

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 18/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802653/13	SAS e-filing		
Veh No: SMA2860L	E-mail (within 8hrs, AIC 2hrs)		
DOA 17/12/18 1755	i-Motor Claim Form	17/10/18 563-	001
OD <input checked="" type="radio"/> 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: (7WINICAR)	Tel:	Fax:
TP Particulars:	Veh No: 5LJ26157	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

NA1808341	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) RT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments :-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2/3:	*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 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	18/12/2018 11:01
Date Of Accident	17/12/2018 17:55
Exact Location Of Accident	PIE TWDS CHANGI B4 JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2860L
Insured/Policyholder	
Name Of Registered Owner	NGUYEN VAN TRU
NRIC No	S2745931E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81270314
Alternative Phone No	OTHERS-81270314

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101551423
Cover Note Number	

Driver

Name of Driver	NGUYEN MINH TRI
NRIC No	S9974138D
Date Of Birth	20/10/1999
Occupation	INDOOR
Date Of Driving Pass	13/06/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88092450
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 239 BISHAN ST 22 #04-206
Postcode	570239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	4
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: : NGUYEN MINH LONG 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

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	SLJ2615T
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFV678H
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
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)

DETAILS OF INJURED PERSON 1

Name NGUYEN MINH TRI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMA2860L
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:

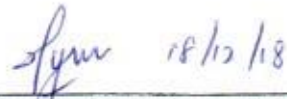
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

SKETCH PLAN

PIE TOWARDS CHANGI AIRPORT, BEFORE JLN BUNDS RHT

VEHICLE A - SMA 2860 L

4 ↑

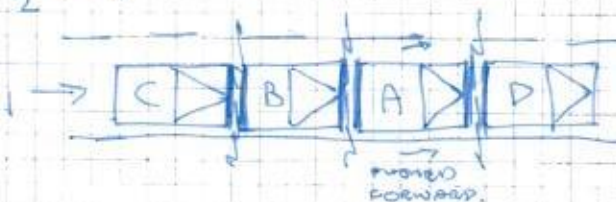
VEHICLE B - SLJ 2615 T

3 →

VEHICLE C - SPV 678 H

2 →

VEHICLE D - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIE TOWARDS CHANGI AIRPORT DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, DUE TO HEAVY TRAFFIC, THE VEHICLE IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE (SLJ 2615 T) THAT COLLIDED TO THE REAR OF MY VEHICLE. AND THE IMPACT CAUSES ME BEING PUSHED FORWARD AND HIT INTO THE VEHICLE IN FRONT. IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.

THE VEHICLE IN FRONT DIDN'T STOPPED AND DROVE OFF AFTER THE ACCIDENT.

VEHICLE A - SMA 2860 L

VEHICLE B - SLJ 2615 T

VEHICLE C - SPV 678 H

VEHICLE D - UNKNOWN.

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: 17/12/18 1841h3


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

Vehicle No.	SMA 2860 L	Model / Make	MBL CLA 200
Date of Accident	17/12/2018		
Time of Accident	1755	HRS	
Location of Accident	PIE TOWARDS CHANGI BEFORE JLN BUNOS EXIT.		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	NGUYEN VAN TRU		
Telephone No.	H/P : 8127 0314	Home :	Office :
NRIC	S2745931E		
Address	BLK 239 BISHAN ST 22 #04-206 S(570239)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101551423		
Name of Driver	As Above If No, NGUYEN MINH TRI		
NRIC	S9974138D	Any Passengers :	1 (MALE)
Date of birth	20 OCT 1999	NGUYEN MINH LONG	
Occupation	Outdoor	/	Indoor
Driving License Pass Date	13 JUN 2018		
Gender	Male / Female		
Contact No.	H/P : 8809 2450	Home :	Office :
Address	BLK 239 BISHAN ST 22 #04-206 S(570239)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	SON
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	MONITORING / PENDING
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLS 2615T	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SFV 678 H	Any Passengers :	
Vehicle D No.	UNKNOWN	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	Yes / (No)		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S9974138D**
 Name: **NGUYEN MINH TRI**
 Birth Date: **20 Oct 1999**
 Issue Date: **13 Jun 2018**



002813270K

MINISTRY OF HOME AFFAIRS

**HOME TEAM
NATIONAL SERVICE IDENTITY CARD**



NGUYEN MINH TRI
S9974138D
SINGAPORE CIVIL DEFENCE FORCE

THIS IS NOT A WARRANT CARD

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	13 Jun 2018

NP 428A



Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth 20/10/1999	Race VIETNAMESE	Date of Enlistment 09/01/2018
Address Blk 239 BISHAN STREET 22 #04-206 SINGAPORE 570239		



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2745931E



Name
NGUYEN VAN TRU

Race
VIETNAMESE
Date of birth
30-01-1961
Country of birth
VIETNAM

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2745931E
Name

NGUYEN VAN TRU

Birth Date: 30 Jan 1961
Issue Date: 15 Sep 2010



NRIC No. S2745931E



Nationality
VIETNAMESE
Date of issue
02-03-2007

11 PASIR RIS GROVE #15-04
SINGAPORE 538140
NRIC No: S2745931E Date: 23/08/2018

5833929

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Jan 2007



NP 426A



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: S101551423

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMA2860L
 Chassis Number : WDD1173432N070737
 2. Name of Policyholder : NGUYEN VAN TRU
 3. Effective Date of insurance : 20 Jun 2018
 4. Expiry Date of Insurance : 19 Jun 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 business or profession.
- This Policy does not cover**
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: NGUYEN VAN TRU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Good + INSUR.
 S+M

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 : INDEX AGENCY PTE LTD (00000572017)
 Date of Issue : 19 Jun 2018 11:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/1024563

Policy No.	5101551423	Vehicle No.	SMA2860L	GST Registration No.
Certificate No.				
Policyholder Name	NGUYEN VAN TRU			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81270314	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

➤ Accident Details

Report Date	20/12/2018 11:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/12/2018	Time of Accident hh:mm	17:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI B4 JLN EUNOS EXIT			

➤ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

➤ Benefits

➤ GST Registered Information

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

➤ Policyholder Mailing Address

Address 1	BLK 766 #10-306	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-306	Related Policy Number	5101551423	

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NGUYEN MINH TRI	Driver NRIC	S9974138D	Driver DOB
Register Date of Driver License	13/06/2018	Driver Age	19	Driving Experience
Contact No.(Mobile)	88092450	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 239	Address 2	BISHAN STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-206			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NGUYEN VAN TRU
Contact No.(Mobile)	81270314	Contact No. (Home)	645864
Email Address		OI Vehicle Number	SMA2860L
Claim Description	SMA2860L / SLJ2615T ON 17 Dec 2018		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Preferred Repair Option	Preferred	Preferred Workshop (refer below)	<input type="text"/>
Finalisation	Yes	GIA report	Received
Date Registered	20/12/2018 11:29	Claim Close Date	<input type="text"/>
Report Taken By	ROSINDA	Workshop Repairer	<input type="text"/>

Print AK letter

Attachment

Accident No.	MT/1024563	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2018 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		NRIC/ Driving License	Normal	NRIC/ Driving L
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		SAS	Normal	SAS 20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:29		Photos	Normal	Photos ;
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2018 11:28		Photos	Normal	Photos ;

Video List

Uploaded By/Date	Folder Date	File Name
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