

# NATIONAL Assessment Centre Services

Date In: 18/01/08	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004161/13	SAS e-filing		
Veh No: FBK36725	E-mail (within 8hrs, A/C 2hrs)		
DOA: 17/01/08 0905	i-Motor Claim Form	17/0978501	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJ66103C	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
NA1800432	1) AR: Accident Reporting (\$30)		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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 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	18/01/2018 18:05
Date Of Accident	17/01/2018 09:05
Exact Location Of Accident	JUNC OF BUKIT TIMAH RD & MAKEPEACE RD NEAR L/P 62
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3672J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG WEI LIANG JENSEN
NRIC No	S9138670D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277938
Alternative Phone No	OTHERS-92277938

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073042828-02
Cover Note Number	

### Driver

Name of Driver	POT YING MING,DEREK
NRIC No	S9444511F
Date Of Birth	25/11/1994
Occupation	INDOOR
Date Of Driving Pass	03/01/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92277938
Fax Number	
Contact Number	OTHERS-92277938
Email Address	DEREK_DPYM@LIVE.COM

Address	BLK 410 CHOA CHU KANG AVE 3 #06-343
Postcode	680410
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB-RIDER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180117/2072

#### 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	SJE6103C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	POT YING MING,DEREK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK3672J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

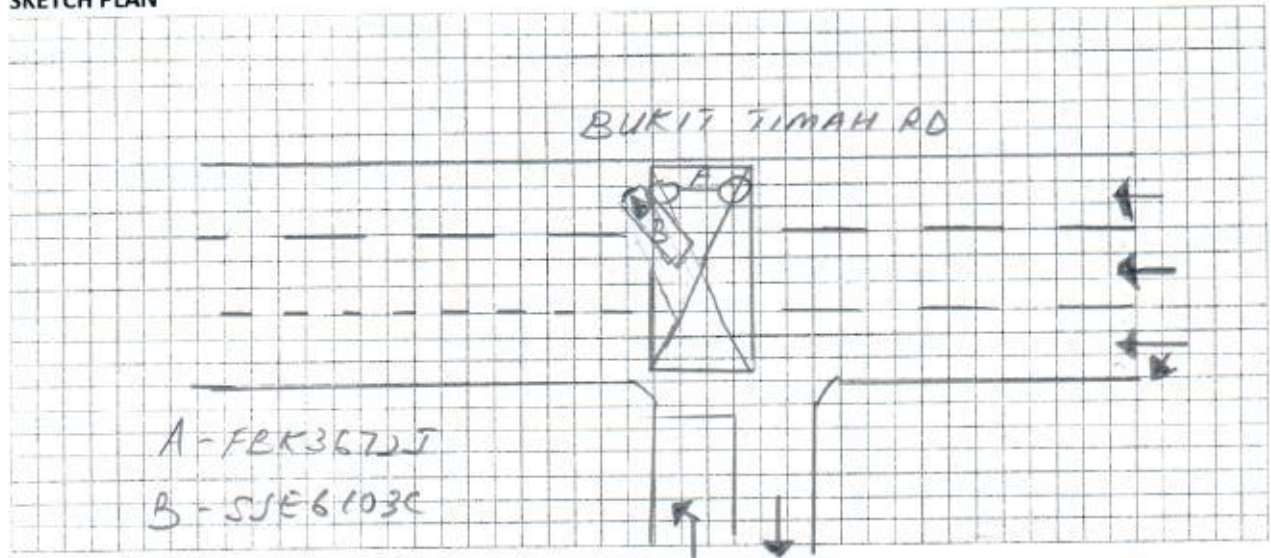
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time: 17/01/18

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

 18/01/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180117/2072

## DECLARATION

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

Policyholder's Signature  
Date & Time: 17/01

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

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





# SINGAPORE POLICE FORCE



T/20180117/2072

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

1 of 3

Report No. T/20180117/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2018 14:09		Vide Report No.: E/20180117/0046		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: POT YING MING, DEREK			Address: APT BLK 410 CHOA CHU KANG AVE 3 #06-343 HDB-CHOA CHU KANG SINGAPORE 680410		
ID Type / ID No.: NRIC NO / S9444511F			Contact No.: Home/Office: Mobile: 92277938		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 25/11/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2018 09:05	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD  BT TIMAH RD X MAKEPEACE RD NEAR LP 62				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3672J	Motorcycle	HONDA	CBR1000RR M	White		0
SJE6103C	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20180117/2072

2 of 3

Report No. T/20180117/2072

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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	POT YING MING, DEREK	ID No.	S9444511F
Related Vehicle	NIL	Contact No.	92277938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVE MENTIONED DATE, TIME AND LOCATION, I was travelling along right of 3 lane at said location. when approaching the said yellow box at junction of Bukit Timah Rd X Makepeace rd. Car front portion encroached into right of 3 lane. I unable to stop in time collided onto the car front right portion.





SINGAPORE  
POLICE FORCE



T/20180117/2072

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

3 of 3

Report No. T/20180117/2072

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 /  
TONG HWEE SIONG

*[Signature]*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476397



Authentication Stamp  
NP168

Signature Of Informant:

*[Signature]*

Date/Time:  
17/01/2018 14:09

Classification Of Case:

SINGAPORE  
POLICE FORCE

*[Signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 01 / 2018 (DD/MM/YYYY), TIME: 09:05 (HH:MM)

LOCATION: Bukit Timah Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 3672J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
e) MAKE & MODEL: CBR1000RR  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MOTORCYCLE  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE  
h) PURPOSE OF USING AT ACCIDENT TIME: Going to work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: POT YING MING DEREK (MALE / FEMALE) MALE  
b) NRIC/FIN/PASSPORT: S9444511F CONTACT: 92277938  
c) ADDRESS: BLK 410 CHOA CHU KANG AVE 3 #06-343 S(680410)

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

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE) \_\_\_\_\_  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 25 / 11 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) YEARS OF DRIVING EXPERIENCE: 29 Sept 2014

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJE6103C MODEL: TOYOTA ALTIS  
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 = derek\_dpym@live.com

fax = \_\_\_\_\_

17/01/18  
waiting for  
veh 1 C11



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9444511F

Name:

POT YING MING, DEREK

Birth Date: 25 Nov 1994

Issue Date: 11 Aug 2014



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9444511F

Name

POT YING MING, DEREK

Race

卜 颖 铭

CHINESE

Date of birth

25-11-1994

Country of birth

SINGAPORE

Sex

M

S9444511F





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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 CC	29 Sep 2014
Class 2A	Motorcycles between 201 CC and 400 CC	07 Dec 2015
Class 2	Motorcycles > 400 CC	03 Jan 2017
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	11 Aug 2014

S9444511F

S / No. 9000266117



Licence No: S9444511F

NP 428A

4393756



NRIC No: S9444511F



Date of issue

24-04-2009

APT BLK 410 CHOA CHU KANG ANNU 23  
#06-343 SINGAPORE 680410  
NRIC No: S9444511F Date: 01/09/2016



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073042828-02	HENG WEI LIANG JENSEN	S9138670D	GMC	Third Party, Fire & Theft	FBK3672J	FBK3672J	02/11/2017	01/11/2018

## Claim Handling

Accident MT/0978501

Policy No.	5073042828-02	Vehicle No.	FBK3672J	GST Registration No.	
Policyholder Name	HENG WEI LIANG JENSEN			Policyholder NRIC	S91
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92277938	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	20	Private Hire	No

▼ Accident Details

Report Date	18/01/2018 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	17/01/2018	Time of Accident hh:mm	09:05	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BUKIT TIMAH RD & MAKEPEACE RD NEAR L/P 62				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 183 #15-69	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	610
Unit No.		Related Policy Number	5096773086		

## ▼ OI Driver Info

Driver Name	POT YING MING, DEREK	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9444511F	Driver DOB	25/1
Register Date of Driver License	29/09/2014	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	92277938	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 410	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE
Address 4		Address Type	Foreign address	Post Code	680
Unit No.	#06-343				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HENG WEI LIANG JENSEN	Insured NRIC	S91
Contact No.(Mobile)	98513033	Contact No.(Home)	62645991	Contact No.(Office)	
Email Address	JENSENS2003@GMAIL.COM	OI Vehicle Number	FBK3672J	TP Vehicle Number	SJE6103C
Claim Description	FBK3672J / SJE6103C ON 17 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	18/01/2018 18:34	Claim Close Date		Date Received	18/1
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AX letter



## Attachment



1/18/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.	MT/0978501	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2018 00:00	
Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:33	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2018 18:32	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------