

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA11809/026**

Date In: 20/18-17:56	Job description	Date & Time Completed	Done by
Ref No: NA/NCB 013263/24	SAS e-filing		
Veh No: 5VJ5526	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/7/18-19:00	i-Motor Claim Form	MT/1003913-001	20/7/18 18:52
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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: DN72207	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

NA805097	Invoice Preparation Checklist		Am't (\$) Est 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) TP: 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:-			
QC Checked by (Engr-In-Charge):	Q1:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors Comments:-	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 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	20/07/2018 17:56
Date Of Accident	18/07/2018 19:00
Exact Location Of Accident	CARPARK OF BLK 156A RIVERVALE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV5552G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HARDI BIN MOHAMED ARIS
NRIC No	S8709607F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91086478
Alternative Phone No	OFFICE-91086478
Vehicle Particulars	
Manufacturer	KIA
Model	RIO 1.4 AT ABS AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087684656-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HARDI BIN MOHAMED ARIS
NRIC No	S8709607F
Date Of Birth	27/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91086478
Fax Number	
Contact Number	OFFICE-91086478
EMail Address	NOEMAIL

Address	BLK 717B WOODLANDS DRIVE 70 #07-22
Postcode	732717
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SJN7220T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JUN JIE
NRIC/Passport Number	S8118570J
Contact Number	98761470
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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:

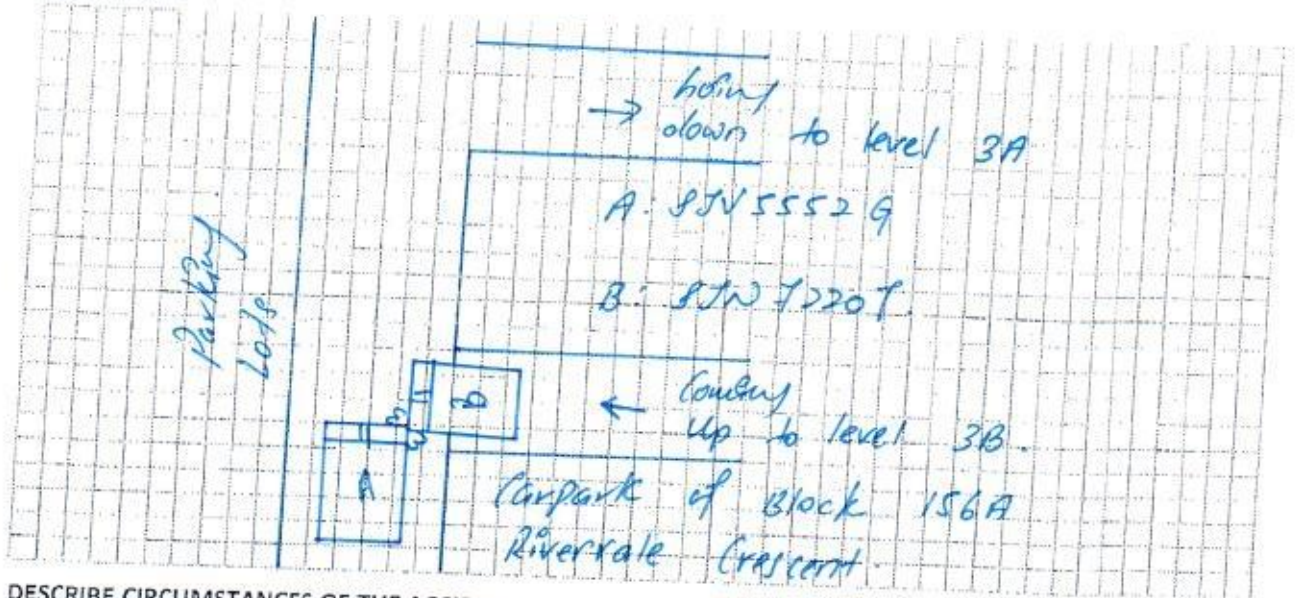
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am inside the carpark of Block 156A Rivervale Crescent. I am travelling straight in level 3B. As I was passing by the entrance from level 3A to level 3B, vehicle (B) did not stop at the stopline and dash out. He collided onto my vehicle front right portion.

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:

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 18 July 2018 (DD/MM/YY) Time: 1900 (HH:MM)
Exact location of accident	Carpark of Block 156A RENEWALE Crescent.

Details of vehicle

Vehicle registration number	SJH 3552 G			
Vehicle make and model	Kia Rio			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time	Private			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>		

Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Mohd Hardi Bin Mohd Aris	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 8709607F	
Contact	9108 6478	
Address	Block 717B Woodlands Drive 70 #07-22 Singapore 732717	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	hardi.muhammad87@hotmail.com	
Date of birth	27 Mar 1987	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	11/6/2010	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	Hg Jun Tie
Contact number	9876 1470
NRIC / Fin / Passport number	98118570J.
Vehicle registration number	STN 7220T
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Mohd Haidi Bin Mohd Aris
Injuries sustained	Body
Which vehicle person in?	SJW 5552 G
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Name

MUHAMMAD HARDI BIN MOHAMED
ARIS

محمد حاردي بن محمد اريس

Race

MALAY

Date of birth

27-03-1987

Sex

M

S8709607F

Country/Place of birth

SINGAPORE



524768



NRIC No. S8709607F



Date of issue

27-11-2013

APT BLK 717B WOODLANDS DRIVE 70 #07-22
SINGAPORE 732717

NRIC No: S8709607F

Date: 13/03/2017



**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

MUHAMMAD HARDI BIN MOHAMED ARIS

APT BLK 717B WOODLANDS DRIVE 70 #07-22
SINGAPORE 732717

You will receive your photocard driving licence by registered post within 10 ~~to 14~~ working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S8709607F
(2B/2A/3)

C001397263

\$24.00

(to not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/07/2018 19:00"/>						
Vehicle No. (For Motor)	<input type="text" value="SJV5552G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087684656-01	MUHAMMAD HARDI BIN MOHAMED ARIS	S8709607F	GPC	drivo CLASSIC	SJV5552G	SJV5552G	07/02/2018	06/02/2019
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5087684656-01	Policyholder Name	MUHAMMAD HARDI BIN MOHAM	Policyholder NRIC	S8709607F
Address	BLK 717B #07-22 WOODLANDS DRIVE 70 ADMIRALTY VISTA SINGAPORE 732717				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/02/2018	Effective Date	07/02/2018 00:00	Expiry Date	06/02/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 717B #07-22	Address 2	WOODLANDS DRIVE 70	Address 3	ADMIRALTY VISTA
Address 4	SINGAPORE 732717	Address Type	Singapore address	Post Code	732717
Unit No.		Related Policy Number	5087684656-01		

▶ Insured Object: SJV5552G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

- Exit.

Policy No.	5087684656-01	Vehicle No.	S7V5552G	GST Registration No.	
Policyholder Name	MUHAMMAD HARDI BIN MOHAMED ARIS			Policyholder NRIC	S8709607F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	91086478	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div>File</div><div></div></div>
KPK	<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(%)	10	Private Hire	No
<div><div></div> Accident Details</div>					
Report Date	20/07/2018 18:51	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/07/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Damage Force		JCM No.	
Accident Location	CARPARK OF BLK 156A RIVERVALE CRESCENT				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own damage Excess	500.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Address 1	BLK 717B #07-22	Address 2	WOODLANDS DRIVE 70	Address 3	ADMIRALTY VISTA
Address 4	SINGAPORE 732717	Address Type	Singapore address	Post Code	732717
Unit No.		Related Policy Number	5087584656-01		
01 Driver Info					
Driver Name	MUHAMMAD HARDI BIN MOHAMED ARIS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8709507P	Driver DOB	27/03/1987
Register Date of Driver License	11/06/2010	Driver Age	31	Driving Experience	8
Contact No. (Mobile)	91086478	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 717B	Address 2	WOODLANDS DRIVE 70	Address 3	ADMIRALTY VISTA
Address 4	SINGAPORE 732717	Address Type	Singapore address	Post Code	732717
Unit No.	07-22				
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		
Modification History					

Claim 001 New

Claim Type *	DO-MX	Insured Name	MUHAMMAD HARIS BIN MOHAM	Insured NRIC	S8709607F
Contact No.(Mobile)	91066478	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SIV5552G	TP Vehicle Number	S1N7220T
Claim Description	SIV5552G / S1N7220T ON 18 Jul 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	Received
Date Registered	20/07/2018 18:52	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					










Save Submit

Attachment

Accident No.	MT/2003913	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/07/2018 18:54

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" 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"/> <input type="button" 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"/> <input type="button" 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"/> <input type="button" 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"/> <input type="button" 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"/> <input type="button" 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 20 Jul 2018 18:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:54	SAS	Normal	SAS 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53	Photos	Normal	Photos 2018-7-20		Edit

Video List

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