

# NATIONAL Assessment Centre Services

Date In: 13/05/19	Job description	Date & Time Completed	Done by:
Ref No: NA/INC 19008374/13	SAS e-filing		
Veh No: SJQ 3640A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/04/19 0330	i-Motor Claim Form	MT/1040521-002	
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: (	Tel:	Fax:
TP Particulars:	Veh No: SJM131T	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

NA1903540

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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 (N/n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 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	13/05/2019 09:11
Date Of Accident	13/04/2019 03:30
Exact Location Of Accident	NEW UPP CHANGI RD TWDS EXPO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3640A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP KIAN SING
NRIC No	S7338289J
Email Address	KWEN7388@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97666789
Alternative Phone No	OTHERS-97666789

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT
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	REPORTING ONLY
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	5087971538-01
Cover Note Number	

### Driver

Name of Driver	YAP KIAN SING
NRIC No	S7338289J
Date Of Birth	20/10/1973
Occupation	INDOOR
Date Of Driving Pass	18/08/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97666789
Fax Number	
Contact Number	OTHERS-97666789
Email Address	KWEN7388@GMAIL.COM

Address	2 FIRST STREET #02-08
Postcode	458278
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 - CHANGE/CROSS LANE
Weather Conditions	CLOUDY
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190414/2005

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM131T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NABILFIKRI BIN ABDUL HAKIM
NRIC/Passport Number	S9308454C
Contact Number	86459550
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:

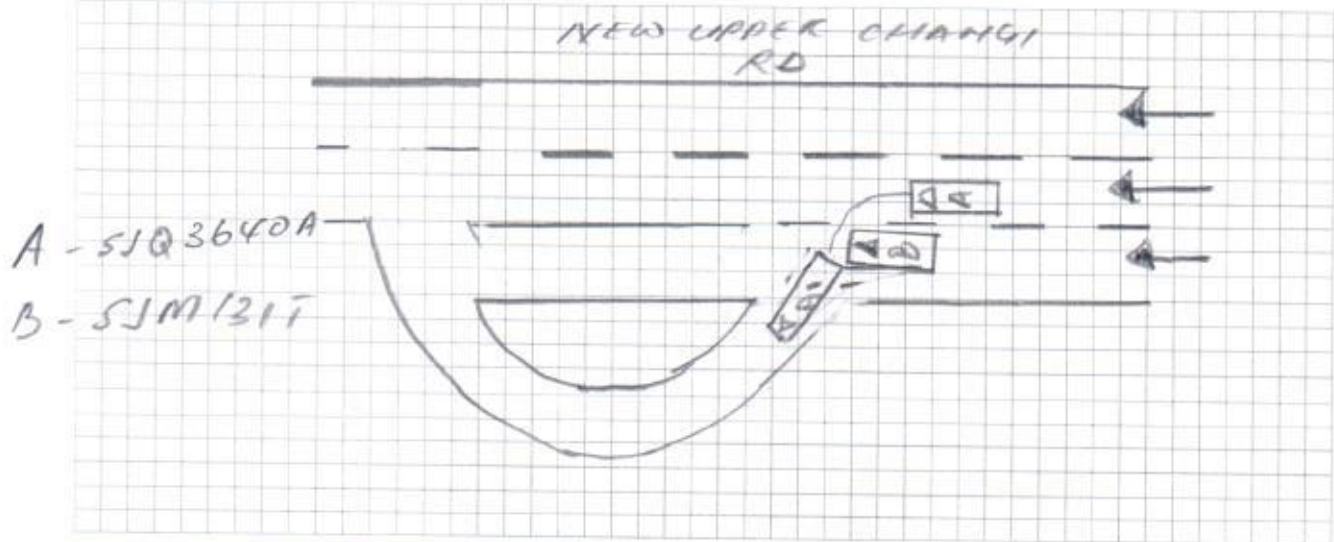
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 00/05/19  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 13/05/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190414/2005

## 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.:





# SINGAPORE POLICE FORCE



T/20190414/2005

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20190414/2005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 00:57	Vide Report No.:	Station Diary No.: 11
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### Informant's Particulars

Name of Informant: YAP KIAN SING			Address: 2 FIRST STREET #02-08 SINGAPORE 458278	
ID Type / ID No.: NRIC NO / S7338289J			Contact No.: Home/Office: Mobile: 97666789	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 20/10/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/04/2019 03:30	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD				
Along the road towards expo				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM131T	Car			White	Slightly Damaged	2
SJQ3640A	Car	VOLKSWAGO N	PASSAT CC 1.8T AT 3572J7	Brown	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ3640A	NTUC Income Insurance Co-Operative Limited	5087971538-01	06/05/2018	05/05/2019





# SINGAPORE POLICE FORCE



T/20190414/2005

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20190414/2005

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD NABILFIKRI BIN ABDUL HAKIM	ID No.	S9308454C
Related Vehicle	SJM131T (Car)	Contact No.	86459550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	YAP KIAN SING	ID No.	S7338289J
Related Vehicle	SJQ3640A (Car)	Contact No.	97666789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the above date and time, i was driving along the above mention location at the middle lane. As I was driving around looking for ATM machine so I spotted it at bedok central. There was a drop off point so as I was trying to turn in, I signal left and check my blind spot to check for car and when it's cleared I filter in and suddenly I heard a bang sound at the back of the car. Both parties stopped and check for damage and exchange particulars.

There was only scratches on both car and there was in-car camera in his car. I asked him to check and if its my fault I am willing to pay but he refused and keep wanting to call traffic police.

I am lodging this report for record purpose.





**SINGAPORE  
POLICE FORCE**



T/20190414/2005

3 of 3

Report No. T/20190414/2005

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 2 SIA WAN XIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /

Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
14/04/2019 00:57

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7338289J**

Name: **YAP KIAN SING**  
**YE JIANXING**

Birth Date: **20 Oct 1973**  
Issue Date: **23 Oct 2015**

002486190G

SG 50

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7338289J**

Name: **YAP, KIAN SING**  
**(YE JIANXING)**  
**叶建兴**

Race: **CHINESE**  
Date of Birth: **20-10-1973** Sex: **M**  
Country of Birth: **SINGAPORE**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	10 Dec 1990
Class 2A Motorcycles between 201 cc and 400 cc	18 Jan 1992
Class 2 Motorcycles > 400 cc	06 Aug 1993
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Aug 1998

Licence No: **S7338289J**

2975527

NRIC No: **S7338289J**

Blood Group: **O+** Date of Issue: **15-08-1997**

2 FIRST STREET #02-08  
SINGAPORE 450278  
NRIC No: **S7338289J** Date: **20/08/2018**



**Please note the following:**

- 1/1

## ACCIDENT STATEMENT

ACCIDENT DATE: 13/04/2019 (DD/MM/YYYY), TIME: 03:30 (HH:MM)

LOCATION: along New Upper Chang, R.A.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2R3640R  
b) INSURANCE COMPANY: NACU  
c) POLICY NUMBER: 508497 (538-01)  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Vauxhall  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 03:30  
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: Maplecan Sing (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 573382895 CONTACT: 97666789  
c) ADDRESS: 2 First Street #02-10  
Sipar 458248

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

### DRIVER

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

\*d) DATE OF BIRTH: 29/01/77 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/08/1988

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED YES / NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: Marine Parade N.P.C

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 55M131T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

CAMERA - NO

NO PHOTOS

Email = Cwen7308@gmail.com

fax =

VIDEO =



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="13/04/2019 03:30"/>
Vehicle No.(For Motor)	<input type="text" value="SJQ3640A"/>	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"/>	5087971538-01		YAP KIAN SING	S7338289J	GPC	drive CLASSIC	SJQ3640A	SJQ3640A	06/05/2018	05/05/2019

## Claim Handling

Accident MT/1040521

Policy No.	5087971538-01	Vehicle No.	SJQ3640A	GST Registration No.
Certificate No.				
Policyholder Name	YAP KIAN SING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97666789	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	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	17/04/2019 08:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/04/2019	Time of Accident hh:mm	03:45	Country of Accident
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	NEW UPPER CHANGI ROAD TOWARDS CHANGI LEISURE			

## ▼ Excess

Own damage Excess	500.00	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	2 FIRST STREET	Address 2	#02-08 SIGLAP V	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-08	Related Policy Number	5087971538-01	

## ▼ OI Driver Info

Driver Name	YAP KIAN SING (YE JIANXING)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7338289J	Driver DOB
Register Date of Driver License	18/08/1998	Driver Age	45	Driving Experience
Contact No.(Mobile)	97666789	Contact No.(Office)		Contact No.(Home)
Address 1	48 CANBERRA DRIVE	Address 2	#13-15 YISHUN SAPPHIRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-15			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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
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Modification History

Claim 002 OD-MX

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Fully at Fault   
 CORRECT No. Finalisation  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Received

Date Registered

Report Taken By

☒ Print AK letterOD-MX  Insured Name  YAP KIA97666789  Contact No. (Home)  NIL Vehicle Number  SJQ364

SJQ3640A / SJM131T ON 13 Apr 2019

13/05/2019 10:23  Claim Close Date ROSLINDA  Workshop Repairer



[Save](#) [Submit](#)**Attachment**

Accident No.	MT/1040S21	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/05/2019 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Message Read</a>			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:23		NRIC/ Driving License	Normal	NRIC/ Driving I
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 10:23		SAS	Normal	SAS 2

**Video List**

Uploaded By/Date	Folder Date	File Name
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[Display in New Window](#)[Scan and uploading](#)