

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA1186669

Date In: 21/5/18 - 16:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009210/24	SAS e-filing		
Veh No: SPT81P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/5/18 - 11:30	i-Motor Claim Form	MT6995274-001	21/5/18 18:45
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: () Tel: () Fax: ()

TP Particulars: Veh No: SKL1075J 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

NA/803200	Invoice Preparation Checklist	Am't (\$) fit Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:-		
	OD*		
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 2 / 3:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	21/05/2018 16:05
Date Of Accident	21/05/2018 11:30
Exact Location Of Accident	ALONG FARRER RD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT81P
Insured/Policyholder	
Name Of Registered Owner	CHIA YEW CHEONG
NRIC No	S0017743A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97887640
Alternative Phone No	OFFICE-97887640

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5043385712-07
Cover Note Number	

Driver

Name of Driver	CHIA PEI JUN NERISSA
NRIC No	S9051339G
Date Of Birth	09/05/1990
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98175098
Fax Number	
Contact Number	OFFICE-98175098
Email Address	NOEMAIL

Address	41 BANGKIT ROAD #06-03
Postcode	679978
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

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	SKL1075J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AEBERHARD KOBEL CHRISTINE HEIDI
NRIC/Passport Number	
Contact Number	98286473
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF4925E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ASHLEY SILVEIRA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	CHIA PEI JUN NERISSA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFT81P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

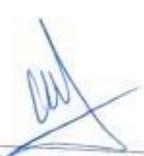
IMPORTANT NOTICE

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.

Policyholder's Signature
Date & Time:

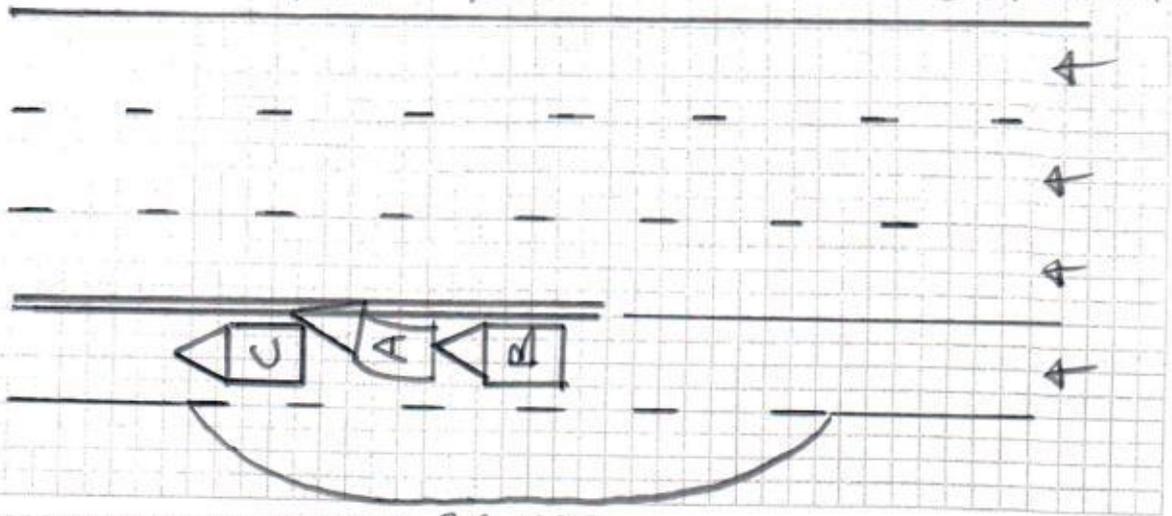

Driver's Signature
(If driver is not the policyholder)


Reporting Centre Personnel's Signature

Vehicle A: SFT 81 P
Vehicle B: SKL 1075 J
Vehicle C: SJF 4925 E

SKETCH PLAN

FARRER ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT **BUS STOP**

I was travelling along Farrer Road. The traffic was slow moving. Moments later, vehicle B rear-ended my vehicle. The impact was so huge that it pushes my vehicle forward. I tried to swerve to the right to avoid the collision but failed.

DECLARATION

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

Date & Time:


(If driver is not the policyholder)
Date & Time:


Reporting Vehicle Owner's Signature
Name:
NRIC/FIN No.:

VEHICLE NO: SFT 81P

MAKE & MODEL : Toyota Camry

DATE OF ACCIDENT	21 / 05 / 2018	
TIME OF ACCIDENT	11.30 <input checked="" type="radio"/> AM <input type="radio"/> PM	
LOCATION OF ACCIDENT	ALONG FARRER ROAD TOWARDS QUEENSWAY	
Exact Purpose use during accident	PRIVATE	
NAME OF OWNER	CHIA YEW CHEONG	
TELP NO	97887640	
NRIC	S0017743A	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> Reporting Only	
PRIVATE HIRE	YES / <input checked="" type="radio"/> NO	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: CHIA PEI JUN HERISSA	
NRIC	S90513399	Any passengers: NIL
DATE OF BIRTH	09 / 05 / 1990	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	30 / 12 / 2009	
GENDER	Male / <input checked="" type="radio"/> Female	
CONTACT NO.	98175098	Office: Home:
ADDRESS	41 BANGKIT ROAD # 66-03 S(679978)	
DRIVER HAVE ANY OWN Vehicle	<input checked="" type="radio"/> NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No: DAUGHTER	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Other :	
ROAD SURFACE	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Other :	
ANY INJURIES	No / If yes : Who? DRIVER	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	SKL 1075 J	Any Passenger : YES (1 KID)
NAME	AEBERHARD KOBEL CHRISTINE HEID	
CONTACT NO.	98086473	
VEHICLE C NO.	SJF 4925E (ACHCEY SILVEIRA)	Any Passenger : NIL
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit Ave 6 #02-15	6 Speed Autowertz Pte Ltd
FAX NO.	Singapore 417883	9001 7628 Sam Wang
	TElp : 67476106 (6 lines)	Fax: 6384 7639
		Email: 6speedautowertz@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0017743A



Name

CHIA YEW CHEONG

Race

CHINESE

Date of birth

24-09-1953

Sex

M

Country of birth

SINGAPORE



4 8 2 4 8 5 5



NRIC No. S0017743A



Date of issue

06-03-2012

Address

41 BANGKIT ROAD
#06-03
SINGAPORE 679978

3718010



NRIC No. **S9051339G**



Date of issue
24-05-2005

Address
**41 BANGKIT ROAD
#06-03
SINGAPORE 679978**

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

PASS DATE

Class 2: Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg
30 Dec 2009



License No. **S9051339G**

NP 42BA



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9051339G**



Name

CHIA PEI JUN NERISSA

謝佩君

RACE

CHINESE

Date of birth

09-05-1990

Sex

F

Country of birth

CHINA

001817396J



001817396J



License Number

S9051339G

Name

CHIA PEI JUN NERISSA

Issue Date: **30 Dec 2009**

Birth Date: **09 May 1990**

REPUBLIC OF SINGAPORE DRIVING LICENCE

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: 5043385712-07

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SFT81P |
| Chassis Number | : MR053BK4107045470 |
| 2. Name of Policyholder | : CHIA YEW CHEONG |
| 3. Effective Date of Insurance | : 28 May 2017 |
| 4. Expiry Date of Insurance | : 27 May 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)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHIA YEW CHEONG
NAMED DRIVER (1)	: CHIA PEI JUN NERISSA
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 : TENG GIM HEONG SEAN (00000517124)
Date of Issue : 02 May 2017 18:51 hrs
Reprint : 02 May 2017 18:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5043385712-07	CHIA YEW CHEONG	S0017743A	GPC	drivo CLASSIC	SFT81P	SFT81P	28/05/2017	27/05/2018

Continue

▼ Policy Information

Policy No.	5043385712-07	Policyholder Name	CHIA YEW CHEONG	Policyholder NRIC	S0017743A
Address	41 BANGKIT ROAD #06-03 CHESTERVALE SINGAPORE 679978				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/05/2017	Effective Date	28/05/2017 00:00	Expiry Date	27/05/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0		Young/Inexperience Driver Excess
Agent	TENG GIM HEONG SEAN	Agent Tel.	97881111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	41 BANGKIT ROAD	Address 2	#06-03 CHESTERVALE	Address 3	SINGAPORE 679978
Address 4		Address Type	Singapore address	Post Code	679978
Unit No.		Related Policy Number	5043385712-08		

▶ Insured Object: SFT81P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/0995274

Policy No.	504385712-07	Vehicle No.	SPT81P	GST Registration No.	
Policyholder Name	CHIA YEW CHEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S0017743A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97887640	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	[-]
KPIK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No	Accident Type	Chain Collision
Accident Details		Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Report Date	21/05/2018 18:42	Time of Accident (hh:mm)	11:30	ICM No.	
Date of Accident	21/05/2018	Orange Force			
Reporting Centre					
Accident Location	ALONG PARKER RD TWOS QUEENSWAY				
Benefits					
Coverage		Sum Insured			
Transport Allowance		999999999.99			
Excess Waiver		999999999.99			
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	41 BANGKIT ROAD	Address 2	#06-03 CHESTERVALE	Address 3	SINGAPORE 679978
Address 4		Address Type	Singapore address	Post Code	679978
Unit No.		Related Policy Number	504385712-08		

OJ Driver Info

Driver Name	CHIA PEI JUN NERISSA	Driver Type	Named Driver	Driver DOB	09/05/1990
Unnamed driver Name		Driver NRIC	S9051339G	Driving Experience	8
Register Date of Driver License	30/12/2009	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	98175095	Contact No.(Office)	0	Address 3	SINGAPORE 679978
Address 1	41 BANGKIT ROAD	Address 2	CHESTERVALE	Post Code	679978
Address 4		Address Type	Singapore address		
Unit No.	06-03	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIA YEW CHEONG	Insured NRIC	S0017743A
Contact No.(Mobile)	97887640	Contact No.(Home)	67647708	Contact No.(Office)	
Email Address	ricky.chia@hotmail.com	OJ Vehicle Number	SPT81P	TP Vehicle Number	SKL1075J
Claim Description	SPT81P / SKL1075J ON 21 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 18:45	Claim Close Date		Date Received	21/05/2018 00:00
Report Taken By	Jackson				

Print AK letter

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

Attachment

Accident No.	MT/0995274	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2018 18:47
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select

