

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

Date In: 04/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013383/13	SAS e-filing		
Veh No: GBD6562K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/12/20 1835	i-Motor Claim Form 4/12	MT/1112426-001	
<input checked="" type="radio"/> OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (LEE SHENG)	Tel:	Fax:
TP Particulars:	Veh No: GBA7798E	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 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

NA2006389	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 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 Submission	04/12/2020 14:47 (SGT)
Date of Accident	03/12/2020 18:35 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	ALONG KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6562K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAN MARCO PAINTS (ASIA) PTE LTD
Company Reg No	2XXXXX368K
Email Address	INFO@DECORA-ART.COM
Mobile Phone No	(Phone) +65-68581778
Alternative Phone No	(Office) +65-68581778

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5070273965-05
Cover Note Number	-

DRIVER

Name of Driver	SAMSUL HUDAH
NRIC No	SXXXX758H
Date Of Birth	22/09/1981
Occupation	Outdoor

Date Of Driving Pass	26/05/2003
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92703464
Alt. Phone Number	-
Email Address	SHAM.HUDAH@DECORA-ART.COM
Address	BLK 869ATAMPINES AVE 8
Address complement	#02-504
Postcode	521869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201204/7008

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	GBF7798E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ3496M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	A) GBD 6562 K
	B) KBF 7798 E
	C) GZ 3496 M
	KPE.

Describe Circumstances of the Accident

Refer To Police Report : T/20201204/7008

12/1

Declaration

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] 04/12/20

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20201204/7008

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

1 of 3

Report No. T/20201204/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 10:34		Vide Report No.: F/20201203/0158		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAMSUL HUDAH			Address: 869A TAMPINES AVENUE 8 #02-504 SINGAPORE 521869		
ID Type / ID No.: NRIC NO / S8170758H			Contact No.: Home/Office: Mobile: 92703464		
Nationality: SINGAPORE CITIZEN			Email: SAMSUL_HUDAH@YAHOO.COM.SG		
Sex: Male	Age: 39	Date of Birth: 22/09/1981	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Management executive		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 18:35	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD6562K	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201204/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20201204/7008

CONTINUATION OF REPORT

Driver				
Name	SAMSUL HUDAH		ID No.	S8170758H
Related Vehicle	GBD6562K (Lorry)		Contact No.	92703464
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was driving my company lorry GBD6562K and entered KPE towards towards TPE from airport road. The roads were wet as it was raining and the traffic was very heavy. I was at the slip road entrance inside the tunnel and was stuck in a slow moving traffic. The van in front of me GBF7798E driven by Mr Shawn Goh Jing Fa moved off and i followed behind. All of a sudden he jam breaked and i had to jam break as well. Due to wet conditions of the road, i could not avoid colliding on his rear. When i got down from my vehicle, i realized that he had hit another vehicle GZ3496M which was in infront of him.



**SINGAPORE
POLICE FORCE**



T/20201204/7008

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

3 of 3

Report No. T/20201204/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL MUHAJMIN BIN HUSSAIN
Contact No.: 65476090

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:
04/12/2020 10:34

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 03/12/2020 (DD/MM/YYYY), TIME: 18:35 (HH:MM)

LOCATION: KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBO 6562 K
 b) INSURANCE COMPANY: NAICA
 c) POLICY NUMBER: 5070273965-05
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Nissan Cabstar
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Off back home
 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: San Marco Paints (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST King Ubi Industrial Park CONTACT: 68581778
 c) ADDRESS: Ubi Ave 1 #05-19 S 408933

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Samsul Hudah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S81707584 CONTACT: 92703464
 c) ADDRESS: BK 869 A Tampines Ave 8 #02-504 S 51869

*d) DATE OF BIRTH: 22/09/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 May 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 7798 E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GT 3496 M MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
(1)

Email = sham.hudah@decora-art.com
info@decora-art.com

fax =

VIDEO =

Lee Shang
 Kaki Bukit
 81827966

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5070273965-05		
The Policyholder	: SAN MARCO PAINTS (ASIA) PTE LTD		
	: 51 UBI AVENUE 1		
	: #05-19 PAYA UBI INDUSTRIAL PARK		
	: SINGAPORE 408933		
Period of Insurance	: 09 Mar 2020 To 08 Mar 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,789.32		
Interest Insured			
Cover Type	: Comprehensive		
Make/Model	: NISSAN/CABSTAR		
Capacity	: 1.67 ton(s)	Number of Seater	: 2
Registration Number	: GBD6562K	Registration Date	: 09 Mar 2015
Chassis Number	: JN1SC2F24Z0856926	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		

Memo A : N/A

Endorsement Operative : N/A

Agency : ALPINE FINANCIAL PTE. LTD. (00000610144)
Date of Issue : 17 Feb 2020 21:05 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1112426

Policy No.	5070273965-05	Vehicle No.	GBD6562K	GST Registration No.	201000368K
Certificate No.					
Policyholder Name	SAN MARCO PAINTS (ASIA) PTE LTD			Policyholder NRIC	201000368K
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	68581778	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	04/12/2020 15:31	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/12/2020	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KPE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	26/02/2010		
GST Registration No.	201000368K	GST Status Verified	Yes		
Modification History	04/12/2020 15:35:25 System changed GST Registered from No to Yes 04/12/2020 15:35:25 System changed GST Registration No. from null to 201000368K 04/12/2020 15:35:25 System changed GST Registration Date from null to 26/02/2010				
▼ Policyholder Mailing Address					
Address 1	51 UBI AVENUE 1	Address 2	#05-19 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 4089
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	01-27	Related Policy Number	5070273965-05		
▼ 01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAMSUL HUDAH	Driver NRIC	S8170758H	Driver DOB	22/09/1981
Register Date of Driver License	26/05/2003	Driver Age	39	Driving Experience	17
Contact No.(Mobile)	92703464	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 869A	Address 2	TAMPINES AVENUE 8	Address 3	TAMPINES GREEN
Address 4	SINGAPORE 521869	Address Type	Singapore address	Post Code	521869
Unit No.	#02-504				
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-MD **New**

Claim Type *	OD-MD	Insured Name	SAN MARCO PAINTS (ASIA) PTI	Insured NRIC			
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)			
Email Address	sib@decora-art.com	Of Vehicle Number	GBD6562K	TP			
Claim Description	GBD6562K / GBF7798E ON 3 Dec 2020				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Fully at Fault				
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	GIA report	Received		
Date Registered				Claim Close Date	04/12/2020 15:42	Date Received	
Report Taken By				Workshop Repairer	ROSINDA	Total Lost but Repaired	
<input type="checkbox"/> Print AK letter						OD Excess Collected by Workshop	
<div>Save Submit</div>							

Attachment

Accident No.	MT/1112426	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

04/12/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:41	SAS		Normal	SAS 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:41	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:41	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:41	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2020 15:39	Photos		Normal	Photos 2020-12-4

Video List

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