

# NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MNA 120044515

Date In	215120 15:30	Job description	Date & Time Completed	Done by
Ref No	NAI INC 20005518164	SAS e-filing		
Veh No	SMF 3221Z	E-mail (within 3hrs, AIC 2hrs)		
ICCA	215120 12:00	I-Motor Claim Form	MT/1092110 <sup>001</sup>	215120 15:56
CI	(IP) Reporting, Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Work		

Preferred Wisp / INC Assign Wisp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

GX 5488J.

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%; P: 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

## Remarks:

(INC 210044515)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

## Injury:

Date/Time:

Action:

## Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Architect's Comments:

NAI

NAI

MNA 2002865

Invoice / Item	Amount (\$)	Amount (\$)
1) AI: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao 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	02/05/2020 15:30
Date Of Accident	02/05/2020 12:00
Exact Location Of Accident	ALONG JOO CHIAT RD PARALLEL PARKING CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3221Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REUBEN'S EXPRESS TRANSPORT AGENCY
Co Reg No	5XXXX896C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96743647

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105637782-01
Cover Note Number	

### Driver

Name of Driver	GAN TIANG HOWE BENJAMIN @RIZWAN BIN ABDULLAH
NRIC No	SXXXX779E
Date Of Birth	30/09/1956
Occupation	INDOOR
Date Of Driving Pass	30/01/1978
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96743647
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 133 SIMEI ST 1 #02-150
Postcode	520133
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200502/2027

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX5488J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

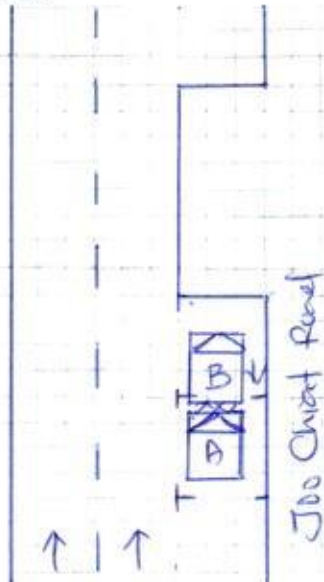


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Veh A: SMF3221Z  
Veh B: GX5488J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200502/2027

## DECLARATION

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



Policyholder's Signature

Date & Time:

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



<b>Vehicle No.</b>	SMF3221Z	Model / Make	Mercedes Benz E250
Date of Accident	2/5/2020		
Time of Accident	1200	HRS	
Location of Accident	Along Joo Chiat Road parallel parking carpark		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Reuben's Express Transport Agency		
Telephone No.	H/P :	Home :	Office :
NRIC	52841896C		
Address	BLK 133 Simei Street 1 #02-150 S(520133)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5105637782-01		
<b>Name of Driver</b>	As Above If No, Gan Tang Hwee Benjamin @ Rizwan Bin Abdulkh		
NRIC	S1196779E	Any Passengers :	
Date of birth	3/9/1956		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	30/1/1978		
Gender	Male	/	Female
Contact No.	H/P : 96743647	Home :	Office :
Address	BLK 133 Simei Street 1 #02-150 S(520133)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	Changi N.P.C
<b>Vehicle B No.</b>	GX5488J	Any Passengers :	
Name of Driver	Contact No. :		
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
Witness Name	Witness Contact :		
<b>Accident Portion</b>	Front portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		





# SINGAPORE POLICE FORCE



T/20200502/2027

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20200502/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/05/2020 13:09	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: GAN TIANG HOWE BENJAMIN			Address: APT BLK 133 SIMEI STREET 1 #02-150 SINGAPORE 520133		
ID Type / ID No.: NRIC NO / S1196779E			Contact No.: Home/Office: Mobile: 96743647		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 30/09/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2020 12:00	Type of Location: Car Park
Location: Along Road 1 JOO CHIAT ROAD  parallel parking carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
GX5488J	Lorry					0
SMF3221Z	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200502/2027

2 of 3

Report No. T/20200502/2027

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

**CONTINUATION OF REPORT**

Driver			
Name	GAN TIANG HOWE BENJAMIN	ID No.	S1196779E
Related Vehicle	SMF3221Z (Car)	Contact No.	96743647
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

**Brief Details.**

On the 02/05/2020 at around 12pm, I was along Joo Chiat Road, in front of the Haja Maimunah stall. I was seating in the car waiting for my wife. There was a lorry in front of me. The person had finish loading their stuff. Suddenly the driver of the lorry reverse. I did not notice anything till my vehicle jerk. That was when I knew that my vehicle had been hit by the lorry. I horn my vehicle towards the lorry several times, however the lorry driver ignored my horns and drove off. I managed to record down the license plate number of the said lorry. There is a CCTV camera inside my car. I am not injured.



**SINGAPORE  
POLICE FORCE**



T/20200502/2027

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20200502/2027

**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 / Sr Staff Sgt DZULHILMI BIN OMAR
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 02/05/2020 13:09
Classification Of Case: 



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5105637782-01

**Cover :** drivo CLASSIC

- |   |                                     |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMF3221Z</b>                   |
| Chassis Number  | : WDD2120362A872052                 |
| 2. Name of Policyholder   | : REUBEN'S EXPRESS TRANSPORT AGENCY |
| 3. Effective Date of Insurance  | : 24 Jan 2020                       |
| 4. Expiry Date of Insurance   | : 23 Jan 2021                       |
| 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 or Hirer's business.  |                                     |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JACK CARS ENTERPRISE PTE LTD
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 : THIS MARKETING INSURANCE AGENCY (00000572208)  
 Date of Issue : 20 Jan 2020 13:01 hrs  
 Reprint : 20 Jan 2020 13:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1092110

Policy No.	5105637782-01	Vehicle No.	SMF3221Z	GST Registrati
Certificate No.				
Policyholder Name	REUBEN'S EXPRESS TRANSPORT AGENCY			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96743647	Contact No.(Office)		Contact No.(Hi
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	02/05/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/05/2020	Time of Accident hh:mm	12:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JOO CHJAT RD PARALLEL PARKING CARPARK			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/05/2020 15:54:36 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	133 SIMEI ST 1	Address 2	#02-150	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105637782-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GAN TIANG HOWE BENJAMIN @	Driver NRIC	SXXXX779E	Driver DOB
Register Date of Driver License	30/01/1978	Driver Age	63	Driving Experi
Contact No.(Mobile)	96743647	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 133 #02-150	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-150			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	REI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SM
Claim Description	SMF3221Z / GX5488J ON 2 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		02/05/2020 15:55	Claim Close Date
		SHAN HUI	

☒ Print AK letter



## Attachment

Accident No.	MT/1092110	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2020 15:56
Path *		Category *	Confider
<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

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:56	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 May 2020 15:55	Photos		Normal	Pt

## Video List

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