

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 118066984

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 23/5/18 - 11:34  | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC18009365/24 | SAS e-filing                             |                       |               |
| Veh No: SLU7VUC           | E-mail (within 5hrs, AIC 2hrs)           |                       |               |
| D.O.A: 23/5/18 - 08:40    | i-Motor Claim Form                       | MT/0995568-001        | 23/5/18 13:37 |
| 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: SLU8467X   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1803243

|                                 |   |             |                      |                      |
|---------------------------------|---|-------------|----------------------|----------------------|
| Claimant's Particulars:-        | Invoice Preparation Checklist                   |             | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |                      |                      |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |                      |                      |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |                      |                      |
| QC Checked by (Engr-In-Charge): | 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:-                   |             |                      |                      |
|                                 | ON*   |             |                      |                      |
|                                 | *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                          |             |                      |                      |
| Ref. 1:                         | Invoice dated                                   | Fee Charged |                      |                      |
| Ref. 2 / 3:                     | 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 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             | 23/05/2018 11:34                     |
| Date Of Accident           | 23/05/2018 08:40                     |
| Exact Location Of Accident | JUNC OLD TOH TUCK RD & TOH TUCK LINK |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLU7141C               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | RELIABLE RIDES PTE LTD |
| Co Reg No                   | 201611527N             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-899999999       |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | HONDA               |
| Model  | FREED 1.5G HYBRID A |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL          |
| 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             | 5096639721                             |
| Cover Note Number         |  |

### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | MUHAMMAD KHAIRULDIN BIN MAHMUD |
| NRIC No              | S8729919H                      |
| Date Of Birth        | 01/10/1987                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 26/11/2014                     |
| Driving Experience   | 3 YEARS AND 5 MONTHS           |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-85187447           |
| Fax Number           |                                |
| Contact Number       | OFFICE-85187447                |
| EMail Address        | NOEMAIL                        |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 921 TAMPINES STREET 91<br>#05-193 |
| Postcode  | 520921                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                         |
| Vehicle Registration Number of Driver's Own Vehicle | -                                     |
|   | -                                     |
| Insurance Company of Driver's Own Vehicle           | -                                     |
|   | -                                     |
|   | -                                     |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| 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)   | 2                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG OLD TOH TUCK RD. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM TOH TUCK LINK AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLD8467X    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| 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.



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.:

Diagram illustrating the accident scene layout on graph paper:

- A vertical line on the left is labeled "Old Tow Truck Rd".
- Two vehicles are shown: Vehicle A (top) and Vehicle B (bottom).
- Vehicle A is labeled "A: SLV7141C".
- Vehicle B is labeled "B: SL D8467X".
- A dashed line connects the front of Vehicle A to the front of Vehicle B, labeled "Tow Truck Link".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

B: SL D8462X

Toh Tuck  
Link

Old Job Rock Rd

Refer to statement.

Refer to statement.

### DECLARATION

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




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.: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8729919H



NAME  
**MUHAMMAD KHAIRULDIN BIN MAHMUD**

RACE  
**MALAY**

Date of Birth  
**01-10-1987**

Sex  
**M**

Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8729919H**

Name:  
**MUHAMMAD KHAIRULDIN BIN MAHMUD**

Birth Date: **01 Oct 1987**

Issue Date: **04 May 2012**




002065129K

A02



S8729919H



01-10-2002

APT BLK 921 TAMPINES STREET 91  
#05-193  
SINGAPORE 520921

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

|   | EFFECTIVE DATE |
|---|----------------|
| Class 2B Motorcycles <= 200 CC  | 07 Sep 2006    |
| Class 2A Motorcycles between 201 CC and 400 CC  | 04 May 2012    |
| Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | 26 Nov 2012    |

S8729919H

S / No. 9000211451



Licence No: S8729919H

NP 428A

eBaoTech

GeneralClaim

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)

| Select                | Policy No. | Policyholder Name      | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5096639721 | RELIABLE RIDES PTE LTD | 201611527N        | GPC     | drive CLASSIC | SLU7141C    | SLU7141C       | 12/12/2017    | 11/12/2018  |


 Policy Information

|                             |  |                             |                        |                   |                  |
|-----------------------------|--|-----------------------------|------------------------|-------------------|------------------|
| Policy No.                  | 5096639721   | Policyholder Name           | RELIABLE RIDES PTE LTD | Policyholder NRIC | 201611527N       |
| Address                     | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 |                             |                        |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE  | Plan                        |                        | Group Policy Flag | N                |
| Policy Issue Date           | 11/12/2017   | Effective Date              | 12/12/2017 00:00       | Expiry Date       | 11/12/2018 23:59 |
| Excess Type                 |  | All Claim Excess            |                        |                   |                  |
| Third Party Excess          | 1500   | Own damage Excess           | 1000                   | Windscreen Excess | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                      |                   |                  |
| Outside Singapore OD Excess | 3000   | Outside Singapore TP Excess | 3000                   |                   |                  |
| Agent                       | TAN INSURANCE BROKERS PTE  | Agent Tel.                  | NIL                    | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                        |                   |                  |
| Open Policy Info            |  |                             |                        |                   |                  |
| Certificate Info            |  |                             |                        |                   |                  |

Young/Inexperience Driver Excess

 Policyholder Mailing Address

|           |                       |                       |                             |           |                  |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2             | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 |                       | Address Type          | Singapore address           | Post Code | 415875           |
| Unit No.  | 05-50                 | Related Policy Number | 5100908875                  |           |                  |

 Insured Object: SLU7141C

 Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1        | 12/12/2017 00:00    | POI Move                      | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Dec 2017 TO 11 Dec 2018      |
| 2        | 12/12/2017 00:00    | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 12 Dec 2017, the following amendment(s) is/are made to this policy: 1. VEHICLE REGISTRATION NUMBER : SLU7141C |

Continue

Cancel

## Claim Handling

Accident MT/0995568

EXIT

|                     |   |                     |   |                      |                      |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No.          | 5096629721  | Vehicle No.         | SLU7141C  | GST Registration No. |                      |
| Policyholder Name   | RELIABLE RIDES PTE LTD  |                     |   | Policyholder NRIC    | 201611527N           |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              | 0                    |
| Contact No.(Mobile) | 0   | Contact No.(Office) | 0   | Contact No.(Home)    | 0                    |
| Email Address       |   | Special Remark      |   | eCode                | <input type="text"/> |
| 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(%)  | 0   | Private Hire         | Yes                  |

**Accident Details**

|                   |                                      |                               |       |                     |                            |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 23/05/2018 13:35                     | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Cross Junction |
| Date of Accident  | 23/05/2018                           | Time of Accident h:mm         | 08:40 | Country of Accident | Singapore                  |
| Reporting Centre  |                                      | Orange Force                  |       | ICM No.             |                            |
| Accident Location | JUNG OLD TOH TUCK RD & TOH TUCK LINK |                               |       |                     |                            |

**Benefits**

**Excess**

|                         |          |                             |          |                   |        |
|-------------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess       | 1,000.00 | Additional Excess           | 0        | Windscreen Excess | 100.00 |
| Uninsured Driver Excess |          | Outside Singapore OD Excess | 3,000.00 |                   |        |
| Third Party Excess      | 1,500.00 | Outside Singapore TP Excess | 3,000.00 |                   |        |

**GST Registered Information**

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

## Policyholder Mailing Address

|           |                       |                       |                             |           |                  |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2             | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 |                       | Address Type          | Singapore address           | Post Code | 415875           |
| Unit No.  | 05-50                 | Related Policy Number | S100908675                  |           |                  |

**DI Driver Info**

|   |   |                     |                    |                        |                    |
|---|---|---------------------|--------------------|------------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver     | Driver DOB             | 01/10/1987         |
| Unnamed driver Name                     | MUHAMMAD KHAIRULDIN BIN K                                     | Driver NRIC         | S8729919H          | Driving Experience     | 3                  |
| Register Date of Driver License         | 26/11/2014  | Driver Age          | 30                 | Contact No.(Home)      | 0                  |
| Contact No.(Mobile)                     | 85187447  | Contact No.(Office) | 0                  | Address 3              | TAMPINES PALMSRING |
| Address 1                               | BLK 921   | Address 2           | TAMPINES STREET 91 | Post Code              | 520921             |
| Address 4                               | SINGAPORE 520921  | Address Type        | Singapore address  |                        |                    |
| Unit No.                                | 05-193  | 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

|                                |                                    |                         |                                  |                            |                  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MK                              | Insured Name            | RELIABLE RIDES PTE LTD           | Insured NRIC               | 201611527N       |
| Contact No.(Mobile)            |                                    | Contact No.(Home)       |                                  | Contact No.(Office)        | 86751820         |
| Email Address                  |                                    | DI Vehicle Number       | SLU7141C                         | TP Vehicle Number          | SLD8467x         |
| Claim Description              | SLU7141C / SLD8467X ON 23 May 2018 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                    | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 23/05/2018 13:37                   | Claim Close Date        |                                  | Date Received              | 23/05/2018 00:00 |
| Report Taken By                | Jackson                            |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0995568  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 23/05/2018 13:39 |

Path \*

| Browse...            | Clear                                | Category *    | Confidential             | Urgency * | Description * |
|----------------------|--------------------------------------|---------------|--------------------------|-----------|---------------|
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |
| <input type="text"/> | <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal    |               |

Attachment List

23/5/2018