

NATIONAL Assessment Centre Services

Date In: 19/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9014466/13	SAS e-filing		
Veh No: SJV1094M	E-mail (within 8hrs, MO 2hrs)		
DOA 16/08/19 2030	i-Motor Claim Form	MT/1058535 - 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: (ASIA MOTOR)	Tel: ()	Fax: ()
TP Particulars:	Veh No: GBF4047J	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

NA1906135	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	19/08/2019 17:35
Date Of Accident	16/08/2019 20:30
Exact Location Of Accident	LOR 2 TOA PAYOH SLIP RD TWDS PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV1094M
Insured/Policyholder	
Name Of Registered Owner	KOH CHEE WEI
NRIC No	S8702362A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97290921
Alternative Phone No	OTHERS-97290921
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	FERRY PASSENGER
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104783963
Cover Note Number	
Driver	
Name of Driver	KOH CHEE WEI
NRIC No	S8702362A
Date Of Birth	11/01/1987
Occupation	INDOOR
Date Of Driving Pass	13/11/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97290921
Fax Number	
Contact Number	OTHERS-97290921
EEmail Address	NOEMAIL

Address	BLK 334B ANCHORVALE CRESCENT #12-128
Postcode	542334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190817/7026

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	GBF4047J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NOEL TAY YONG KIAT
NRIC/Passport Number	S9841054F
Contact Number	83891352

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH CHEE WEI

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJV1094M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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

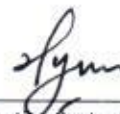
Date & Time:

19/8/2019.

Driver's Signature

(If driver is not the policyholder)

Date & Time:



19/08/19

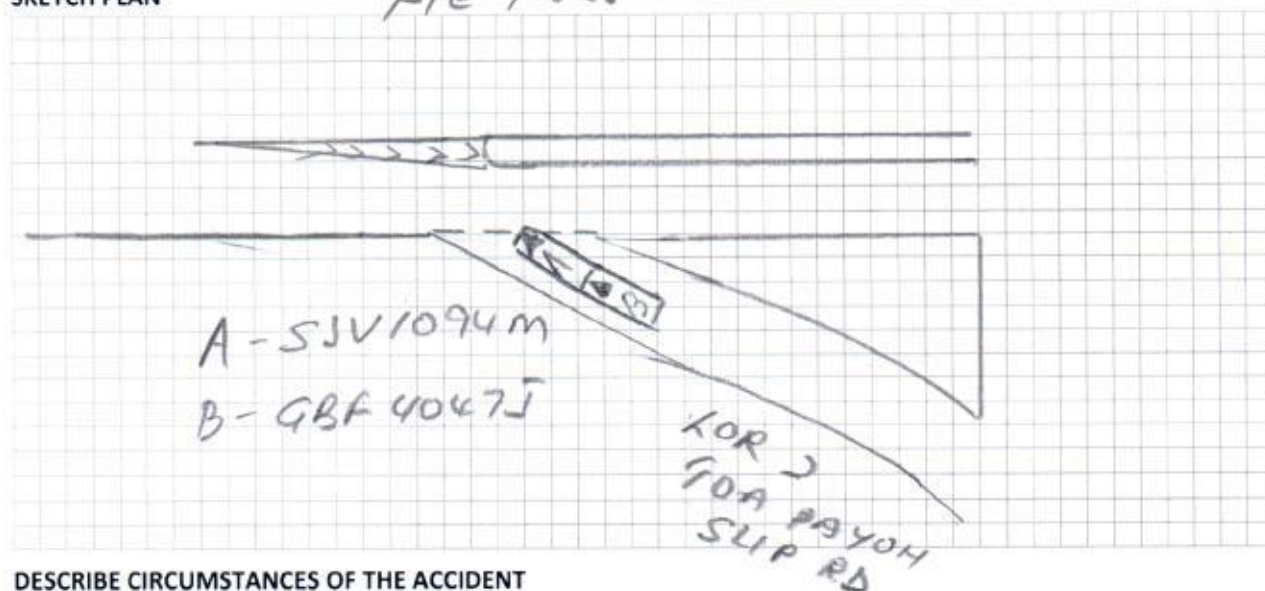
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

P1E TWISS CHANGI AIRPORT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190817/7026

DECLARATION

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


Policyholder's Signature

Date & Time:
19/8/2019

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

 19/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190817/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190817/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 18:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHEE WEI			Address: APT BLK 334B ANCHORVALE CRESCENT #12-128 SINGAPORE 542334		
ID Type / ID No.: NRIC NO / S8702362A			Contact No.: Home/Office: Mobile: 97290921		
Nationality: SINGAPORE CITIZEN			Email: victor.kohcw@gmail.com		
Sex: Male	Age: 32	Date of Birth: 11/01/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Operations research analyst			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2019 20:30	Type of Location: entrance to expressway
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between 2 vehicles exiting to expressway				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4047J	Van	TOYOTA	HiAce			0
SJV1094M	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV1094M	NTUC Income Insurance Co-Operative Limited	5104783963	17/10/2018	16/10/2019



**SINGAPORE
POLICE FORCE**



T/20190817/7026

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190817/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOEL TAY YONG KIAT	ID No.	S9841054F
Related Vehicle	GBF4047J (Van)	Contact No.	83891352
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
Driver			
Name	KOH CHEE WEI	ID No.	S8702362A
Related Vehicle	SJV1094M (Car)	Contact No.	97290921
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2019	Date Discharge	17/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

My car was travelling along TPY LoR 6 exiting to PIE towards Changi. My car came to a stop as there are cars on the main road. Suddenly i feel there is a impact from my back and my car move forward despite my leg was on my foot brake the whole incident.



**SINGAPORE
POLICE FORCE**



T/20190817/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190817/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/08/2019 18:31

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 08 / 2019 (DD/MM/YYYY), TIME: 20 : 30 (HH:MM)

LOCATION: Rt TP4 for 2 exit to entrance to Expressway.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV1094M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5104783963
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Axio
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: from ferry passenger
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: Koh Chee Wei (MALE / FEMALE) ✓
b) NRIC/FIN/PASSPORT: S8702362A CONTACT: 97290921
c) ADDRESS: Blk 334B Anchorvale Crescent #12-128
542334

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Same above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 11 / 01 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13 NOV 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO) own vehicle
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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8F 4047J MODEL: Toyota
b) DRIVER'S NAME: Noel Tay Yong Kiat
c) NRIC/FIN/PASSPORT: S9841054F CONTACT: 83891352

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(2)

Male

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

9/08/19
waiting for
veh and
occasional CC ✓

Email = Victor.Koh CW@gmail.com / asiamotorsports@hotmail.com
fax =
video =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8702362A**



Name

KOH CHEE WEI

许芝伟

Race
CHINESE

Date of birth
11-01-1987

Country/Place of birth
SINGAPORE

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8702362A**

Name

KOH CHEE WEI

For LKK/NAC Use Only

Birth Date: **11 Jan 1987**

Issue Date: **13 Nov 2006**



001458521G

5853557



NRIC No. **S8702362A**



For LKK/NAC Use Only

Date of issue
16-01-2018

Address

**APT BLK 334B ANCHORVALE CRESCENT
#12-128
SINGAPORE 542334**

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

PASS DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **13 Nov 2006**

For LKK/NAC Use Only



Licence No: **S8702362A**

NP 426A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	03/05/2018

For LKK/NAC Use Only



Land Transport Authority



PDVL/TDVL
33 888 8888
262696



VOCATIONAL LICENCE

Licence No. S8702362A

Name: KOH CHEE WEI

For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104783963		KOH CHEE WEI	S8702362A	GCV	Comprehensive	SVJ1094M	SVJ1094M	17/10/2018	16/10/2019

Claim Handling

Accident MT/1058535

Policy No.	5104783963	Vehicle No.	SJV1094M	GST Registration No.
Certificate No.				
Policyholder Name	KOH CHEE WEI			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97290921	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	20/08/2019 12:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/08/2019	Time of Accident hh:mm	20:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOR 2 TOA PAYOH SLIP RD TWDS PIE CHANGI AIRPORT			

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	20/08/2019 12:32:13 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 334B #12-128	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4	SINGAPORE 542334	Address Type	Singapore address	Post Code
Unit No.	12-128	Related Policy Number	5104783963	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH CHEE WEI	Driver NRIC	S8702362A	Driver DOB
Register Date of Driver License	13/11/2006	Driver Age	32	Driving Experience
Contact No.(Mobile)	97290921	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 334B	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4	SINGAPORE 542334	Address Type	Singapore address	Post Code
Unit No.	#12-128			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOH CHEE WEI
Contact No.(Mobile)	97290921	Contact No. (Home)	
Email Address	victor.kohcw@gmail.com	OI Vehicle Number	SJV109
Claim Description	SJV1094M / GBF4047J ON 16 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Owner No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	20/08/2019 12:35	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save

Submit

Attachment



Accident No.	MT/1058535	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> 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 20 Aug 2019 12:35	NRIC/ Driving License		Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:35	NRIC/ Driving License		Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:35	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 12:34	Photos		Normal	Photos

Video List

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