

# NATIONAL Assessment Centre Services

|                           |  |                       |              |
|---------------------------|--|-----------------------|--------------|
| Date In: 07/05/2019 18:29 | Job description                          | Date & Time Completed | Done by      |
| Ref No: NA/INC19008042/K4 | SAS e-filing                             |                       |              |
| Veh No: SJC 6280J         | E-mail (within 8hrs. Aft. 2hrs)          |                       |              |
| DOA: 06/05/2019 13:35     | i-Motor Claim Form                       | MT/1043338-002        | 8/5/19/10:44 |
| OD: TP Reporting Only     | i-Motor W/O (Within: OD 2hrs. TP 4hrs)   |                       |              |
| TP Insurer:               | i-Photo Uploaded                         |                       |              |
|                           | Assessment/Survey Report                 |                       |              |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |              |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: EK 1313Z 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

NA1903251

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

- AR: Accident Reporting (\$30);
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- FT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- N1: Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- 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
- N12: Idac Mobile 30

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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             | 07/05/2019 18:29   |
| Date Of Accident           | 06/05/2019 13:35   |
| Exact Location Of Accident | MARINE PARADE ROAD |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJC6280J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIM CHYE HENG        |
| NRIC No                     | S0244002D            |
| Email Address               | ERIC.MDI@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-99999999 |
| Alternative Phone No        | HOME-64490418        |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | SUBARU      |
| Model  | IMPREZA 4AT |
| 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             | 5050368230-08                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM CHYE HENG         |
| NRIC No              | S0244002D             |
| Date Of Birth        | 12/08/1930            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 10/12/1953            |
| Driving Experience   | 65 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-99999999  |
| Fax Number           |                       |
| Contact Number       | HOME-64490418         |
| Email Address        | ERIC.MDI@GMAIL.COM    |

|   |                          |
|---|--------------------------|
| Address   | 3 MARINE VISTA<br>#18-67 |
| Postcode  | 449027                   |
| 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   | SIDE SWIPE |
| 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?   | 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)   | 1   |

#### 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         | EK1313Z       |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      | LOO SEOW SHAN |
| NRIC/Passport Number                |               |
| Contact Number                      | 98355384      |
| 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.

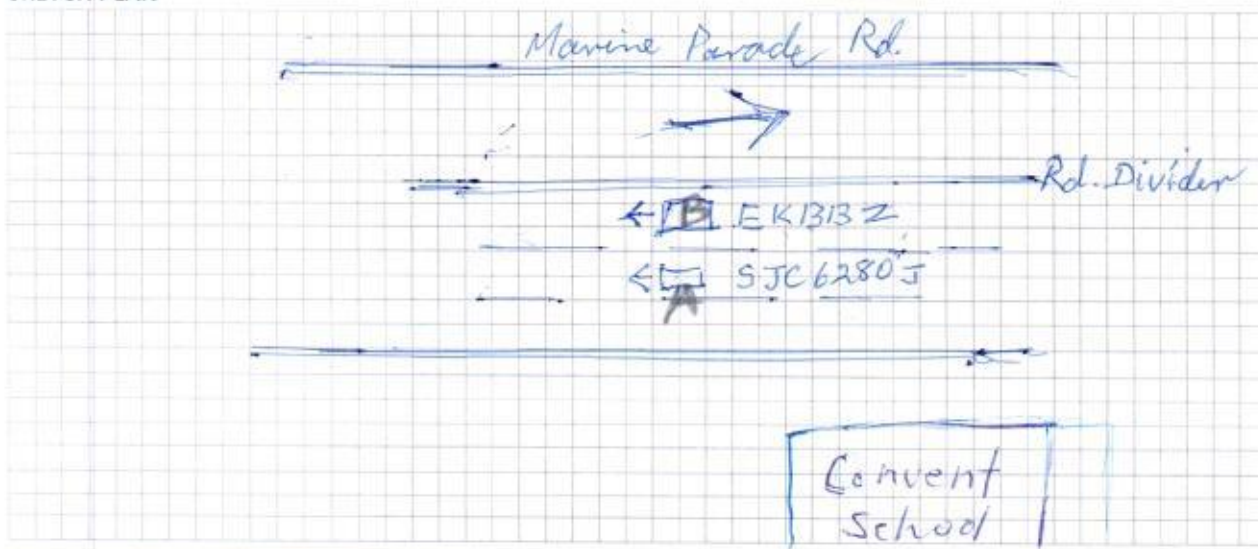
Policyholder's Signature  
Date & Time:

7.5.19  
1.40pm

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

On 6-5-19 at about 1:35 pm I was driving along Marine Parade Rd. towards direction of Marine Vista (+ Airport) when I suddenly felt another car <sup>scraping</sup> the right of my car. I stopped the car and found the right front mud-guard dented at 2-3 places. The other car EK1313Z had stopped a short distance in front; had some scratches on both left side doors and the metal lining below the left door slightly damaged - no other visible damage on the car.

## DECLARATION

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

Policyholder's Signature

Date & Time:

7.5.19 1.40 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

7/5/2019



Reported on 7/5/2019 @ 1350hrs.

# ACCIDENT STATEMENT

ACCIDENT DATE: (6/5/2019) (DD/MM/YYYY), TIME: (13:35) (HH:MM)

LOCATION: Marine Parade Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 6280J  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 64490418  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY) (5449027)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EK13132 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Loo Seaw Shan  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98355384

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

eric.mdi@gmail.com


Email = Linkhoonwee

fax =

VIDEO =

eric.mdi@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0244002D



Name  
**LIM CHYE HENG**  
**林再兴**  
Race  
**CHINESE**  
Date of Birth  
**12-08-1930** Sex  
**M**  
Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0244002D**  
Name  
**LIM CHYE HENG**  
Birth Date: **12 Aug 1930**  
Issue Date: **07 Oct 2003**



1001483



NRIC No. **S0244002D**




Blood Group: **A+** Date of issue: **03-06-1993**

Address  
**3 MARINE VISTA  
#18-67  
SINGAPORE 1544**

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

|   | PASS DATE          |
|---|--------------------|
| <b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | <b>10 Dec 1953</b> |

NP 428A



Licence No: S0244002D

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

06/05/2019 13:35

Vehicle No.(For Motor)

SJC6280J

Certificate Number

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5050368230-08 |                    | LIM CHYE HENG     | S0244002D         | GPC     | drivo CLASSIC | SJC6280J    | SJC6280J       | 26/02/2019    | 25/02/2020  |

Continue



▼ Policy Information

|                             |  |                             |                  |                   |                  |
|-----------------------------|--|-----------------------------|------------------|-------------------|------------------|
| Policy No.                  | 5050368230-08  | Policyholder Name           | LIM CHYE HENG    | Policyholder NRIC | S0244002D        |
| Certificate No.             |  |                             |                  |                   |                  |
| Address                     | BLK 3 MARINE VISTA #18-67 NEPTUNE COURT SINGAPORE 449027 |                             |                  |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                                    | Plan                        |                  | Group Policy Flag | N                |
| Policy issue Date           | 18/01/2019   | Effective Date              | 26/02/2019 00:00 | Expiry Date       | 25/02/2020 23:59 |
| Third Party Excess          | 0  | Own damage Excess           | 600              | Windscreen Excess | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                |                   |                  |
| Outside Singapore OD Excess | 600  | Outside Singapore TP Excess | 0                |                   |                  |
| Agent                       | S & M ALLIANCE PTE LTD                                   | Agent Tel.                  | 96354288         | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                  |                   |                  |
| Open Policy Info            |  |                             |                  |                   |                  |
| Certificate Info            |  |                             |                  |                   |                  |

▼ Policyholder Mailing Address

|           |                    |                       |                      |           |                  |
|-----------|--------------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 3 MARINE VISTA | Address 2             | #18-67 NEPTUNE COURT | Address 3 | SINGAPORE 449027 |
| Address 4 |                    | Address Type          | Singapore address    | Post Code | 449027           |
| Unit No.  |                    | Related Policy Number | 5050368230-08        |           |                  |

► Insured Object: **SJC6280J**

▼ Endorsements

| Sequence                  | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------|---------------------|------------------|--------------------|---------------------|
| <div>ContinueCancel</div> |                     |                  |                    |                     |

## Claim Handling

Accident MT/1043338

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5050368230-08   | Vehicle No.         | SJC6280J  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | LIM CHYE HENG   |                     |   | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              |
| Contact No.(Mobile) | NA  | Contact No.(Office) |   | 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      | Yes   | NCD Entitlement(%)  | 50  | Private Hire         |

## ▼ Accident Details

|                   |                    |                               |       |                     |
|-------------------|--------------------|-------------------------------|-------|---------------------|
| Report Date       | 07/05/2019 15:08   | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 06/05/2019         | Time of Accident hh:mm        | 13:30 | Country of Accident |
| Reporting Centre  |                    | Orange Force                  |       | ICM No.             |
| Accident Location | MARINE PARADE ROAD |                               |       |                     |

## ▼ 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 3 MARINE VISTA | Address 2             | #18-67 NEPTUNE COURT | Address 3 |
| Address 4 |                    | Address Type          | Singapore address    | Post Code |
| Unit No.  |                    | Related Policy Number | 5050368230-08        |           |

## ▼ OI Driver Info

|   |   |                     |                 |                    |
|---|---|---------------------|-----------------|--------------------|
| Driver Name                             |   | Driver Type         |                 |                    |
| Unnamed driver Name                     |   | Driver NRIC         |                 | Driver DOB         |
| Register Date of Driver License         |   | Driver Age          |                 | Driving Experience |
| Contact No.(Mobile)                     |   | Contact No.(Office) |                 | Contact No.(Home)  |
| Address 1                               |   | Address 2           |                 | Address 3          |
| Address 4                               |   | Address Type        | Foreign address | Post Code          |
| Unit No.                                |   |                     |                 |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                 | Driver Insurer Com |

Modification History

Claim 002 OD-MX

New

|   |                                  |                                  |                    |
|---|----------------------------------|----------------------------------|--------------------|
| Claim Type *  | OD-MX                            | Insured Name                     | LIM CH             |
| Contact No.(Mobile)                                 | NIL                              | Contact No. (Home)               | 644904             |
| Email Address                                       |                                  | OI Vehicle Number                | SJC628             |
| Claim Description                                   | SJC6280J / EK1313Z ON 6 May 2019 |                                  |                    |
| Preferred Workshop                                  |                                  | Insured Liability                | Partially at Fault |
| Repair Option                                       | Preferred                        | Preferred Workshop, Name unknown |                    |
| Finalisation  | Yes                              | GIA report                       | Received           |
| Date Registered                                     |                                  | Claim Close Date                 | 08/05/2019 10:44   |
| Report Taken By                                     |                                  | Workshop Repairer                |                    |
| <input checked="" type="checkbox"/> Print AK letter |                                  |                                  |                    |



## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1043338  | Claim No.   | 002              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 08/05/2019 10:40 |

| 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"/> |


## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des.          |
|------------|--|-----------------------|---------|---------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:44 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:42 | SAS                   | Normal  | SAS :         |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:42 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:41 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 10:40 | Photos                | Normal  | Photos        |



08 May 2019 10:40

NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
08 May 2019 10:40

Photos

Normal

Photos

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