorsement	000001286514175	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGY4196C 09-03-2017 \$768.88 In view of this amendment, an additional premium of \$768.88 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For</p>

Claim Handling

Accident MT/0974414

Policy No.	5087851728	Vehicle No.	SJB1985Y	GST Registration No.	
Policyholder Name	X-CLUSIVE CAR RENTAL PTE LTD	Cover Type	Third Party	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	0	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(%)	0	eCode Reason	
NCD Protection	No	Private Hire		Yes	

▼ **Accident Details**

Report Date	19/12/2017 18:01	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	07/12/2017	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 289 YISHUN AVE 6 OPENSACE CARPARK				

▼ **Benefits**

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ **GST Registered Information**

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

▼ **Policyholder Mailing Address**

Address 1	10 UBI CRESCENT	Address 2	#07-18 UBI TECHPARK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-18	Related Policy Number	5088475615		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PECH GOO LEONG	Driver NRIC	51457428Z	Driving Experience	
Register Date of Driver License	16/03/1981	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	84587255	Contact No.(Office)	0	Address 3	
Address 1	BLK 4	Address 2	TELOK BLANGAH CRESCENT	Post Code	
Address 4	SINGAPORE 090004	Address Type	Singapore address		
Unit No.	04-47B	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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	X-CLUSIVE CAR RENTAL PTE LT	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJB1985Y	TP Vehicle Number	
Claim Description	SJB1985Y / SJU9469T ON 7 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/12/2017 18:04	Claim Close Date		Date Received	
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0974414	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 18:04
Path *	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		
Category *	Confidential	Urgency	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:04	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:04	SAS		Normal	SAS :

Video List

Uploaded By/Date	Folder Date	File Name		Sour
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