

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 118127628

Date In: 1/10/18-12:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC180127628/24	SAS e-filing		
Veh No: 626999	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/9/18-19:10	i-Motor Claim Form	M7/1014068-001	2/10/18 18:12
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: J6x 1711R

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

NA1806273

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)

Est Bill

Amt (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

QD\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N'n 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	02/10/2018 12:06
Date Of Accident	30/09/2018 19:10
Exact Location Of Accident	FARRER RD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ699P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACK MING ELECTRICAL ENGINEERING PTE LTD
Co Reg No	199905605Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D/CAB
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### 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	5067767912-03
Cover Note Number	

### Driver

Name of Driver	FOO WAH LOKE
NRIC No	S0668372Z
Date Of Birth	07/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1974
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90606438
Fax Number	
Contact Number	OFFICE-90606438
Email Address	NOEMAIL



Address	BLK 747 WOODLANDS CIRCLE #11-716
Postcode	730747
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	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	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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

#### 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	SGX1711R
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)

2

Passenger 1

NAME: :

GENDER: :




## 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

Farrer Rd



DOA 30/9/18

A: GZ 699 P

B: SGX 1711 R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Farrer Rd, suddenly my  
veh rear portion being collided by veh B.

## 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.:



## Personal Particulars

Date of Accident: 30/9/18 Time of Accident: 7.10 pm  
Exact Location of Accident: Farrer Rd towards Queenway PL  
Owner's Name: Jack Ming Electrical Engineering NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Foo Wah Loke NRIC No: S0668372Z HP No: 90606438  
Date of Birth: 7/11/1948 Driving Licence Passing Date: 17/4/1974 Occupation: Indoor / Outdoor  
Address: 747 Woodlands Circle # 11-716 (230747)  
Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_  
Vehicle No: GZ 699P Make & Model: Nissan  
Insurance Co: NTUC Coverage: Third Party Policy No: 5067767912-63

\*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 4 B: 1 + 1 C: \_\_\_\_\_ D: \_\_\_\_\_  
1 woman 3 men woman

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/☒ No)

## Third Party Driver's Particulars

Vehicle B No: SGX 1711 R Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 2B Motorcycles not exceeding 200 cc  
Class 2A Motorcycles between 201 cc and 400 cc  
Class 2 Motorcycles exceeding 400 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

04 Jun 1977

04 Jun 1977

04 Jun 1977

17 Apr 1974



License No: S0668372Z

NP 428A



HREC No: S0668372Z



Date of issue  
26-07-2006

Address

APT BLK 747 WOODLANDS CIRCLE  
#11-715  
SINGAPORE 730747

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0668372Z

Name: FOO WAH LOKE

Birth Date: 07 Nov 1948  
Issue Date: 15 Jul 2003

1000655596F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0668372Z

Name

FOO WAH LOKE



符 和 乐

Race

CHINESE

Date of birth

07-11-1948

Country of birth

SINGAPORE

Sex

M

S0668372Z



## 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 :** 5067767912-03

**Cover :** Third Party, Fire & Theft

- |  |  |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : GZ609P                                   |
| Chassis Number                                   | : JN1CHGD2220077777                        |
| 2. Name of Policyholder                          | : JACK MING ELECTRICAL ENGINEERING PTE LTD |
| 3. Effective Date of Insurance                   | : 23 Nov 2017                              |
| 4. Expiry Date of Insurance                      | : 22 Nov 2018                              |

**5. Persons or Classes of Persons entitled to drive#**

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

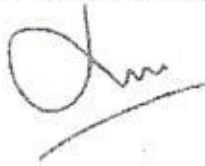
Date of Issue : 02 Nov 2017 15:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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="30/09/2018 19:10"/>							
Vehicle No. (For Motor)	<input type="text" value="GZ699P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067767912-03		JACK MING ELECTRICAL ENGINEERING PTE LTD	1999056052	GCV	Third Party, Fire & Theft	GZ699P	GZ699P	23/11/2017	22/11/2018
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5067767912-03	Policyholder Name	JACK MING ELECTRICAL ENGINEERING	Policyholder NRIC	199905605Z
Certificate No.					
Address	140 UPPER BUKIT TIMAH RD. #03-15 BEAUTY WORLD PLZ SINGAPORE 588176				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/11/2017	Effective Date	23/11/2017 00:00	Expiry Date	22/11/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	140 UPPER BUKIT TIMAH RD	Address 2	#03-15 BEAUTY WORLD PLZ	Address 3	SINGAPORE 588176
Address 4		Address Type	Singapore address	Post Code	588176
Unit No.		Related Policy Number	5082629333-02		

## ▶ Insured Object: GZ699P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



### Claim Handling

- Exit.

Accident MT/101406B

Policy No.	5067767912-03	Vehicle No.	G2609P	GST Registration No.	
Certificate No.					
Policyholder Name	JACK MING ELECTRICAL ENGINEERING PTE LTD			Policyholder NRIC	199903605Z
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div>10</div><div></div></div>
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
<div><div></div> Accident Details</div>					
Report Date	02/10/2018 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/09/2018	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FARRER RD TWOS QUEENSWAY				
<div><div></div> Excess</div>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

☐ Policyholder Mailing Address

Address 1	140 UPPER BUKIT TIMAH RD	Address 2	#03-15 BEAUTY WORLD PLZ	Address 3	SINGAPORE 588176
Address 4		Address Type	Singapore address	Post Code	588176
Unit No.		Related Policy Number	5082629333-02		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	POO WAH LOKE	Driver NRIC	S0660372Z	Driver DOB	07/11/1948
Register Date of Driver License	17/04/1974	Driver Age	69	Driving Experience	44
Contact No.(Mobile)	90606435	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 747	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730747
Address 4		Address Type	Singapore address	Post Code	730747
Unit No.	11-716				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

### **Dedication**

Breathalyzer or Blood Test Reading? 0 mg Any injury? ☐ Yes ☒ No

#### Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	JACK MING ELECTRICAL ENGINE	Insured NRIC	1999056052
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	90606438
Email Address		Ol Vehicle Number	GZ699P	TP Vehicle Number	SGX1711R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ699P / SGX1711R ON 30 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/10/2018 18:12	Claim Close Date		Date Received	02/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1014058	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2018 18:13

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="button" value="v"/>	<input type="text" value="NO"/> <input type="button" value="v"/>	<input type="text" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>	<input type="text" value="NO"/> <input type="button" value="v"/>	<input type="text" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>	<input type="text" value="NO"/> <input type="button" value="v"/>	<input type="text" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="v"/>	<input type="text" value="NO"/> <input type="button" value="v"/>	<input type="text" value="Normal"/> <input type="button" value="v"/>	<input type="text"/>



Please Select

Please Select

Please Select

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### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:13	SAS	Normal	SAS 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 02 Oct 2018 18:12	Photos	Normal	Photos 2018-10-2		<a href="#">Edit</a>

### Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				