

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 15/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC180186621-3	SAS e-filing		
Veh No: FN9068B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/18 1800	i-Motor Claim Form	MT/1015760-001	
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: (MOTOR81)	Tel:	Fax:
TP Particulars:	Veh No: SLR 2377M	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

NA1806555	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 (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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. 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	15/10/2018 15:10
Date Of Accident	12/10/2018 18:00
Exact Location Of Accident	TOA PAYOH LOR 6 SLIP ROAD INTO TOA PAYOH LOR 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN9068B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SALIM BIN SALLEH
NRIC No	S1789252E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97102425
Alternative Phone No	OTHERS-97102425

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400 F2T
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104318420
Cover Note Number	

### Driver

Name of Driver	SALIM BIN SALLEH
NRIC No	S1789252E
Date Of Birth	05/03/1967
Occupation	INDOOR
Date Of Driving Pass	22/08/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97102425
Fax Number	
Contact Number	OTHERS-97102425
Email Address	NOEMAIL

Address	BLK 496G TAMPINES AVENUE 9 #13-496
Postcode	523496
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	RAINING
Road Surface	WET

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT: T/20181013/2058

#### 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	SLR2377M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HEANG KHOON, RONALD
NRIC/Passport Number	S7914487H
Contact Number	92715511
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SALIM BIN SALLEH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FN9068B
Were seat belts worn?	
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:

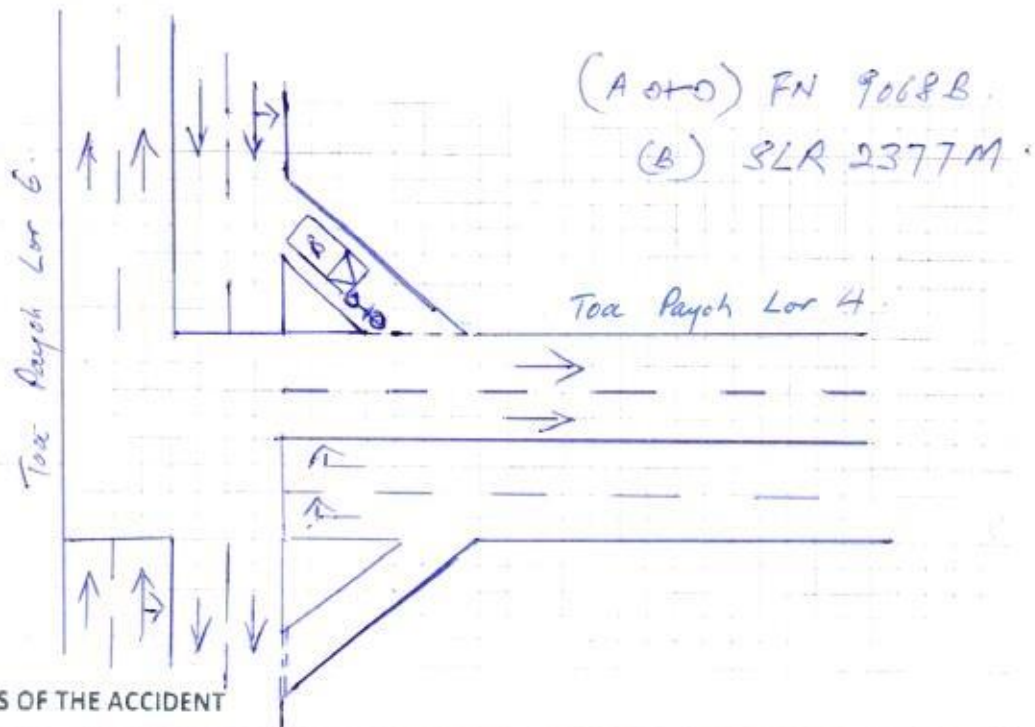
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report

No: T / 20181013 / 2058.

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:

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





# SINGAPORE POLICE FORCE



T/20181013/2058

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20181013/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/10/2018 12:06	Vide Report No.:	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: SALIM BIN SALLEH			Address: APT BLK 496G TAMPINES AVENUE 9 #13-496 SINGAPORE 523496		
ID Type / ID No.: NRIC NO / S1789252E			Contact No.: Home/Office: Mobile: 97102425		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 05/03/1967	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: TECHNICAL OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 18:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LORONG 6 TOA PAYOH LORONG 4 TOA PAYOH Slip Road towards Lor 4 Toa Payoh				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN9068B	Motorcycle	HONDA	CB400F2T	Blue		0
SLR2377M	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FN9068B	NTUC Income Insurance Co-Operative Limited	5104318420	01/10/2018	30/09/2019



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SALIM BIN SALLEH	ID No.	S1789252E
Related Vehicle	FN9068B (Motorcycle)	Contact No.	97102425
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	12/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN HEANG KHOON, RONALD	ID No.	S7914487H
Related Vehicle	SLR2377M (Car)	Contact No.	92715511
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 12/10/2018 at about 1800hrs, I was riding my motorcycle (FN9068B) along the slip road from Lor 6 Toa Payoh towards Lor 4 Toa Payoh. It was raining and the road surface was wet.

While I was waiting to merge into Lor 4 Toa Payoh, a car (SLR2377M) on my left hit the rear left of my motorcycle. I fell on the ground together with my motorcycle. Both of us then shifted our vehicle to the side and exchanged particulars. We wanted to go for private settlement, but we were unable to come into an agreement. As such, the other party called Police.

Both ambulance and Traffic Police attended to us. No one was conveyed. I was advised by the Traffic Police to consult doctor and lodge a Traffic Accident Report. I was given 3 days of MC due to the aching of my body.





**SINGAPORE  
POLICE FORCE**



T/20181013/2058

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20181013/2058

**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:  
G /  
Sgt 3 ZHANG LINHAN

Signature Of Informant: 

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/10/2018 12:06

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE

<b>Vehicle No.</b>	FN 9068 B	Model / Make	HONDA CB400F2T
Date of Accident	12 / 10 / 18		
Time of Accident	1800 HRS		
Location of Accident	Toa Payoh Lor 6 slip road into Toa Payoh Lor 4		
Exact purpose use during accident	Private Used		
<b>Name of Owner</b>	Salim Ben Salleh		
Telephone No.	H/P : 97102425	Home :	Office :
NRIC	S 1789252E		
Address	BLK 496G, Tampines Ave 9 #13-496 (S) 523 496		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	<u>As Above</u> If No,		
NRIC	Any Passengers : N.A.		
Date of birth	05 / 03 / 1967		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	22 / 08 / 1987		
Gender	<u>Male</u>	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Owner
Weather condition	Clear	<u>Raining</u>	Other
Road Surface	Dry	<u>Wet</u>	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Salim Ben Salleh (H/P : 97102425)		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Tampines N.P.C.
<b>Vehicle B No.</b>	SLR 2377 M	Any Passengers :	Not sure.
Name of Driver	Contact No. :		
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
Witness Name	N.A.	Witness Contact :	N.A.
<b>Accident Portion</b>	Rear and Right side		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	MOTO 51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jackie		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



# REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1789252E**

Name:

**SALIM BIN SALLEH**



Birth Date: **05 Mar 1967**

Issue Date: **20 Jun 2015**



002441534G

SG  
50

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1789252E**



Name:

**SALIM BIN SALLEH**

Place:

**MALAY**

Date of birth:

**05-03-1967**

Sex:

**M**

Country/Place of birth:

**SINGAPORE**



S1789252E

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

### EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	22 Aug 1987
Class 2A	Motorcycles between 201 cc and 400 cc	22 Aug 1987
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	19 Jan 1993



Licence No: S1789252E

NP 428A

5486931



NRIC No: **S1789252E**



Date of issue:

**20-06-2015**

Address:

**APT BLK 496G TAMPINES AVENUE 9  
#13-496  
SINGAPORE 523496**

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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104318420		SALIM BIN SALLEH	S1789252E	GMC	Third Party	FN9068B	FN9068B	01/10/2018	30/09/2019



## Claim Handling

Accident MT/1015760

Policy No.	5104318420	Vehicle No.	FN9068B	GST Registration No.
Certificate No.				
Policyholder Name	SALIM BIN SALLEH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97102425	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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
<b>▼ Accident Details</b>				
Report Date	15/10/2018 18:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2018	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TOA PAYOH LOR 6 SLIP ROAD INTO TOA PAYOH LOR 4			
<b>▼ Excess</b>				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 496G #13-496	Address 2	TAMPINES AVENUE 9	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104318420	
<b>▼ OI Driver Info</b>				
Driver Name	Salim bin Salleh	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1789252E	Driver DOB
Register Date of Driver License	22/08/1987	Driver Age	51	Driving Experience
Contact No.(Mobile)	97102425	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 496G	Address 2	TAMPINES AVENUE 9	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-496			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SALIM I
Contact No.(Mobile)	97102425	Contact No. (Home)	678917
Email Address	nurnet@singnet.com.sg	OI Vehicle Number	FN9068
Claim Description	FN9068B / SLR2377M ON 12 Oct 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/10/2018 18:17
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

## Attachment

Accident No.	MT/1015760	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2018 00:00

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:17	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:17	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:17	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:17	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:16	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 18:15	Photos	Normal	Photos ;

## Video List

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