

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/12/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18022749/13 | SAS e-filing | | |
| Veh No: 5ME1644E | E-mail (within 8hrs, A/C 2hrs) | | |
| DOA: 16/12/18 5310 | i-Motor Claim Form | 17/10/2503-001 | |
| 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: (VISION AUTOWORK Tel: Fax:)

| | | |
|---------------------------------|--|-----------------------|
| TP Particulars: | Veh No: SJ45596K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1808368

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal 1:

Cal 2 / 3:

Invoice Preparation Checklist

Am't (\$)
1st Bill

Am't (\$)
Add Bill

| | | |
|---|--|--|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) RT: 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:- | | |
| 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 \$10 | | |

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 | 19/12/2018 11:51 |
| Date Of Accident | 16/12/2018 23:10 |
| Exact Location Of Accident | JALAN SULTAN ISKANDAR CIQ JOHOR ->SINGAPOR |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SME1644E |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM KOK SEE |
| NRIC No | S8265475E |
| Email Address | NICK_LIM23@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83826622 |
| Alternative Phone No | OTHERS-83826622 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | SHUTTLE |
| 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 | 5104035453 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM KOK SEE |
| NRIC No | S8265475E |
| Date Of Birth | 13/07/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/07/2018 |
| Driving Experience | 0 YEAR AND 5 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83826622 |
| Fax Number | |
| Contact Number | OTHERS-83826622 |
| EMail Address | NICK_LIM23@HOTMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 401 ADMIRALTY LINK #15-14 |
| Postcode | 750401 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

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

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? | NO |
| 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) | 3 |
| Passenger 1 | NAME: : QUEK SIEW LIAN GENDER: : FEMALE |
| Passenger 2 | NAME: : LIM IAN TERNG 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 | SJU5596K |
| 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)

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



A = SME 1644E

B = SJU 5596K

Jalan Sultan Iskandar

CIQ Johor - Singapore

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.18 at about 23:10 hours along Jalan Sultan Iskandar
CIQ Johor - Singapore. I was stationary on my lane and it was heavy
traffic, suddenly I heard a loud bang from behind. When I alighted I
realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I
wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SME 1644E

Vehicle (B): SJU 5596K

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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S8265475E



NAME

LIM KOK SEE

林 国 时

RACE
CHINESE

Date of birth
13-07-1982 Sex
M

Country of birth
MALAYSIA

SME 1644E

Owner & driver



9176571

NRIC No S8265475E



Nationality
MALAYSIAN

Date of issue
05-09-2012

APT BLK 40 ADMIRALTY LINK #15-14
SINGAPORE 50401

NRIC No: S 265475E

Date: 25/02/2016 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8265475E

Name: LIM KOK SEE

Birth Date: 13 Jul 1982

Issue Date: 12 Jul 2018

002823173E




SME 1647E

owner & driver

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

| | | EFFECTIVE DATE |
|----------|---|----------------|
| Class 2B | Motorcycles ≤ 200 cc | 12 Jul 2018 |
| Class 3 | Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg | 12 Jul 2018 |

NP 428A



SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|----------------|--------------|----------------------|
| Accident Date: | 16/12/2018 | Time: | 23:10 | (hh:mm) 24 hr format |
| Location | Jalan Sultan Iskandar C12 Johor - Singapore. | | | |
| Vehicle Number | SME 1644E | | | |
| Insured Name | Lim Kok See | | | |
| NRIC / FIN | S8265475E | Contact Number | 83826622 | |
| Make | Honda | Model | Shuttle. | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | NTUC | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 5104035453 | | | |
| Name of Driver | (<input checked="" type="checkbox"/>) Same as Insured | | | |
| NRIC / FIN | Contact Number | | | |
| Date of Birth | 13/07/1982 | | | |
| Driving Pass Date | 12/07/2018 | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | |
| Email Address | nick_lim23@hotmail.com | | () NO EMAIL | |
| Address of Driver | BLK 401 Admiralty Link #15-14 Singapore 750401 | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | |
| Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If yes, injured detail | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact |
| Veh B | 5JU 5596K | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

Passenger 1 = Quek Siew Lian (Female)

2 = Lim Ian Teng (Male)

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | | | | | | | | |
|---|---|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text" value="5104035453"/> | Date of Accident | <input type="text" value="16/12/2018 23:10"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text"/> | 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 checked="" type="radio"/> | 5104035453 | | LIM KOK SEE | S8265475E | GPC | drive CLASSIC | SME1644E | SME1644E | 20/09/2018 | 19/09/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

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: 5104035453

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **To Be Advised**
Chassis Number : GK81201958
2. Name of Policyholder : LIM KOK SEE
3. Effective Date of Insurance : 20 Sep 2018
4. Expiry Date of Insurance : 19 Sep 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 | : LIM KOK SEE |
| NAMED DRIVER (1) | : QUEK SIEW LIAN |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 20 Sep 2018 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1024503

| | | | | |
|---|---|-------------------------------|---|----------------------|
| Policy No. | 5104035453 | Vehicle No. | SME1644E | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | LIM KOK SEE | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Contact No.(Mobile) | 83826622 | 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(%) | 0 | Private Hire |
| ➤ Accident Details | | | | |
| Report Date | 19/12/2018 17:50 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 16/12/2018 | Time of Accident hh:mm | 23:10 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JALAN SULTAN ISKANDAR CIQ JOHOR ->SINGAPOR | | | |
| ➤ Excess | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | 0.00 | 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 401 #15-14 | Address 2 | ADMIRALTY LINK | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 15-14 | Related Policy Number | S104035453 | |
| ➤ OI Driver Info | | | | |
| Driver Name | LIM KOK SEE | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S8265475E | Driver DOB |
| Register Date of Driver License | 01/01/1998 | Driver Age | 36 | Driving Experience |
| Contact No.(Mobile) | 83826622 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 401 | Address 2 | ADMIRALTY LINK | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #15-14 | | | |
| Does he own a Singapore Registered car? | Yes <input checked="" type="radio"/> No <input type="radio"/> | Driver Vehicle No. | | Driver Insurer Com |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |

Modification History

Claim 001 OD-MX

New

| | | | |
|--------------------------|---|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | LIM KO |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SME1644E |
| Claim Description | SME1644E / SJU5596K ON 16 Dec 2018 | | |
| Preferred Workshop | Insured Liability | Not at Fault | |
| Consent No. Finalisation | Yes <input checked="" type="radio"/> No <input type="radio"/> | Preferred Repair Option | Preferred Workshop (refer below) |
| Date Registered | 19/12/2018 17:55 | GIA report | Received |
| Report Taken By | ROSLINDA | Claim Close Date | |
| | | Workshop Repairer | |

Print AK letter

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1024503 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 19/12/2018 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 | Des |
|------------|--|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | NRIC/ Driving License | Normal | NRIC/ Driving L |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | NRIC/ Driving License | Normal | NRIC/ Driving L |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | SAS | Normal | SAS 2(|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:55 | Photos | Normal | Photos : |

Video List

| | | | |
|------------------|-------------|-----------|--|
| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------|--|