

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------|
| Date In: 24/05/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19009185/13 | SAS e-filing | | |
| Veh No: SLU74982 1335 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 24/05/19 1335 | i-Motor Claim Form | MT/1045976-001 | |
| 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: SMK57434 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA1903880

| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) 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 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 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 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| 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 | 24/05/2019 15:02 |
| Date Of Accident | 24/05/2019 13:35 |
| Exact Location Of Accident | JUNC OF KAKI BUKIT AVE 2 & KAKI BUKIT RD 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU7498Z |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN HOW MENG |
| NRIC No | S1129457Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85081133 |
| Alternative Phone No | OTHERS-87934696 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER |
| Exact Purpose for which vehicle was being used at time of accident | LEARNER |
| 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 | 5103582613 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | YEO CHEE LIANG(YANG ZHILIANG) |
| NRIC No | S7443223I |
| Date Of Birth | 29/12/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/04/2019 |
| Driving Experience | 0 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87934696 |
| Fax Number | |
| Contact Number | |
| Email Address | YEOCHEELIANGQQQ@GMAIL.COM |

| | |
|-----------------------------------------------------|----------------------------------|
| Address | BLK 436 YISHUN AVE 11 #11-214 |
| Postcode | 760436 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - STUDENT |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

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

Other Information

| | |
|---------------------------------------------------------------------------------------------|----------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | 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) | 2 |
| Passenger 1 | NAME: : TAN HOW MENG 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

MY VEH WAS STATIONARY AT JUNC OF KAKI BUKIT AVE 2 & KAKI BUKIT RD 2 DUE TO THE RED TRAFIC LIGHT AHEAD. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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 | SMK5743U |
| Vehicle Make/Model/Colour | HYUNDAI AVANTE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 84287279 |
| 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:

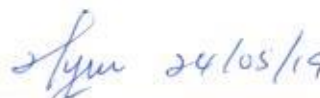
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

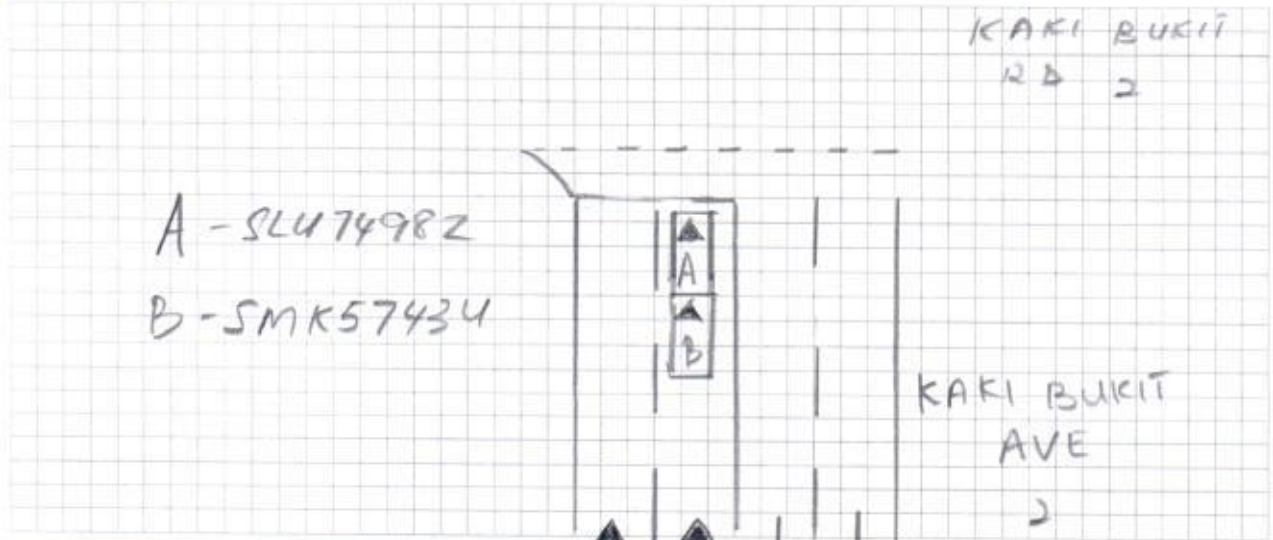


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

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. S74432231



Name

YEO CHEE LIANG
(YANG ZHILIANG)

杨 志 良

Race

CHINESE

Date of birth

29-12-1974

Country of birth

SINGAPORE

Sex

M



4652570



NRIC No. S74432231



Date of issue

23-11-2010

Address

APT BLK 436 YISHUN AVENUE 11
#11-214
SINGAPORE 760436

Receipt for e-PDL application (P000255316)

Dear YEO CHEE LIANG (NIRC: S7443223I),

1. Your application for PDL for Class 3 is successful!
2. You have made payment of S\$25.00 for PDL for Class 3 on 22 Apr 2019 at 12:49 PM.
3. The expiry date of your PDL for Class 3 is on 21 Apr 2021.

You can print out this page using your Internet browser. Click the Logout button to end the transaction.
Thank you for using this e-service.

Click on the buttons or links

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

24/05/2019 13:25

Vehicle No.(For Motor)

SLU7498Z

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5103582613 | | TAN HOW MENG | S1129457Z | GPC | drive CLASSIC | SLU7498Z | SLU7498Z | 04/09/2018 | 28/09/2019 |

Claim Handling

Accident MT/1045976

| | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No. | 5103582613 | Vehicle No. | SLU7498Z | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TAN HOW MENG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 85081133 | 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 | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--------------------------------------------|-------------------------------|-------|---------------------|
| Report Date | 24/05/2019 17:39 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 24/05/2019 | Time of Accident hh:mm | 13:35 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JUNC OF KAKI BUKIT AVE 2 & KAKI BUKIT RD 2 | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 1000 | Windscreen Excess |
| Unnamed Driver Excess | 2,500.00 | 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 | 50 LORONG 40 GEYLANG | Address 2 | #07-43 SUNNY SPRING | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | S096625898-01 | |

▼ OI Driver Info

| | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | YEO CHEE LIANG(YANG ZHILIAN) | Driver NRIC | S7443223I | Driver DOB |
| Register Date of Driver License | 22/04/2019 | Driver Age | 44 | Driving Experience |
| Contact No.(Mobile) | 87934696 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 436 | Address 2 | YISHUN AVENUE 11 | Address 3 |
| Address 4 | SINGAPORE 760436 | Address Type | Singapore address | Post Code |
| Unit No. | #11-214 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

| | | | |
|---------------------|------------------------------------|----------------------------------|--------------|
| Claim Type * | OD-MX | Insured Name | TAN HQ |
| Contact No.(Mobile) | 98523365 | Contact No. (Home) | NIL |
| Email Address | | OI Vehicle Number | SLU749 |
| Claim Description | SLU7498Z / SMK5743U ON 24 May 2019 | | |
| Preferred Workshop | Yes | Insured Liability | Not at Fault |
| Repair Option | Preferred | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 24/05/2019 17:46 | Claim Close Date | |
| Report Taken By | ROSILINDA | Workshop Repairer | |

Print AK letter

Attachment

Accident No. MT/1045976 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/05/2019 00:00

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category *

Confidential

NO

NO

NO

NO

NO

NO

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des. |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:46 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:46 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:46 | SAS | Normal | SAS 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:45 | Photos | Normal | Photos |
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Video List

Uploaded By/Date

Folder Date

File Name



Claim Handling

Accident MT/1045976

| | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No. | 5103582613 | Vehicle No. | SLU7498Z | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TAN HOW MENG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 85081133 | 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 | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--------------------------------------------|-------------------------------|-------|---------------------|
| Report Date | 24/05/2019 17:39 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 24/05/2019 | Time of Accident hh:mm | 13:35 | Country of Accident |
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| Accident Location | JUNC OF KAKI BUKIT AVE 2 & KAKI BUKIT RD 2 | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 1000 | Windscreen Excess |
| Unnamed Driver Excess | 2,500.00 | 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 | | | |

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| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5096625898-01 | |

▼ OI Driver Info

| | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB |
| Unnamed driver Name | YEO CHEE LIANG(YANG ZHILIAN) | Driver NRIC | S7443223J | Driving Experience |
| Register Date of Driver License | 22/04/2019 | Driver Age | 44 | Contact No.(Home) |
| Contact No.(Mobile) | 87934696 | Contact No.(Office) | 0 | Address 3 |
| Address 1 | BLK 436 | Address 2 | YISHUN AVENUE 11 | Post Code |
| Address 4 | SINGAPORE 760436 | Address Type | Singapore address | |
| Unit No. | #11-214 | | | |
| 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 |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

| | | | | | |
|--------------------|----------------------|-------------------------|----------------------------------|------------|----------|
| Preferred Workshop | <input type="text"/> | Insured Liability | Not at Fault | GIA report | Received |
| Workshop No. | <input type="text"/> | Preferred Repair Option | Preferred Workshop, Name unknown | | |
| Finalisation | Yes | | | | |

Date Registered

Report Taken By

☒ Print AK letter

| | | |
|----------|--------------------|--------|
| OD-MX | Insured Name | TAN HC |
| 98523365 | Contact No. (Home) | NIL |
| | O1 Vehicle Number | SLU749 |

SLU7498Z / SMK5743U ON 24 May 2019

| | | |
|------------------|-------------------|--|
| 24/05/2019 17:46 | Claim Close Date | |
| ROSLINDA | Workshop Repairer | |

Attachment

Accident No. MT/1045976 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/05/2019 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"/> |
| <input type="button" value="Message Read"/> | | | | |

Attachment List

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|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|---------|-----------------|
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:46 | SAS | Normal | SAS 2 |
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Video List

| Uploaded By/Date | Folder Date | File Name |
|------------------|-------------|--------------------------------------------------------------------------------------------------------|
| | | <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |