

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>08/02/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19002282/13</b>	SAS e-filing		
Veh No: <b>5JW8494R</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>05/02/19 1510</b>	i-Motor Claim Form	<b>MT/103/237-001</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: ( **SM AUTOMOTIVE** Tel: Fax: )

TP Particulars: Veh No: **SKR6001E** 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

NA1901091	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	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		
Driver/Owner:	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		
Contact No:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments :-			
Cat. 1:			
Cat. 2 / 3:			



**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	08/02/2019 17:23
Date Of Accident	05/02/2019 15:10
Exact Location Of Accident	PIE TWDS TUAS 14.5 KM B4(CTE/SLE)
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJW8494R
-----------------------------	----------

**Insured/Policyholder**

Name Of Registered Owner	LIM YEE MING (LIN YIMING)
NRIC No	S8334804F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88666887
Alternative Phone No	OTHERS-88666887

**Vehicle Particulars**

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	5092242099-01
Cover Note Number	

**Driver**

Name of Driver	LIM YEE MING (LIN YIMING)
NRIC No	S8334804F
Date Of Birth	31/10/1983
Occupation	INDOOR
Date Of Driving Pass	25/11/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88666887
Fax Number	
Contact Number	OTHERS-88666887
EEmail Address	NOEMAIL

Address	BLK 213A PUNGGOL WALK #09-753
Postcode	821213
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 (including own vehicle) 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)	4
Passenger 1	NAME: : HAZEL CHEN JIA QI GENDER: : FEMALE
Passenger 2	NAME: : BRENDON ONG YEE HONG GENDER: : MALE
Passenger 3	NAME: : SRI SUNARTI GENDER: : FEMALE

#### 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	SKR6002E
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 SFZ6822Y  
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 LIM YEE MING (LIN YIMING)  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJW8494R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name HAZEL CHEN JIA QI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJW8494R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name BRENDON ONG YEE HONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJW8494R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name

SRI SUNARTI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

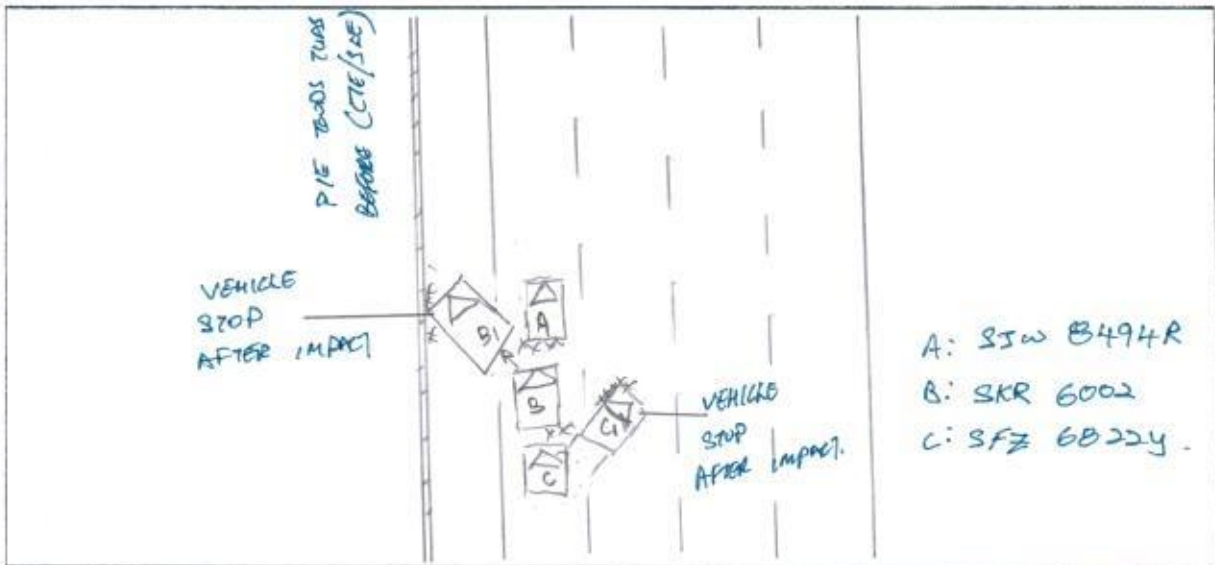
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS TUBS ON THE LEFT MOST LANE OF 4 LANES, AS I WAS TRAVELLING STRAIGHT SOMEWHERE NEAR 14.5 KM LAND MARK, VEHICLE IN FRONT BRAKE AND STOP AND I ALSO SLOWED DOWN TO STOP, WHEN MY VEHICLE HAD STOP, I NOTICED FROM THE REAR VIEW MIRROR THAT M/AR (B) BEHIND ME HAD STOPPED & WHEN SUDDENLY I FELT A STRONG IMPACT AT THE REAR OF MY VEHICLE & I CAME OUT OF MY VEHICLE AND REALISED THAT A TOTAL OF 3 VEHICLES INVOLVED IN THE CHAIN COLLISION. AFTER GETTING OUT OF MY VEHICLE, I REALISED THAT VEHICLE (C) HAD COLLIDED ONTO VEHICLE (B) AND THUS CAUSES VEHICLE (B) TO COLLIDE ONTO THE REAR PORTION OF MY VEHICLE. AT THE TIME OF ACCIDENT, I HAD 3 PASSENGERS IN MY VEHICLE:

- 1) HAZEL CHEN JIA QI (F)
- 2) BRENDON ONG YEE HONG (M)
- 3) SRI SUNARTI (F).

## 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.:



VEHICLE NO:	SSW 8494R		MAKE & MODEL:	BMW 3.181	
DATE OF ACCIDENT	05 / 02 / 2019				
TIME OF ACCIDENT	3.10 AM/PM				
LOCATION OF ACCIDENT	PIG TOWARDS TUAL 14.5 km BEFORE (CTE/SLE)				
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY HOME.				
NAME OF OWNER	Lim YEE MINH.				
TEL NO	88666 887				
NRIC	S8334804F				
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
INSURANCE CO	NTUC				
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft				
POLICY NO.	509 2242 099 - 01				
NAME OF DRIVER	<input checked="" type="checkbox"/> As Above / If No:				
NRIC	Any Passengers: 3.				
DATE OF BIRTH	31 / 10 / 1983.				
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor				
DATE OF DRIVING PASS	25 / 11 / 2013.				
GENDER	<input checked="" type="checkbox"/> Male / Female				
CONTACT NO.	Office: Home:				
ADDRESS	BLK 213A PANGGOL MARK #09-753 S(821213).				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:				
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:				
ANY INJURIES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?				
VEHICLE B NO.	SKR 6002E Any Passenger: NO				
NAME					
CONTACT NO.					
VEHICLE C NO.	SFZ 68224 Any Passenger: 4				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
IN-CAR CAMERA	YES / <input checked="" type="checkbox"/> NO				
PARTICULAR WORKSHOP	SM AUTOMOTIVE				
	1 Kaki Bukit Ave 6, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyl				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

INJURIES: LIM YEE MINH (M)  
HAZEL CHEN JIA QI (F)  
SRENDON ONG YEE HONG (M)  
SRI SWARTI (F).



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8334804F**



Name

**LIM YEE MING**  
**(LIN YIMING)**

**林奕铭**

Race

**CHINESE**

Date of birth

**31-10-1983**

Sex

**M**

**S8334804F**



Country/Place of birth

**SINGAPORE**

**5376049**



NRIC No. **S8334804F**



Date of issue

**29-10-2014**

Address

**APT BLK 213A PUNGGOL WALK**  
**#09-753**  
**SINGAPORE 821213**

**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**

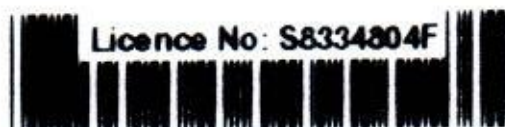


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **25 Nov 2013**

NP 428A





## 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:** 5092242099-01

**Cover :** drive CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJW8494R</b>   |
| Chassis Number  | : WBAPF720X0A793706   |
| 2. Name of Policyholder   | : LIM YEE MING (LIN YIMING)   |
| 3. Effective Date of Insurance  | : 28 Jun 2018   |
| 4. Expiry Date of Insurance   | : 31 Mar 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 YEE MING(LIN YIMING)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE PTE LTD
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 : BENEFIT AUTO INSURANCE AGENCY (00000573333)  
Date of Issue : 07 May 2018 10:35 hrs  
Reprint : 07 May 2018 10:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1031237

Policy No.	5092242099-01	Vehicle No.	SJW8494R	GST Registration No.
Certificate No.				
Policyholder Name	LIM YEE MING (LIN YIMING)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	88666887	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(%)	10	Private Hire

## ▼ Accident Details

Report Date	09/02/2019 15:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/02/2019	Time of Accident hh:mm	15:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TUAS 14.5 KM B4(CTE/SLE)			

## ▼ 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 213A #09-753	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 821213	Address Type	Singapore address	Post Code
Unit No.	09-753	Related Policy Number	5092242099-01	

## ▼ OI Driver Info

Driver Name	LIM YEE MING(LIN YIMING)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8334804F	Driver DOB
Register Date of Driver License	25/11/2013	Driver Age	35	Driving Experience
Contact No.(Mobile)	88666887	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 213A	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 821213	Address Type	Singapore address	Post Code
Unit No.	#09-753			
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

## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX ▼	Insured Name	LIM YEE
Contact No.(Mobile)	88334567	Contact No. (Home)	674333
Email Address		OI Vehicle Number	SJW8494R
Claim Description	SJW8494R / SKR6002E ON 5 Feb 2019		
Preferred Workshop Finalisation	Yes ▼	Insured Liability	Not at Fault ▼
Preferred Repair Option	Preferred	Preferred Workshop (refer below)	GIA report
Date Registered	09/02/2019 15:26	Received	Claim Close Date
Report Taken By	ROS LINDA	Workshop Repairer	

Print AK letter



## Attachment

Accident No.	MT/1031237	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2019 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 09 Feb 2019 15:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:26	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:24	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name