

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MWA 118005338

Date In: 11/1/18 13:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18000665144	SAS e-filing		
Veh No: YP 4928 S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/1/18 19:50	i-Motor Claim Form	MT/0977365	11/1/18 15:11
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: (	Tel:	Fax:
TP Particulars:	Veh No: FBJ 5230 T	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Adm Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

at 1:

at 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	11/01/2018 13:59
Date Of Accident	10/01/2018 19:50
Exact Location Of Accident	JUNC OF TAMPINES RD & TAMPINES IND AVE 5 LP/223R23
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4928S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96877799

### Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQDC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092384789
Cover Note Number	-

### Driver

Name of Driver	MA SHEN
Passport No/FIN	G5059760T
Date Of Birth	20/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85250586
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

## 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:

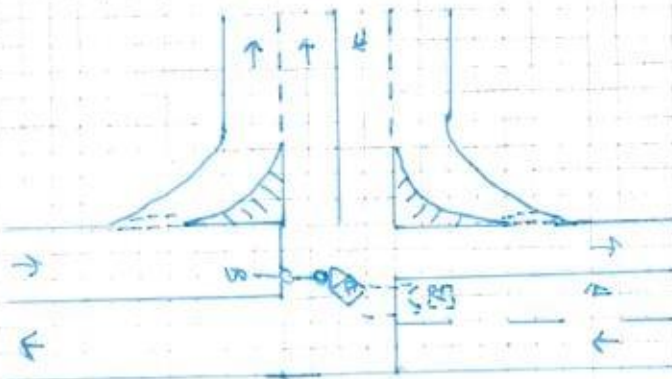
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



**SKETCH PLAN**

Tampines Road Toward Tampines Int Ave 5 X-Junction.



A-YP 49285

B-FBJ 52307

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report no. T/20180110/2195

**DECLARATION**

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

INTERNATIONAL  
POLICYHOLDERS  
Date & Time: \_\_\_\_\_

*Mashen*

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

*Mashen*

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

*[Signature]*



<b>Vehicle No.</b>	YP 49285	Model / Make	ISUZU Lorry
Date of Accident	10/11/18		
Time of Accident	1950	HRS	
Location of Accident	Tampines Road Toward Tampines Ind Ave S X- Junction		
Exact purpose use during accident	Work Use		
<b>Name of Owner</b>	HS International Pte Ltd		
Telephone No.	H/P : 9687 7799	Home :	Office :
NRIC	200909445C		
Address	48 Toh Guan Road East #09-116 Enterprise hub S(608586)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5092384789		
<b>Name of Driver</b>	As Above (If No) Ma Shen		
NRIC	G5059760T	Any Passengers : Nil	
Date of birth	2013/1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	11 Sep 2014		
Gender	Male	/	Female
Contact No.	H/P : 8525 0586	Home :	Office :
Address	48 Toh Guan Road East #09-116 Enterprise Hub S(608586)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	(If Yes, Where? Traffic Police Division HQ	
<b>Vehicle B No.</b>	FBJ 5230T	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right Front Portion		
Camera Recorder	Yes / No Not Working		
Email Address	Keith@hsinternational.com.sg / sale@n51.com.sg		
<b>PARTICULAR WORKSHOP</b>	N-SI Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		





# SINGAPORE POLICE FORCE



T/20180110/2195

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180110/2195

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 22:40		Vide Report No.: G/20180110/0191		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MA SHIEN			Address: 48 TOH GUAN ROAD EAST #09-116 ENTERPRISE HUB SINGAPORE 608586		
ID Type / ID No.: FIN NO / G5059760T			Contact No.: Home/Office:		Mobile: 85250586
Nationality: CHINESE			Email:		
Sex:	Age: 31	Date of Birth: 20/03/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4		Date of Expiry: 30/03/2021

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/01/2018 19:50	Type of Location: Straight Road
Location:  TAMPINES ROAD  TAMPINES RD X TAMPINES IND AVE 5 - LP 223R23				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5230T	Motorcycle	HONDA	CB400X	Black		0
YP4928S	Lorry	ISUZU	FVR34SUQ DC	White		0



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180110/2195

2 of 3

Report No. T/20180110/2195

## CONTINUATION OF REPORT

### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,  
I WAS TRAVELLING ALONG TAMPINES ROAD TOWARDS SIMON ROAD, I WAS AT THE JUNCTION  
OF TAMPINESS IND AVENUE 5, I NEVER SAW THE MOTORCYCLE FROM THE OPPOSITE ROAD.  
THE TRAFFIC LIGHT WAS GREEN AND I PROCEED TO MAKE A RIGHT TURN. THAT'S WHEN THE  
VEHICLE OF (FBJ5230T) COLLIDED ONTO MY RIGHT FRONT BUMPER. THE VEHICLE WAS  
ALONG TAMPINES ROAD TOWARDS TAMPINES LINK.  
HE WAS CONVEYED BY AMBULANCE.



**SINGAPORE  
POLICE FORCE**



T/20180110/2195

3 of 3

Report No. T/20180110/2195

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Authentication Stamp  
NP168

Signature Of Informant:

*Machon*

Date/Time:  
10/01/2018 22:40

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



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

Employer:  
**HS INTERNATIONAL PTE. LTD.**

Sector: **SERVICE**

Name:  
**MA SHEN**

Occupation:  
**LORRY DRIVER**




S Pass No.  
**0 74161774**

Date of Application:  
**25-05-2017**

Date of Issue:  
**04-07-2017**

Date of Expiry:  
**22-07-2019**

**L8087262**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5059760T**

Name:  
**MA SHEN**

Birth Date: **20 Mar 1986**

Issue Date: **11 Feb 2016**

Valid Till: **30/03/2021**

**002536152K**




**VISIT PASS**  
Immigration Regulations

Name:  
**MA SHEN**

Date of Birth: **20-03-1986** Sex: **M** Nationality: **CHINESE**

FIN: **G5059760T** Date of Issue: **04-07-2017** Date of Expiry: **22-07-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**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 $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	31 Mar 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	11 Sep 2014

**Licence No: G5059760T**

NP 428A



## 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 : 5092384789

Cover : Comprehensive

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YP4928S                    |
| Chassis Number  | : JALFVR347G7001144          |
| 2. Name of Policyholder   | : HS INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 10 Nov 2017                |
| 4. Expiry Date of Insurance   | : 09 Nov 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 03 Jul 2017 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0977365

Policy No.	5092384789	Vehicle No.	YP4928S	GST Registration No.	2009C
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	2009C
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96877799	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	11/01/2018 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	10/01/2018	Time of Accident hh:mm	19:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TAMPINES RD & TAMPINES IND AVE 5 LP/223R23				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	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	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	60851
Unit No.	09-138	Related Policy Number	5092384789		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/03
Unnamed driver Name	MA SHEN	Driver NRIC	G5059760T	Driving Experience	3
Register Date of Driver License	11/09/2014	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	85250586	Contact No.(Office)		Address 3	SINGA
Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-116 ENTERPRISE HUB	Post Code	60851
Address 4		Address Type	Singapore address		
Unit No.	09-116				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 New

Claim Type *	OD-MX <input type="text"/>	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	2009C
Contact No.(Mobile)	98731300	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	YP4928S	TP Vehicle Number	FB152
Claim Description	YP4928S / FB15230T ON 10 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault <input type="text"/>	GIA report	Recei
Require Finalisation	Yes <input type="text"/>	Preferred Repair Option	Preferred Workshop, Name unknown <input type="text"/>	Date Received	11/01
Date Registered	11/01/2018 15:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					



## Attachment



Accident No.	MT/0977365	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2018 15:11

Path *	Category *	Confidential	Urgency *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:11	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2018 15:10	Photos	Normal	Photos 2018

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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