

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 27/08/19	Job description	Date & Time Completed	Done by
Ref No: NM/INC19015047/12	SAS e-filing		
Veh No: FBQ1509E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/08/19 1240	i-Motor Claim Form	MT/1059580-001	
<input checked="" type="radio"/> 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: (**BRDC (KIM KEAT)** Tel: Fax:)

TP Particulars:	Veh No: LOSS CONTROL 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

NA1906471	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat 2 / 3:	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		
	9) N11: TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 27/08/2019 10:09
Date Of Accident 20/08/2019 12:40
Exact Location Of Accident BBDC CIRCUIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1509E
Insured/Policyholder
Name Of Registered Owner BUKIT BATOK DRIVING CENTRE LTD
Co Reg No 198801155R
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64833167

Vehicle Particulars

Manufacturer HONDA
Model CBF190WH
Exact Purpose for which vehicle was being used at time of accident TRAINEE
Are you claiming under your own insurance policy for repair to your vehicle? YES
If No, Please state action to be taken
Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 0073451220-15
Cover Note Number

Driver

Name of Driver MICHAELA GRACE KHO WEN SI
NRIC No S9741794F
Date Of Birth 19/11/1997
Occupation INDOOR
Date Of Driving Pass 20/08/2019
Driving Experience 0 YEAR AND 0 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-99999999
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 211 PETIR ROAD
 #18-471
 Postcode 670211
 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 NO COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 1
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 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 INJURED PERSON 1

Name MICHAELA GRACE KHO WEN SI
 Approximate Age
 Injuries Sustain FACE
 Injured person in which vehicle? FBQ1509E
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance? NO
 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.

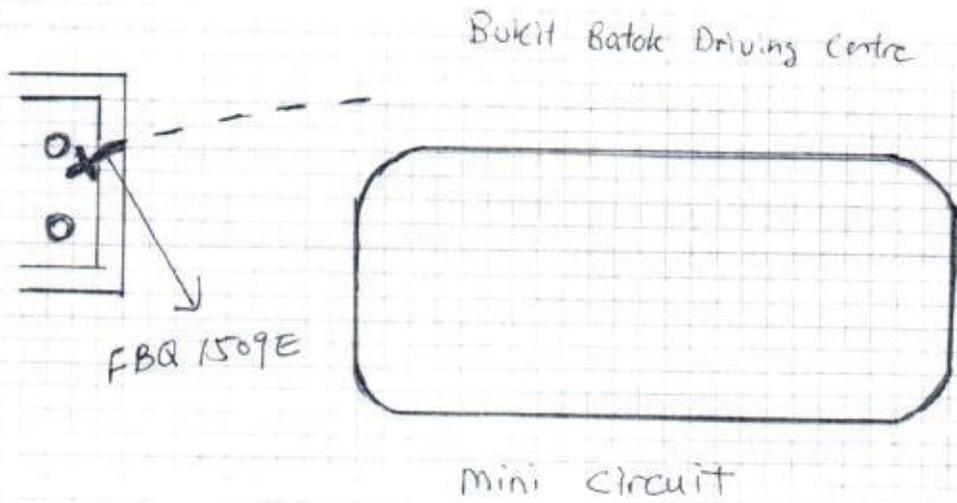
GENERAL INSURANCE ASSOCIATION OF SINGAPORE
100 ROBINSON ROAD, #12-01, SINGAPORE 068906
TEL: 6342 1233 FAX: 6342 0777

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

Learner rider having her practical lesson, subject 1.01 under class 2B, after having the explanation and demo, she start practicing her stoping and moving off with gear 1, as get nearer to the head, she suddenly go fast and lost control of her bike, and fall down, injured her face.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature: *[Signature]*
Date & Time:

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

Reporting Centre Personnel's Signature: *[Signature]* 27/08/19
Name:
NRIC/FIN No:

ACCIDENT STATEMENT

<input type="radio"/> Owner
<input type="radio"/> Driver

Date of Accident: 20/8/19 Time: 1240 hrs. Location of Accident: BBD C circuit

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBQ 1509E
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	HONDA CBF190WH
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, <input checked="" type="radio"/> Motorcycle, Others: _____
Exact Purpose for which vehicle was being used at the time of accident	Training
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks: _____
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
DRIVER	
Name of Driver	MICHAELA GRACE KHO WEN SI
NRIC/ FIN/ Passport	S9741794F
Date of Birth	19-11-1997
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp:
Address	BIK 211 PETIR ROAD #18-471 S(670211)
Email Address	
Was driver an employee of the Insured's Company? If No, relationship of Driver with the Insured	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Number of Driver's Own Vehicle (if applicable)	LEARNER
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: _____
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: _____
Damage Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____
Vehicle Make/ Model/ Colour _____
Details of Properties (If Other Party is not a Vehicle) _____
Damage Area _____
Name of Driver _____
NRIC/ FIN/ Passport _____
Contact Number / Email Address _____
Address _____
Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____
Vehicle Make/ Model/ Colour _____
Details of Properties (If Other Party is not a Vehicle) _____
Damage Area _____
Name of Driver _____
NRIC/ FIN/ Passport _____
Contact Number / Email Address _____
Address _____
Name of Insurance Company _____

DETAILS OF WITNESS

Name _____
Phone / Email Address _____
Address _____
NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____
NRIC/ FIN/ Passport _____
Address _____
Approximate Age _____
Injuries Sustained _____
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? Yes No
Was Injured conveyed to hospital by ambulance? Yes No

DETAILS OF INJURED PERSON 2

Name _____
NRIC/ FIN/ Passport _____
Address _____
Approximate Age _____
Injuries Sustained _____
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? Yes No
Was Injured conveyed to Hospital by Ambulance? Yes No

Declaration

I/we declare that the above particulars & information provided above are true in every aspect.

15 JUL 2005

SINGAPORE POLICE
6681 1233 FAX 6650

Signature of Policy Holder
(Company Chop / applicable)

Signature

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Date & Time

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number :	0073451220-15	Cover :	Comprehensive
1. Index mark and Registration Number of Vehicle	:	FBQ1509E	
Chassis Number	:	LWBMC4694L1600353	
2. Name of Policyholder	:	BUKIT BATOK DRIVING CENTRE LTD	
3. Effective Date of Insurance	:	07 Aug 2019	
4. Expiry Date of Insurance	:	06 Aug 2020	
5. Persons or Classes of Persons entitled to drive#			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his/her permission.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6. Limitations as to Use#			
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.			
This Policy does not cover			
(a) Use for hire or reward.			
(b) Use for racing, pace-making, reliability trial or speed-testing.			
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.			
(d) Use for any purpose in connection with the Motor Trade.			
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	:	N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1509E		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4694L1600353	Engine No.:	MC46E5092359
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Registered Building Name: BUKIT BATOK DRIVING CENTRE
Registered Postal Code: 659085
COE No. / Expiry Date: 2019060106000817E / 06 Aug 2029
COE Bid Category: D - Motorcycle
QP Paid: \$3,352.00

Transaction Details

Business Transaction Ref No.: 20190807165854538152

Business Transaction Date: 07 Aug 2019

Business Transaction Time: 16:58:54

Message

The above vehicle has been successfully registered.
Please note that \$3,741.00 will be deducted from your GIRO account.

Claim Handling

➤ **Accident MT/1059580**

Task Transfer Exit

LOS SAL SUB

Policy No.	0073451220-15	Vehicle No.	FBQ1509E	GST Registration No.	M200805321
Certificate No.					
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	198801155R
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

➤ **Accident Details**

Report Date	27/08/2019 10:40	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/08/2019	Time of Accident hh:mm	12:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BBDC CIRCUIT				

➤ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

➤ **Benefits**

➤ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

➤ **Policyholder Mailing Address**

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5072565215-04		

➤ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/11/1997
Unnamed driver Name	MICHAELA GRACE KHO WEN SI	Driver NRIC	S9741794F	Driving Experience	0
Register Date of Driver License	20/08/2019	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE 670211
Address 1	BLK 211	Address 2	PETIR ROAD	Post Code	670211
Address 4		Address Type	Singapore address		
Unit No.	#18-471	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

➤ **Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes
Modification History			

➤ **Investigation**

Claim 001 OD-MX **New**

➤ **Claim Case Officer**

Claim Type	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBQ1509E	TP Vehicle Number	
Claim Description	FBQ1509E ON 20 Aug 2019	Name of Preferred Workshop			
Preferred Workshop	Yes	Preferred Repair Option		Preferred Workshop (refer below)	
Insured Liability report		Fully at Fault			
Date Registered	27/08/2019 10:44	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
Modification History					

➤ **Special Claim Creation Approval**

Approval		Reason	
Remarks			

Attachment

Accident No. MT/1059580
 Last Doc. Received Yes No

Claim No. 001
 Upload Date 27/08/2019 00:00

- No file chosen

Path *

Category *		Confidential	Urgency *
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	SAS	Normal	SAS 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	Photos	Normal	Photos 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	Photos	Normal	Photos 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	Photos	Normal	Photos 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	Photos	Normal	Photos 2019-8-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Aug 2019 10:43	Photos	Normal	Photos 2019-8-27

Video List

Uploaded By/Date	Folder Date	File Name	Source