

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA118162914**

Date In: <b>8/12/18 - 16:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18022708/24</b>	SAS e-filing		
Veh No: <b>6W 5035M</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>17/10/18-15:42</b>	i-Motor Claim Form	<b>MT/1624328-001</b>	<b>8/12/18 16:35</b>
OD <b>TP</b> 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: <b>634 818m</b>	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

<b>NA 18082914</b>	Invoice Preparation Checklist		Am't (\$) Est 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) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	ON*			
	*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			
Aut. 1:	Invoice dated	Fee Charged		
Aut. 2 / 3:	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 16:36
Date Of Accident	17/12/2018 15:40
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5035M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	I-DEAL TRADING PRIVATE LIMITED
Co Reg No	201429874K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64839969

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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
Fleet Policy	YES
Policy Number	5086661051-02
Cover Note Number	

### Driver

Name of Driver	LOH YUN XIN
NRIC No	S8003681G
Date Of Birth	11/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91695116
Fax Number	
Contact Number	OFFICE-91695116
Email Address	NOEMAIL

Address	BLK 211 BUKIT BATOK STREET 21 #12-240
Postcode	650211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : MOHAMAD ROHAIZAT BIN SAINUDDIN 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	GBA8118M
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)

#### DETAILS OF INJURED PERSON 1

Name	LOH YUN XIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GW5035M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	MOHAMAD ROHAIZAT BIN SAINUDDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GW5035M
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:

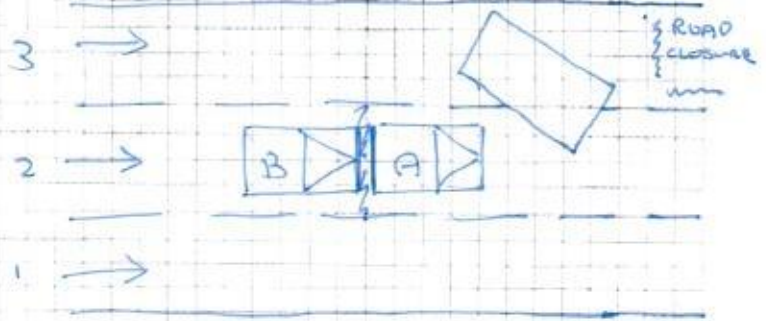
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

WOODLANDS AVE 12 TOWARDS SLR DIRECTION.

VEHICLE A - GW5035M  
VEHICLE B - GBA8118M



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG WOODLANDS AVE 12 TOWARDS SLR DIRECTION, I WAS ON THE MIDDLE LANE.

WHILE IN-BETWEEN OF GAMBAS AVE, WOODLANDS AVE 5 JUNCTION, AS THERE WAS A ROAD CLOSURE ON THE THIRD LANE (EXTREME LEFT LANE), A TRAILER TRUCK CUTTED AND SLOWLY SWERVED INTO MY LANE. SO I BRAKE AND STOPPED COMPLETELY TO GIVE WAY TO THE VEHICLE.

WHILE SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH CAR PLATE NUMBER (GBA 8118M) COLLIDED TO THE REAR OF MY VEHICLE, WHEN I CAME TO A COMPLETE STOPPED TO LIVE WAS TO A VEHICLE COMING INTO MY LANE FROM THE LEFT.

VEHICLE A - GW5035M  
VEHICLE B - GBA8118M.

## 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.:



<b>Vehicle No.</b>	GW 5035 M	<b>Model / Make</b>	TOYOTA HIACE
<b>Date of Accident</b>	17/12/18		
<b>Time of Accident</b>	1540	<b>HRS</b>	
<b>Location of Accident</b>	WOODLANDS AVE 12 TOWARDS SLA, IN-BETWEEN (CAMBANG AVE JUNCTION AND WIDS AVE 5 JUNCTION)		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	I-DAL AUTO TRADING PRIVATE LIMITED		
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b> 6483 9969
<b>NRIC</b>	261429774K		
<b>Address</b>	18 SIN MING LANE #03-06 MIDVIEW CITY 3 (573960)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5086661051-01		
<b>Name of Driver</b>	As Above If No, LOH YUN XIN		
<b>NRIC</b>	580036816	<b>Any Passengers :</b>	1 (MUHAMAD ROMHAIZAT)
<b>Date of birth</b>	11 FEB 1980		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	28 APR 2008		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	<b>H/P :</b> 9169 5116	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 211 BUKIT BATOK ST 21 #12-240 S(650211)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state RENTAL / LEASE	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	LOH YUN XIN, 9169 5116		
<b>Name And Contact No.</b>	MUHAMAD ROMHAIZAT BIN SAINUDDIN, 8858 5074		
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	G1A 8118 M	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	N51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8003681G



Name  
LOH YUN XIN

罗运新

Race  
CHINESE

Date of Birth Sex  
11-02-1980 M

Country of Birth  
SINGAPORE

S8003681G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8003681G

Name

LOH YUN XIN

Birth Date: 11 Feb 1980

Issue Date: 28 Apr 2008



001596886D



8044362

NRIC No. S8003681G



Nationality  
UNKNOWN

Blood Group Date of Issue  
B+ 06-11-1992

Address

APT BLK 211 BUKIT BATOK STREET 21 #12-240  
SINGAPORE 650211

NRIC No: S8003681G

Date: 01-10-1998

No: 8122287

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

PASS DATE

Class	Description
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg
Class 4	Heavy motor cars and motor tractors > 2500 kg
Class 5	Motor vehicles > 7250 kg not constructed to carry any load

28 Apr 2008

01 Oct 2014

30 Dec 2016

S8003681G

S / No. 9000255001



Licence No: S8003681G

428A



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="17/12/2018 15:40"/>							
Vehicle No. (For Motor)	<input type="text" value="GWS035M"/>	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"/>	5086661051-02		I-DEAL AUTO TRADING PRIVATE LIMITED	201429874K	GFT	Third Party	GW5035M	GW5035M	02/12/2018	
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5086661051-02	Policyholder Name	I-DEAL AUTO TRADING PRIVATE	Policyholder NRIC	201429874K
Certificate No.					
Address	18 SIN MING LANE #03-06 MIDVIEW CITY SINGAPORE 573960				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/11/2018	Effective Date	02/12/2018 00:00	Expiry Date	01/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	4450.47		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	WAH HONG INSURANCE AGENC	Agent Tel.	68927287	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	18 SIN MING LANE	Address 2	#03-06 MIDVIEW CITY	Address 3	SINGAPORE 573960
Address 4		Address Type	Singapore address	Post Code	573960
Unit No.	05-26	Related Policy Number	5086662432-02		

## Insured Object: GW5035M

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/12/2018 00:00	Basic Information Endorsement	000001286957929	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBF4888Z 08-12-2018 \$1,491.80 In view of this amendment, an additional premium of \$1,491.80 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	10/12/2018 00:00		000001286960001		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB4690Y 10-12-2018 \$1,483.49 In view of this amendment, an additional premium of \$1,483.49 (inclusive of GST) is payable under your policy. Please ignore this premium payment
		Basic Information		Endorsement Take	



## Claim Handling

Exit

The premium on this policy has not been collected.

## Accident MT/1024328

Policy No.	508661051-02	Vehicle No.	GW503SM	GST Registration No.	
Certificate No.					
Policyholder Name	I-DEAL AUTO TRADING PRIVATE LIMITED			Policyholder NRIC	201429874K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64819969	Contact No.(Home)	0
Email Address		Special Remark		eCode	TV
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	No

## Accident Details

Report Date	18/12/2018 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/12/2018	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 12 TWDS SLE				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	1B SIN MING LANE	Address 2	#01-06 MIDVIEW CITY	Address 3	SINGAPORE 573960
Address 4		Address Type	Singapore address	Post Code	573960
Unit No.	05-28	Related Policy Number	508662432-02		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH YUN XIN	Driver NRIC	S8003581G	Driver DOB	11/02/1980
Register Date of Driver License	28/04/2008	Driver Age	38	Driving Experience	10
Contact No.(Mobile)	91695116	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 211	Address 2	BUKIT BATOK STREET 21	Address 3	BUKIT BATOK GREEN
Address 4	SINGAPORE 650211	Address Type	Singapore address	Post Code	650211
Unit No.	12-240				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## 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 New

Claim Type *	OD-MX	Insured Name	I-DEAL AUTO TRADING PRIVATE	Insured NRIC	201429874K	
Contact No.(Mobile)	96805056	Contact No.(Home)		Contact No.(Office)	64819969	
Email Address		OT Vehicle Number	GW503SM	TP Vehicle Number	GBA8118M	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GW503SM / GBA8118M ON 17 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	18/12/2018 16:55	Claim Close Date		Date Received	18/12/2018 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1024328	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2018 16:57						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				

<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="SG"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="SG"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="SG"/>	<input type="text" value="Normal"/>	<input type="text"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	SAS	Normal	SAS 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:56	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:55	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:55	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:55	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:55	Photos	Normal	Photos 2018-12-18		<a href="#">Edit</a>

## Video List

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		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	