

NATIONAL Assessment Centre Services (wef 1 Jan 05)

| | | | |
|------------------------------------|--|-------------------------|---------|
| Date In: 27/07/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18013750/13 | SAS e-filing | | |
| Veh No: 5JN5842L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 26/07/18 1505 | i-Motor Claim Form | MT/1004895 - 001 | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

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

TP Particulars: Veh No: **EV725** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1804741

| Claimant's Particulars :- | Invoice Preparation Checklist | |
|---------------------------------|---|-------------------|
| | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat. 1: | 6) TR : Re-inspection \$75 | |
| Cat. 2 / 3: | 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 | 27/07/2018 15:14 |
| Date Of Accident | 26/07/2018 15:05 |
| Exact Location Of Accident | NORTH BUONA VISTA RD TWD HOLLAND B4 DOVER RD JUNC |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJN5842L |
| Insured/Policyholder | |
| Name Of Registered Owner | AUTO 51 LEASING PTE LTD |
| Co Reg No | 201632910R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90015395 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HYUNDAI |
| Model | I30 |
| Exact Purpose for which vehicle was being used at time of accident | CHAUFFEUR |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5093489587-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIM BOON CHONG |
| NRIC No | S6905208H |
| Date Of Birth | 15/02/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/11/2011 |
| Driving Experience | 6 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93838337 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 547D SEGAR ROAD #10-39 |
| Postcode | 674547 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED 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 | EV72S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HE XUEJUN |
| NRIC/Passport Number | |
| Contact Number | 98800958 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------|
| Name | LIM BOON CHONG |
|------|----------------|

| | |
|---|----------|
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SJN5842L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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)**

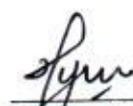
I understand, acknowledge, agree and consent that:

- (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.

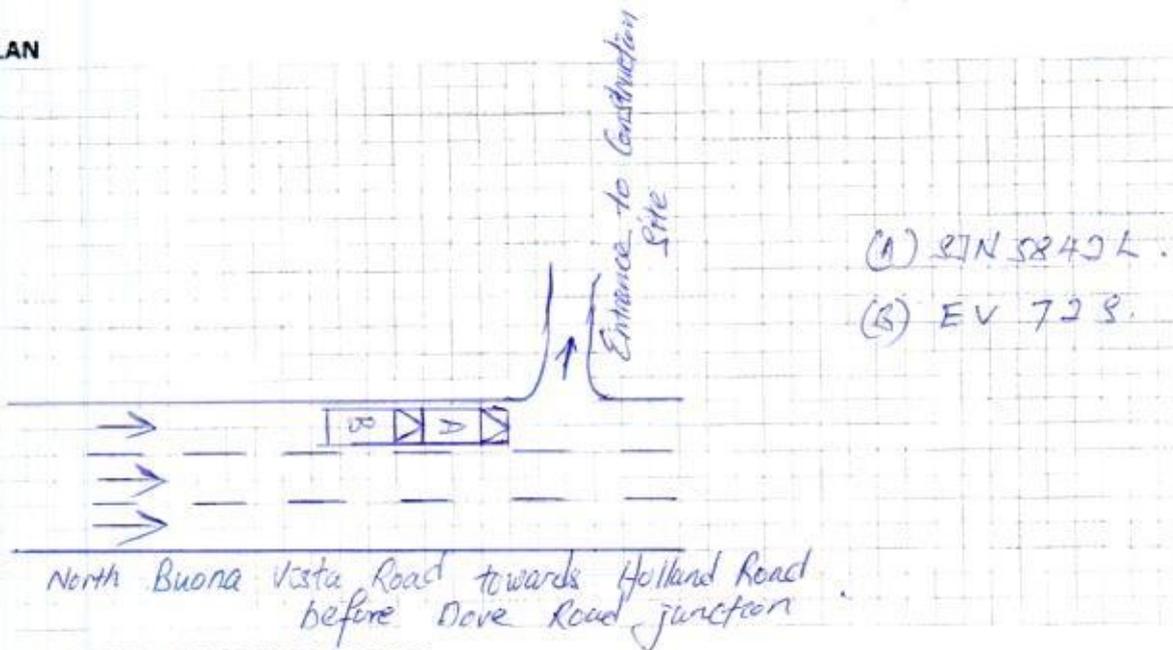



Policyholder's Signature
Date & Time:


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

 27/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/18 at @ 1505 hrs, I was travelling in my vehicle (RN 5842L) along North Buona Vista Road towards Holland Road before the junction of Dover Road on the extreme left lane. There was a vehicle in front of me ~~wants~~ slow down and want to turn left into the construction site. On seeing these, I slow down my vehicle too. Suddenly, a vehicle (EV 728) from behind collided onto the rear portion of my vehicle.

DECLARATION

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.:

| | | | |
|---|---|-------------------------|-----------------|
| Vehicle No. | SJN 5840 L | Model / Make | Hyundai I30 |
| Date of Accident | 26/07/18 | | |
| Time of Accident | 1505 HRS | | |
| Location of Accident | North Buona Vista Road towards Holland before Dover Road junction | | |
| Exact purpose use during accident | Chauffeur | | |
| Name of Owner | Auto S1 Leasing Pte Ltd | | |
| Telephone No. | H/P: 9001-5395 | Home: | Office: |
| NRIC | 2016329108 | | |
| Address | 15, Yishun Industrial St 1 (S) #01-05, Wm S (S) 768091 | | |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY | | |
| Insurance Company | NTUC | | |
| Type of Coverage | <u>Comprehensive</u> Third Party Third Party / Fire / Theft | | |
| Policy No. | 5093489587-01 | | |
| Name of Driver | As Above If No, Lim Boon Chong | | |
| NRIC | 569052084 | Any Passengers: | N.A. |
| Date of birth | 15/02/1969 | | |
| Occupation | <u>Outdoor</u> / Indoor | | |
| Driving License Pass Date | 04/11/2011 | | |
| Gender | <u>Male</u> / Female | | |
| Contact No. | H/P: 9383 8337 | Home: | Office: |
| Address | BLK 547D, Selegie Road #10-39 (S) 674547 | | |
| Driver have any own vehicle | <u>No</u> , If yes, Reg No. | | |
| Relationship | Employee, If no, state <u>h/car</u> | | |
| Weather condition | <u>Clear</u> Raining Other | | |
| Road Surface | <u>Dry</u> Wet Other | | |
| Any Injuries | No, <u>If Yes, Who?</u> | | |
| Name And Contact No. | Lim Boon Chong (H/P: 9383 8337) | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> , If Yes, Where? | | |
| Vehicle B No. | EV 728 | Any Passengers: | N.A |
| Name of Driver | He Xuejun | Contact No.: | 9880 0958 |
| Vehicle C No. | | Any Passengers: | |
| Vehicle D No. | | Any Passengers: | |
| Vehicle E no. | | Any Passengers: | |
| Vehicle F No. | | Any Passengers: | |
| Vehicle G No. | | Any Passengers: | |
| Witness Name | N.A. | Witness Contact: | |
| Accident Portion | Rear Portion | | |
| Camera Recorder | Yes / <u>No</u> | | |
| Email Address | bclim69@gmail.com | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | | | Yes / <u>No</u> |
| PARTICULAR WORKSHOP | Twincar | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Huixin | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n5i.com.sg | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6905208H**
 Name: **LIM BOON CHONG**
 Birth Date: **15 Feb 1969**
 Issue Date: **04 Nov 2011**

002015082K



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S6905208H**



Name: **LIM BOON CHONG**
林文聰
 Race: **CHINESE**
 Date of Birth: **15-02-1969** Sex: **M**
 Country of Birth: **SINGAPORE**




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

| Class | Description | EFFECTIVE DATE |
|----------|---|----------------|
| Class 3A | Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg | 04 Nov 2011 |

Licence No. S6905208H



NP 428A

2238487




NRIC No. **S6905208H**

Blood Group: **A8+** Date of Issue: **03-08-1994**

APT BLK 547D SEGAR ROAD #10-39
SINGAPORE 674547
 NRIC No.: **S6905208H** Date: **30/11/2014**

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: 5093489587-01

Cover : drive CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN5842L |
| Chassis Number | : KMHDC51DR9U163265 |
| 2. Name of Policyholder | : AUTO 51 LEASING PTE LTD |
| 3. Effective Date of Insurance | : 15 Mar 2018 |
| 4. Expiry Date of Insurance | : 14 Mar 2019 |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| 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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 12 Mar 2018 08:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1004895

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-------|
| Policy No. | 5093489587-01 | Vehicle No. | SJN5842L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | AUTO S1 LEASING PTE LTD | | | Policyholder NRJC | 20163 |
| Product Code | FLEET INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90015395 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | TCA | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|----------|
| Report Date | 27/07/2018 16:02 | Accident Report Within 24 hrs | Yes | Accident Type | Collisio |
| Date of Accident | 26/07/2018 | Time of Accident hh:mm | 15:05 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | NORTH BUONA VISTA RD TWD HOLLAND B4 DOVER RD JUNC | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------------|-----------------------|-------------------|-----------|-------|
| Address 1 | 15 YISHUN INDUSTRIAL STREET | Address 2 | #01-05 WIN 5 | Address 3 | SJNGA |
| Address 4 | | Address Type | Singapore address | Post Code | 76809 |
| Unit No. | 02-06 | Related Policy Number | 5093489587-01 | | |

O1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | LJM BOON CHONG | Driver NRJC | S6905208H | Driver DOB | 15/02/ |
| Register Date of Driver License | 04/11/2011 | Driver Age | 49 | Driving Experience | 6 |
| Contact No.(Mobile) | 93838337 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 547D | Address 2 | SEGAR ROAD | Address 3 | SEGAR |
| Address 4 | SINGAPORE 674547 | Address Type | Singapore address | Post Code | 67454 |
| Unit No. | #10-39 | | | | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | | Driver Insurer Company | |

| | | | |
|-------------------------------------|------|-------------|---|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Modification History

Claim 001 **New**

| | | | |
|---------------------------------|---------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | AUTO S1 LEASING PTE LTD |
| Contact No.(Mobile) | | Contact No.(Home) | |
| Email Address | | O1 Vehicle Number | SJN5842L |
| Claim Description | SJN5842L / EV725 ON 26 Jul 2018 | | |
| Preferred Workshop Finalisation | Yes | Insured Liability | Not at Fault |
| Date Registered | | Preferred Repair Option | Preferred Workshop (refer below) |
| Report Taken By | | GIA report | Received |
| | | Claim Close Date | 27/07/2018 16:10 |
| | | | ROSLINDA |

Print AK letter

Save Submit

Attachment

Accident No. Claim No.

MT/1004895

001

Last Doc. Received

Yes No

Upload Date

27/07/2018 16:11

Path *

- No file chosen

| Clear | Category * | Confidential | Urgency * |
|--------------------------------------|--|---------------------------------|-------------------------------------|
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:11 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:11 | SAS | Normal | SAS 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:11 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:11 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:11 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:10 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:10 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:10 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:10 | Photos | Normal | Photos 2018-7-27 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2018 16:10 | Photos | Normal | Photos 2018-7-27 |

Video List

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