

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18051906

Date In: 19/4/18-15:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007296/24	SAS e-filing		
Veh No: 5LD319412	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/4/18-13:20	i-Motor Claim Form	MY10991073-001	19/4/18 16:06
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: (	Tel:	Fax:
TP Particulars:	Veh No: 68838072	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

NA1802467	<b>Invoice Preparation Checklist</b>	Amt (\$) for Bill	Amt (\$) 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref 1:	Invoice dated	Fee Charged	
Ref 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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	19/04/2018 15:22
Date Of Accident	19/04/2018 13:20
Exact Location Of Accident	YISHUN AVE 2 TWDS SLE (CTE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3194R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAI XIAOZHONG
NRIC No	S7569839I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97471981
Alternative Phone No	OFFICE-97471981

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 A
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081267008-01
Cover Note Number	

### Driver

Name of Driver	CAI XIAOZHONG
NRIC No	S7569839I
Date Of Birth	10/10/1975
Occupation	INDOOR
Date Of Driving Pass	02/11/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97471981
Fax Number	
Contact Number	OFFICE-97471981
Email Address	NOEMAIL

Address	BLK 626 YISHUN STREET 61 #06-105
Postcode	760626
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 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB1807Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD FAREYZ BIN SARJALI
NRIC/Passport Number	
Contact Number	93294552
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

① 

Policyholder's Signature  
Date & Time:



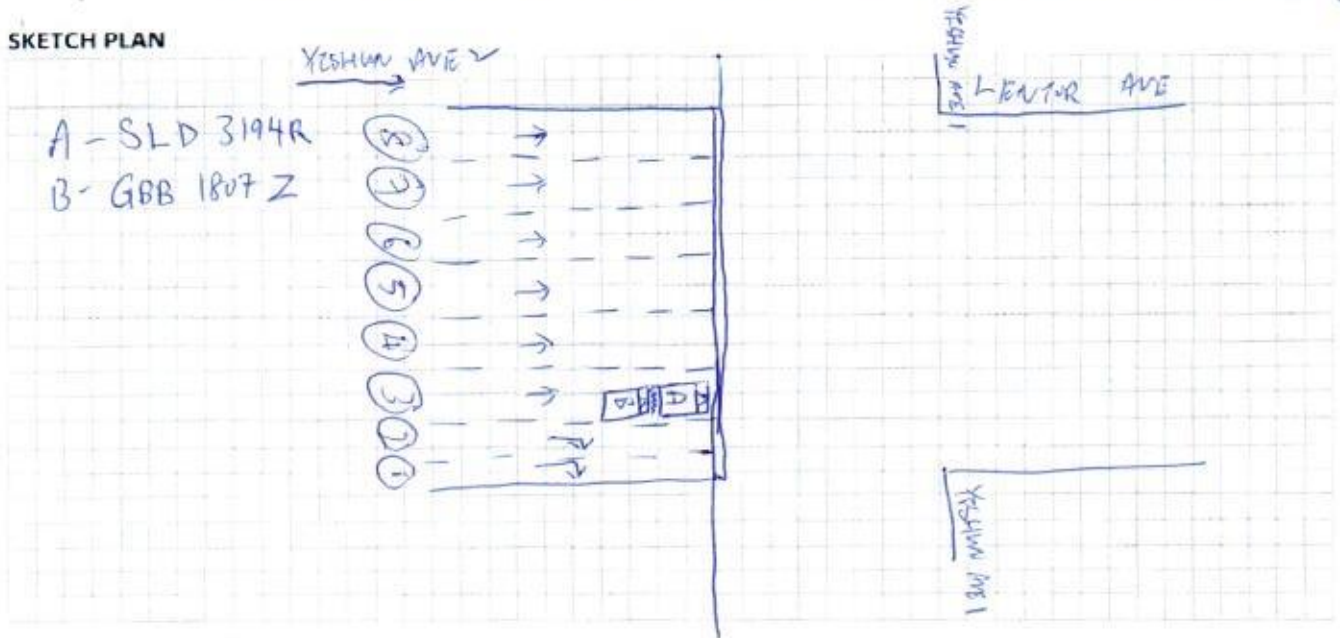
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

YISHUN AVE 2 TOWARDS SE(CITY) AT YISHUN AVE 2 - YISHUN AVE 1 JUNCTION.

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along YISHUN AVE 2 TOWARDS SE(CITY) At lane 3 of 8-lanes carriageway. At the Junction of YISHUN AVE 2 - YISHUN AVE 1, I slowed down and stopped completely due to the traffic light turning from amber to red. Veh(B) from the rear collided onto my rear portion and caused damage. Therefore we alighted and exchanged particulars. Veh(B) driver apologised for his careless mistake.

## DECLARATION

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

②

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

<b>Vehicle No.</b>	SLD 3194R	<b>Model / Make</b>	TOYOTA HARTEC
<b>Date of Accident</b>	19/04/18		
<b>Time of Accident</b>	01:20 p.m	<b>HRS</b>	
<b>Location of Accident</b>	YISHUN AVE 2 TOWARDS SLE (LTE)		
<b>Exact purpose use during accident</b>	Personal use		
<b>Name of Owner</b>	CAZ XIAOZHONG		
<b>Telephone No.</b>	H/P: 9747 1981	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	S75698391		
<b>Address</b>	APT BLK 626 YISHUN STREET 61 #06-105 S(760626)		
<b>Claim type</b>	OD <u>THIRD PARTY</u>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NMC		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5081267008-01		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers:</b>	NZL
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	02/11/2011		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P:	<b>Home:</b>	<b>Office:</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	<u>No</u>	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	OWNER
<b>Weather condition</b>	<u>Clear</u>	Raining Other	
<b>Road Surface</b>	<u>Dry</u>	Wet Other	
<b>Any Injuries</b>	<u>No</u>	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	G6B 1807 Z	<b>Any Passengers:</b>	NZL
<b>Name of Driver</b>	MUHAMMAD FAREYZ BIN SARIJALI	<b>Contact No.:</b>	9329 4552
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>	REAR PORTION		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>	CAZ XIAOZHONG626@gmail.com		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MENG		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n5i.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S75698391**

Name: **CAI XIAOZHONG**

Birth Date: **10 Oct 1975**  
Issue Date: **02 Nov 2011**

002014393E




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S75698391**

Name: **CAI XIAOZHONG**

**蔡孝忠**

Race: **CHINESE**

Date of birth: **10-10-1975** Sex: **M**

Country/Place of birth: **CHINA**

9469104





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

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg

EFFECTIVE DATE: **02 Nov 2011**

NP 428A

Licence No: **S75698391**



9469104

**S75698391**

NRIC No. **S75698391**

Nationality: **CHINESE**

Date of issue: **11-12-2017**

Address: **APT BLK 626 YISHUN STREET 61  
#06-105  
SINGAPORE 760626**




## 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:** 5081267008-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD3194R**  
Chassis Number : **ZSU600074172**
2. Name of Policyholder : **CAI XIAOZHONG**
3. Effective Date of Insurance : **13 Jun 2017**
4. Expiry Date of Insurance : **12 Jun 2018**
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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: CAI XIAOZHONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : POH CHEE LENG (00000522656)  
Date of Issue : 05 Jun 2017 15:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/04/2018 13:20"/>						
Vehicle No. (For Motor)	<input type="text" value="SLD3194R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081267008-01	CAI XIAOZHONG	S75698391	GPC	drive CLASSIC	SLD3194R	SLD3194R	13/06/2017	12/06/2018
<input type="button" value="Continue"/>									

 **Policy Information**

Policy No.	5081267008-01	Policyholder Name	CAI XIAOZHONG	Policyholder NRIC	S7569839I
Address	BLK 626 #06-105 YISHUN STREET 61 SINGAPORE 760626				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/06/2017	Effective Date	13/06/2017 00:00	Expiry Date	12/06/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	POH CHEE LENG	Agent Tel.	98585688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 626 #06-105	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760626
Address 4		Address Type	Singapore address	Post Code	760626
Unit No.	06-105	Related Policy Number	5081267008-01		

 **Insured Object: SLD3194R**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

[Exit](#)

## Claim Handling

Accident MT/0991073

Policy No.	5081267008-01	Vehicle No.	SLD3194R	GST Registration No.	
Policyholder Name	CAI XIAOZHONG	Cover Type	drive CLASSIC	Policyholder NRIC	S75698391
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97471981	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
WFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	19/04/2018 16:03	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/04/2018	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	KISHUN AVE 2 TWOS SLE (CTR)				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 626 #06-105	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760626
Address 4		Address Type	Singapore address	Post Code	760626
Unit No.	06-105	Related Policy Number	5081267008-01		

**OJ Driver Info**

Driver Name	CAI XIAOZHONG	Driver Type	Main Driver	Driver DOB	10/10/1975
Unnamed driver Name		Driver NRIC	S75698391	Driving Experience	8
Register Date of Driver License	02/11/2011	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	97471981	Contact No.(Office)	0	Address 3	SINGAPORE 760626
Address 1	BLK 626	Address 2	YISHUN STREET 61	Post Code	760626
Address 4		Address Type	Singapore address		
Unit No.	06-105			Driver Insurer Company	
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History:

Claim 001 [New](#)

Claim Type *	CO-MX	Insured Name	CAI XIAOZHONG	Insured NRIC	S75698391
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63447432
Email Address		OJ Vehicle Number	SLD3194R	TP Vehicle Number	GBB1807Z
Claim Description	SLD3194R / GBB1807Z ON 19 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/04/2018 16:06	Claim Close Date		Date Received	19/04/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

## Attachment

Accident No.	MT/0991073	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/04/2018 16:07

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	<input type="text"/>		Please Select	<input type="text"/>	Normal	
	<input type="text"/>		Please Select	<input type="text"/>	Normal	
	<input type="text"/>		Please Select	<input type="text"/>	Normal	
	<input type="text"/>		Please Select	<input type="text"/>	Normal	
	<input type="text"/>		Please Select	<input type="text"/>	Normal	
	<input type="text"/>		Please Select	<input type="text"/>	Normal	

[Send Message](#) [Upload](#)

**Attachment List**

19/4/2018