

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA18083374

| | | | |
|--------------------------|--|-----------------------|---------------|
| Date In: 28/6/18-12:52 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC1801867/24 | SAS e-filing | | |
| Veh No: SDD613M | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A : 28/6/18-07:50 | i-Motor Claim Form | MT/1000799-001 | 28/6/18 20:44 |
| 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: JSA8673 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| NA1804097 | Invoice Preparation Checklist | Amt (\$) Est Bill | Amt (\$) Add Bill | |
|---------------------------------|---|----------------------|----------------------|--|
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | | |
| | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF : Towing Fee \$40/\$45 | | | |
| | 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:- | | | |
| QC Checked by (Engr-In-Charge): | QD* | | | |
| | *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| | *N6: Repair Co-ordination | \$10 | | |
| | *N7: Post Repair Inspection | \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination | \$5 | | |
| | TP (N11) : TP (Non INC) against INC | \$20 | | |
| | 9) N12: Idac Mobile | \$0 | | |
| Dat. 1: | Invoice dated | Fee Charged | | |
| Dat. 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 | 28/06/2018 12:52 |
| Date Of Accident | 28/06/2018 07:50 |
| Exact Location Of Accident | AYE (TUAS) EXIT 20 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDD613M |
| Insured/Policyholder | |
| Name Of Registered Owner | SIM CHEE KIONG |
| NRIC No | S7003544H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97950404 |
| Alternative Phone No | OFFICE-97950404 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | BMW |
| Model | X6 M AT ABS D/AB 4WD TC 5DR GAS/D SR HUD |
| 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 | 5090449090-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SIM CHEE KIONG |
| NRIC No | S7003544H |
| Date Of Birth | 07/02/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/1993 |
| Driving Experience | 25 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97950404 |
| Fax Number | |
| Contact Number | OFFICE-97950404 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------|
| Address | 432 JOO CHIAT PLACE |
| Postcode | 428057 |
| 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? | YES |
| Foreign Vehicle Registration Number | JSA8673 (MOTORCYCLE) |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180628/2057.

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 | JSA8673 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | NELSON MELVIN MALDASS |
| NRIC/Passport Number | G2611500R |
| Contact Number | 82438601 |
| 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.



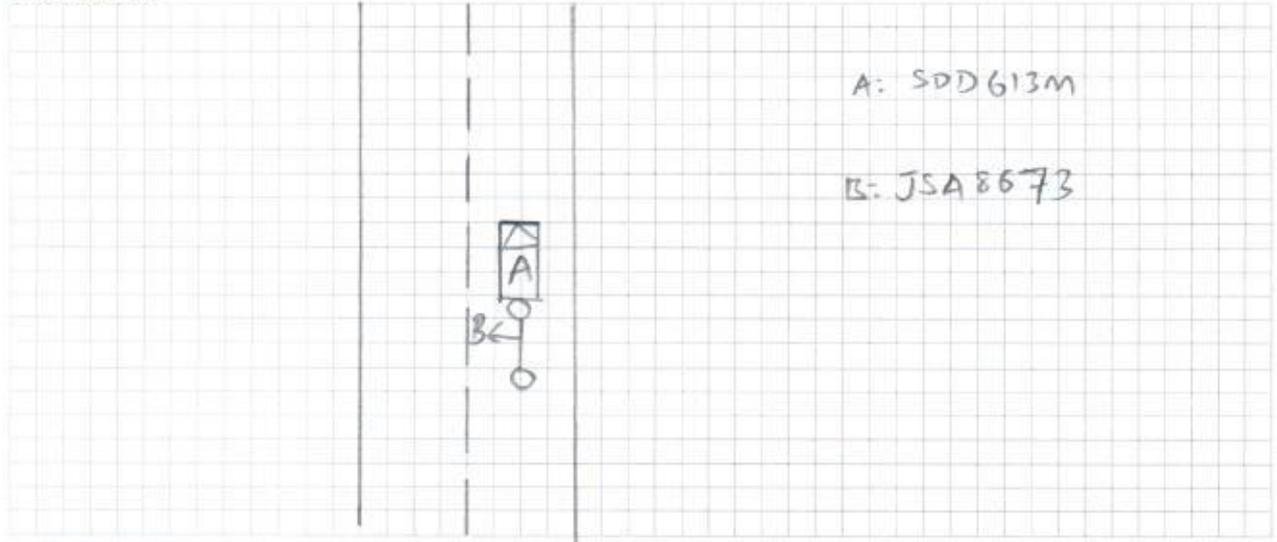
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180628/2057.

(The remaining lines of the form are crossed out with a diagonal line.)

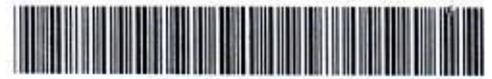
DECLARATION

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.:



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SDD613M | NTUC Income Insurance Co-Operative Limited | 5090449090-01 | 14/06/2018 | 13/06/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | SIM CHEE KIONG | | ID No. | S7003544H |
| Related Vehicle | NIL | | Contact No. | 97950404 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Rider | | | | |
| Name | NELSON MELVIN MALDASS | | ID No. | G2611500R |
| Related Vehicle | NIL | | Contact No. | 82438601 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTION DATE AND LOCATION @ ABOUT 07.50HRS,

I WAS DRIVING MY CAR (SDD613M) ALONG AYE TWDS TUAS (EXIT 20),THE ROAD CONSIST OF 2 LANES AND I WAS AT THE 1ST LANE FROM THE RIGHT(TURNING LANE)

MY CAR WAS STATIONERY WHEN A BIKE RIDER WAS IN A HIGH SPEED,LOSS HIS CONTROL OF THE BIKE AND COLIDED ON MY CAR,IT WAS A DIRECT HIT FROM BEHIND.

AFTER THE HIT,

I APPROACHED THE RIDER,HE SAID HE WAS SUFFERING FROM PAIN AND NEEDS MEDICAL ATTENTION

I CALLED THE POLICE AND AMBULLANCE.MEANWHILE I TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLE AND EXCHANGED PARTICULARS.

AMBULLANCE ARRIVED @ SCENE AND THE RIDER WAS BROUGHT OVER TO THE NEAREST



**SINGAPORE
POLICE FORCE**



T/20180628/2057

3 of 4

Report No. T/20180628/2057

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

CONTINUATION OF REPORT

HOSPITAL.

I WAS TOLD TO LODGE THE ACCIDENT REPORT AT TRAFFIC HQ

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180628/2057

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

4 of 4

Report No. T/20180628/2057

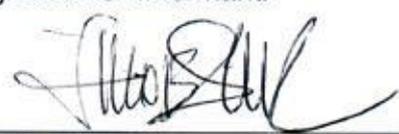
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| |
|--|
| Signature Of Officer Recording The Report: TP / YOGENDRAN S/O RAJASAKARAN |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185 |

| |
|---|
| Signature Of Informant:  |
| Date/Time: 28/06/2018 11:46 |
| Classification Of Case: |

Authentication Stamp
NP168

| |
|--|
|  SINGAPORE POLICE FORCE |
| Signature:  |

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7003544H



Name
SIM CHEE KIONG



Race
CHINESE

Date of Birth: **07-02-1970** Sex: **M**

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7003544H**

Name
SIM CHEE KIONG



Birth Date: **07 Feb 1970**

Issue Date: **28 Dec 2002**



000071951C

1042467



NRIC No: **S7003544H**



Blood Group: **B+** Date of issue: **19-06-1993**

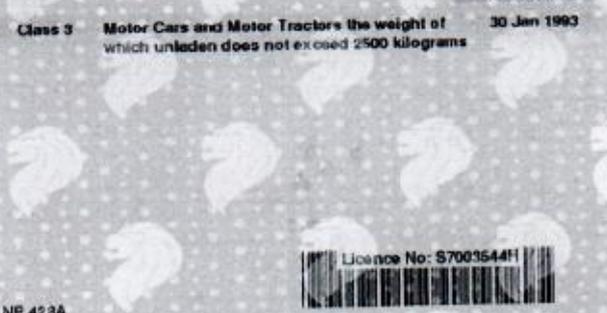
432 JOO CHIAT PLACE
 SINGAPORE 428057

NRIC No: **S7003544H** Date: **02/11/2014**

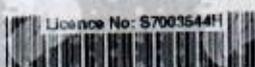
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE: **30 Jan 1993**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



Licence No: **S7003544H**



NP 423A

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"/> | 5090449090-01 | SIM CHEE KIONG | S7003544H | GPC | drivo PREMIUM | SDD613M | SDD613M | 14/06/2018 | 13/06/2019 |

Policy Information

| | | | | | |
|-----------------------------|--------------------------------------|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5090449090-01 | Policyholder Name | SIM CHEE KIONG | Policyholder NRIC | S7003544H |
| Address | 432 JOO CHIAT PLACE SINGAPORE 428057 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 17/05/2018 | Effective Date | 14/06/2018 00:00 | Expiry Date | 13/06/2019 23:59 |
| Excess Type | | All Claim Excess | | | |
| 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 | Young/Inexperience Driver Excess | |
| Agent | CROSBY INSURANCE AGENCY | Agent Tel. | 62852640 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|---------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 432 JOO CHIAT PLACE | Address 2 | SINGAPORE 428057 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 428057 |
| Unit No. | | Related Policy Number | 5090449090-01 | | |

Insured Object: SDD613M

Endorsements

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

Claim Handling

Exit

Accident MT/1000799

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | S090449090-01 | Vehicle No. | SDD613M | GST Registration No. | |
| Policyholder Name | SIM CHEE KIONG | | | Policyholder NRIC | S7003544H |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading | 0 |
| Contact No.(Mobile) | 97950404 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 28/06/2018 20:42 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 28/06/2018 | Time of Accident hh:mm | 07:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Floor | | ICM No. | |
| Accident Location | AYE (TUAS) EXIT 20 | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | 0 | 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 | 432 JOO CHIAT PLACE | Address 2 | SINGAPORE 428057 | Address 3 | |
| Address 4 | Singapore address | Address Type | Singapore address | Post Code | 428057 |
| Unit No. | | Related Policy Number | S090449090-01 | | |

O1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------|
| Driver Name | SIM CHEE KIONG | Driver Type | Main Driver | Driver DOB | 07/02/1970 |
| Unnamed driver Name | | Driver NRIC | S7003544H | Driving Experience | 25 |
| Register Date of Driver License | 30/01/1993 | Driver Age | 48 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97950404 | Contact No.(Office) | 0 | Address 1 | |
| Address 1 | 432 JOO CHIAT PLACE | Address 2 | SINGAPORE 428057 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 428057 |
| Unit No. | | | | | |
| 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 **New**

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | CO-MX | Insured Name | SIM CHEE KIONG | Insured NRIC | S7003544H |
| Contact No.(Mobile) | 96957575 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | KIONG@WEG.NET | O1 Vehicle Number | SDD613M | TP Vehicle Number | J5A8673 |
| Claim Description | SDD613M / J5A8673 DN 28 Jun 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 28/06/2018 00:00 |
| Date Registered | 28/06/2018 20:44 | Claim Close Date | | | |
| Report Taken By | Jackson | | | | |

Print AK letter

Save **Submit**

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1000799 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/06/2018 20:45 |

| Path * | Category * | Confidential | Urgency * | Description * |
|--|---------------|--------------|-----------|---------------|
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal | |

Send Message

Attachment List

