

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA18145230

Date In: 9/11/18 - 19:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802386/24	SAS e-filing		
Veh No: 574 53143	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/11/18 - 19:10	i-Motor Claim Form	M7/10 19102 002	9/11/18 19:19
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: 626388y	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

NA1807343	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
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:-		
	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 \$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	09/11/2018 15:10
Date Of Accident	08/11/2018 19:10
Exact Location Of Accident	KPE (TPE) BESIDE TAMPINES EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5314B
Insured/Policyholder	
Name Of Registered Owner	MWC CORP PTE LTD
Co Reg No	201608829R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100472941
Cover Note Number	

Driver

Name of Driver	WEE WEI XIN, JONATHAN (HUANG WEIXIN, JONATHAN)
NRIC No	S8200675C
Date Of Birth	07/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91274270
Fax Number	
Contact Number	OFFICE-91274270
EMail Address	NOEMAIL

Address	BLK 264A PUNGGOL WAY #17-314
Postcode	821264
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181108/7034.

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	GZ6388Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGS1620X

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)

1

DETAILS OF INJURED PERSON 1

Name

WEE WEI XIN, JONATHAN (HUANG WEIXIN, JONATHAN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJH5314B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

MWC CORP PTE. LTD.
20108829R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

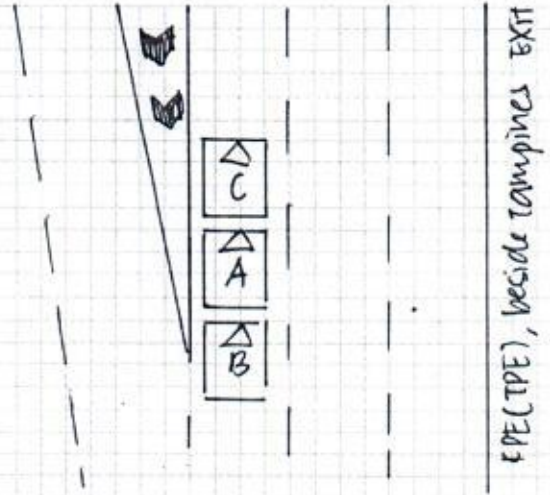
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SJH 9314B

Vehicle B: AZ6388Y

Vehicle C: SGR 1620X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

MWC CORP PTE. LTD.
201608829R

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 11 / 2018 (DD/MM/YYYY), TIME: 19 : 10 (HH:MM)

LOCATION: KPE(TPE), beside Tampines Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 5314 B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: tonda fit
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MWC Corp Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2016089R CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wee Wei Xin, Jonathan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8200675C CONTACT: 9127-4270
 c) ADDRESS: 264A Punggol Way #17-314 S1821264

*d) DATE OF BIRTH: 07 / 01 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GZ 6388Y MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SAS 1620X MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (Including driver)
(02)

passenger: female

* No of passenger
 (Including driver)
(01)

* No of passenger
 (Including driver)
(01)

email =

fax =



SINGAPORE POLICE FORCE



T/20181108/7034

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181108/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 23:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEE WEI XIN, JONATHAN			Address: APT BLK 264A PUNGGOL WAY #17-314 SINGAPORE 821264		
ID Type / ID No.: NRIC NO / S8200675C			Contact No.: Home/Office:		Mobile: 91274270
Nationality: SINGAPORE CITIZEN			Email: jonjonwee@gmail.com		
Sex: Male	Age: 36	Date of Birth: 07/01/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 19:10	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ6388Y	Lorry			Silver	Slightly Damaged	1
SGS1620X	Car				Slightly Damaged	1
SJH5314B	Car	HONDA	FIT	Red	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20181108/7034

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181108/7034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE WEI XIN, JONATHAN	ID No.	S8200675C
Related Vehicle	SJH5314B (Car)	Contact No.	91274270
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

ON 08/11/2018, AT ABOUT 19:10HR, I WAS DRIVING MY VEHICLE - SJH5314B ALONG KPE IN THE DIRECTION OF TPE, WITH A FEMALE PASSENGER IN MY CAR. FRONT VEHICLE SLOWED DOWN AND CAME TO A STOP, AND I FOLLOWED SUIT. ABOUT 4-5 SECONDS LATER, VEHICLE NUMBER - GZ6388Y, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE NUMBER - SGS1620X, DESPITE APPLYING ON MY BRAKES.

I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT SENGKANG GENERAL HOSPITAL AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20181108/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181108/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/11/2018 23:53

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8200675C**
Name

WEE WEI XIN, JONATHAN
(HUANG WEIXIN, JONATHAN)

Birth Date **07 Jan 1982**

Issue Date **08 Jun 2013**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8200675C**



Name

WEE WEI XIN, JONATHAN
(HUANG WEIXIN, JONATHAN)

黃 偉 新

Race

CHINESE

Date of birth

07-01-1982

Sex

M

Country of birth

SINGAPORE



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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 08 Jun 2013

NP 428A



Licence No: S8200675C

4884188



NRIC No S8200675C



Date of Issue

14-09-2012

APT BLK 264A PUNGGOL WAY #17-314

SINGAPORE 821204

S8200675C

Date: 11/12/2014

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="08/11/2018 19:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SJH5314B"/>	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"/>	5100472941		MWC CORP PTE. LTD.	201608829R	GPC	drivo CLASSIC	SJH5314B	SJH5314B	04/05/2018	03/05/2019
<input type="button" value="Continue"/>										

Claim Handling

• Exit

Accident MT/1019102

Policy No.	S100472941	Vehicle No.	SJH5314B	GST Registration No.	
Certificate No.					
Policyholder Name	MWC CORP PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201608829R
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	09/11/2018 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/11/2018	Time of Accident (h:mm)	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWGS TPE NEAR EXIT 9A				
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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

Policyholder Mailing Address					
Address 1	22 SIN MING LANE	Address 2	#06-76 MIDVIEW CITY	Address 3	SINGAPORE 573969
Address 4		Address Type	Singapore address	Post Code	573969
Unit No.	06-76	Related Policy Number	S100472941		
01 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-Mix	Insured Name	MWC CORP PTE. LTD.	Insured NRIC	201608829R
Contact No.(Mobile)	91274270	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJH5314B	TP Vehicle Number	GZ6388Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJH5314B / GZ6388Y ON 8 Nov 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	09/11/2018 19:19	Claim Close Date		Date Received	09/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment					
Accident No.	MT/1019102	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/11/2018 19:21		
Path *		Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal	

							<input type="checkbox"/> Send Message <input type="button" value="Upload"/>
Attachment List							
Attachment	Uploaded By/Date	Category		Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:21	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:21	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	SAS		Normal	SAS 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:20	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:19	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:19	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:19	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:19	Photos		Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Nov 2018 19:19	Photos		Normal	Photos 2018-11-9		Edit
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"/>		