

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118033975

Date In: 12/3/18-13:42	Job description	Date & Time Completed	Done by
Ref No: NA112018004629/24	SAS e-filing		
Veh No: 60671483	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 9/3/18-17:30	i-Motor Claim Form	MT/0985647	12/3/18 14:25
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: 5853487K	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

NA1801619	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idao 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 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	12/03/2018 13:42
Date Of Accident	09/03/2018 17:30
Exact Location Of Accident	JUNC GEYLANG RD & LOR 14 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7148B
Insured/Policyholder	
Name Of Registered Owner	VERMINATOR PTE LTD
Co Reg No	201106883R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65556464

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	YES
Policy Number	5073229914-02
Cover Note Number	

Driver

Name of Driver	ABDUL GHANI BIN MOHAMAD HASHIM
NRIC No	S7423601D
Date Of Birth	31/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93522836
Fax Number	
Contact Number	OFFICE-93522836
E-Mail Address	NOEMAIL

Address BLK 547D SEGAR ROAD
#09-29

Postcode 674547

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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

Passenger 1 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180311/2114.

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 SBS3487K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver TANG YUEN KHEONG

NRIC/Passport Number F7034317R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

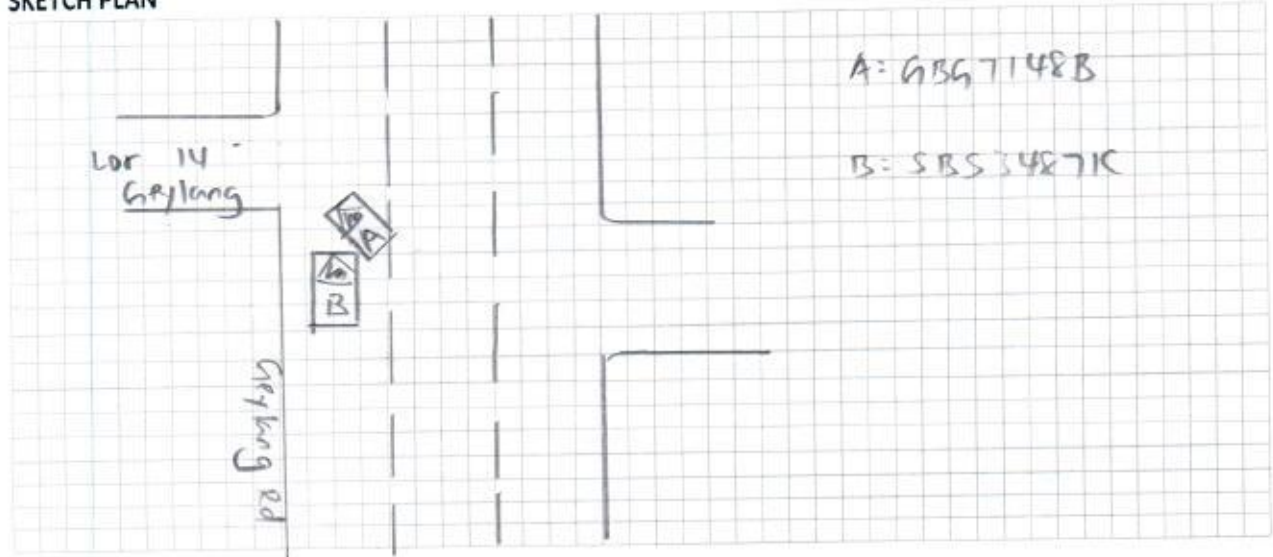


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180311/2114.

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:

[Handwritten signature]

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

[Handwritten signature]



SINGAPORE POLICE FORCE



T/20180311/2114

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180311/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2018 23:25	Vide Report No.:	Station Diary No.: 119
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Informant's Particulars

Name of Informant: ABDUL GHANI BIN MOHAMAD HASHIM			Address: APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547	
ID Type / ID No.: NRIC NO / S7423601D			Contact No.: Home/Office:	Mobile: 93522836
Nationality: STATELESS			Email:	
Sex: Male	Age: 43	Date of Birth: 31/07/1974	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: NEA OFFICER			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/03/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 LORONG 17 GEYLANG along Geylang Lorong 17 going towards Geylang Lorong 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7148B	Van	NISSAN	NV200	White	Slightly Damaged	1
SBS3487K	Bus/Coach/Minibus				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



SINGAPORE POLICE FORCE



T/20180311/2114

2 of 3

Report No. T/20180311/2114

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver			
Name	ABDUL GHANI BIN MOHAMAD HASHIM		ID No. S7423601D
Related Vehicle	GBG7148B (Van)		Contact No. 93522836
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Tang Yuen Kheong		ID No. 517613460
Related Vehicle	SBS3487K (Bus/Coach/Minibus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9th March 2018 at about 1730hrs, I was driving my company (Verminator) van bearing GBG7148B (Nissan NV 200) along Geylang Lorong 17 together with my colleague who was sitting at the front passenger seat. Subsequently, I filtered into the filter lane, as I wanted to go towards Geylang Lorong 14 to buy food for my family. Before merging into the right lane, I checked my blind spot and I saw an incoming Bus bearing SBS3487K (unknown bus number) driving towards me.

Base on my judgment, I thought there was ample time for me to merge into the lane, therefore I continue to accelerate my vehicle. A few seconds later, I felt an impact coming from my rear and I stopped my van. I then made a check and discovered that the bus had hit the rear portion of my vehicle. Due to the accident, the left rear portion of my vehicle sustained scratches, the left headlights were cracked and the left side of my vehicle is slightly dented. According to the bus driver namely Mr Tang Yuen Kheong, no one was injured and I did not sustained from any injuries.

No Traffic police at scene and no government property damaged. I wish to state that I have an in-built camera installed inside my vehicle however I am not sure if it managed to capture the whole accident. My purpose of lodging this report is for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20180311/2114

3 of 3

Report No. T/20180311/2114

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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:

J /

Sgt 2 NURUL ATIQA BINTE DOL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

SN 117

Authentication Stamp
NP168

Signature:

Signature Of Informant:

Date/Time:

11/03/2018 23:25

Classification Of Case:

DRIVING LICENCE

Licence Number: **S7423601D**

Name: **ABDUL GHANI BIN MOHAMAD HASHIM**

Birth Date: **31 Jul 1974**

Issue Date: **24 Jan 2014**

002269295H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7423601D



Name: **ABDUL GHANI BIN MOHAMAD HASHIM**

Race: **MALAY**

Date of birth: **31-07-1974**

Sex: **M**

Country of birth: **SINGAPORE**

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

EFFECTIVE DATE

Class 5 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **24 Jan 2014**

Licence No: S7423601D

NP 428A



8897155



NRIC No: **S7423601D**



Nationality: **STATELESS**

Date of issue: **16-07-2007**

APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547

NRIC No: **S7423601D**

Date: **20/02/2015**

eBaoTech

General Claim

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"/>	5073229914-02	VERMINATOR PTE LTD	201106883R	GFT	Comprehensive	GBG7148B	GBG7148B	13/10/2017	

Policy Information

Policy No.	5073229914-02	Policyholder Name	VERMINATOR PTE LTD	Policyholder NRIC	201106883R
Address	81 UBI AVENUE 4 #05-29 UB. ONE SINGAPORE 408830				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/08/2017	Effective Date	16/08/2017 00:00	Expiry Date	15/08/2018 23:59
Third Party Excess	0	Own damage Excess	500	Windscreen Excess	100
Additional Excess		OS Premium	6124.83		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	81 UBI AVENUE 4	Address 2	#05-29 UB. ONE	Address 3	SINGAPORE 408830
Address 4		Address Type	Singapore address	Post Code	408830
Unit No.		Related Policy Number	5097038924		

Insured Object: GBG7148B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	21/08/2017 00:00	Basic Information Endorsement	000001286623189	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. VSKYBAM20Z0145570 21-08-2017 \$1,015.63 2. VSKYBAM20Z0145587 21-08-2017 \$1,015.63 3. VSKYBAM20Z0145575 21-08-2017 \$1,015.63 In view of this amendment, an additional premium of \$3,046.89 (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 cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/0985647

Policy No.	5073229914-02	Vehicle No.	GBG71488	GST Registration No.	201106883R
Policyholder Name	VERMINATOR PTE LTD			Policyholder NRIC	201106883R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65556404	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value=""/>
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	12/03/2018 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/03/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNE GEYLANG RD & LOR 14 GEYLANG				

Benefits

Excess		Windscreen Excess	
Own damage Excess	500.00	Additional Excess	100.00
Unnamed Driver Excess		Outside Singapore CD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/2011
GST Registration No.	2011068638	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	81 UBI AVENUE 4	Address 2	#05-29 UB. ONE	Address 3	SINGAPORE 408330
Address 4		Address Type	Singapore address	Post Code	408330
Unit No.		Related Policy Number	5097038924		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/07/1974
Unnamed driver Name	ABDUL GHANI BIN MOHAMAD H	Driver NRIC	S7423601D	Driving Experience	4
Register Date of Driver License	24/01/2014	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	93522856	Contact No.(Office)	0	Address 1	SEGAR ROAD
Address 1	BLK 547D	Address 2	SEGAR ROAD	Address 3	SEGAR VALE
Address 4	SINGAPORE 674547	Address Type	Singapore address	Post Code	674547
Unit No.	09-29				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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
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Claim Type *	GD-MX	Insured Name	VERMINATOR PTE LTD	Insured NRIC	201106882R
Contact No. (Mobile)	90255906	Contact No. (Home)		Contact No. (Office)	60255906
Email Address		OJ Vehicle Number	8BG7148B	TP Vehicle Number	5B53487K
Claim Description	8BG7148B / 5B53487K ON 9 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/03/2018 00:00
Date Registered	12/03/2018 14:25	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment













Accident No.
 Claim No.

Last Doc. Received ☒ Yes ☐ No

Upload Date

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

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	SAS	Normal	SAS 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:26	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 14:25	Photos	Normal	Photos 2018-3-12		Edit

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	