

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA18127924

Date In: 2/10/8-17:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC 8017847/24	SAS e-filing		
Veh No: JH65915	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/10/18-8:05	i-Motor Claim Form	MT/1014048-03	2/10/18 17:43
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: WM67305 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

NA1806783	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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:-		
	QD:		
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 (N-in 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 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	02/10/2018 17:25
Date Of Accident	02/10/2018 06:05
Exact Location Of Accident	WOODLANDS AVE 6 BEFORE JUNC WOODLANDS DR 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5071S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANNIFAH BTE ARIS
NRIC No	S6934321Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91061482
Alternative Phone No	OFFICE-91061482

### Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS E AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5020873184-11
Cover Note Number	

### Driver

Name of Driver	NIZAM BIN WAHAB
NRIC No	S7007414A
Date Of Birth	28/02/1970
Occupation	INDOOR
Date Of Driving Pass	23/01/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93892197
Fax Number	
Contact Number	OFFICE-93892197
EMail Address	NOEMAIL

Address	120 WOODLANDS AVENUE 5 #02-43
Postcode	739020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WVG7305 (BUS)
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181002/2089.

#### 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	WVG7305
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TEE SAN HAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

9

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :

Passenger 5

NAME: :

GENDER: :

Passenger 6

NAME: :

GENDER: :

Passenger 7

NAME: :

GENDER: :

Passenger 8

NAME: :

GENDER: :

## 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:

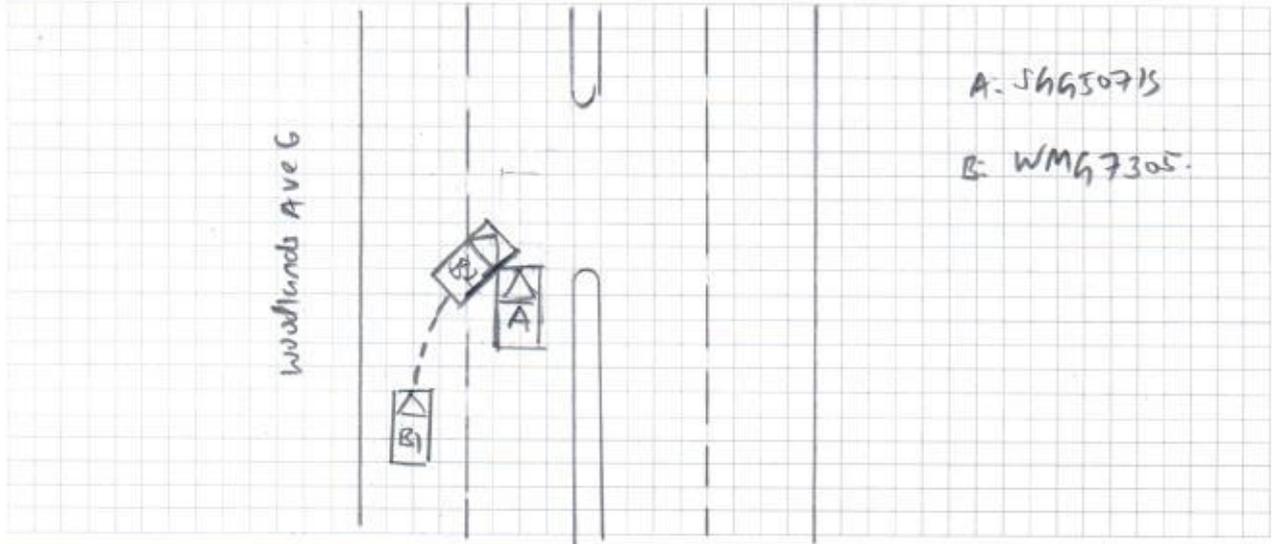
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



A- JHG50715

B- WMG7305

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2018/002/2089.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 10 / 18 ) (DD/MM/YYYY), TIME: ( 06 : 25 ) (HH:MM)

LOCATION: Woodlands Ave 6 before junction Woodlands Dr 16

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JHG50715  
b) INSURANCE COMPANY: NJC  
c) POLICY NUMBER: 5020873184-011  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY ( FIRE & THEFT ) )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE ( YES / NO )  
IF NO, PLEASE STATE ( THIRD PARTY CLAIM / REPORTING ONLY )

## 2. INSURED / POLICY HOLDER

- a) NAME: Hanifah Bte Aris ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S69343212 CONTACT: 91061482  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Nizam Bin Wahab ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S7007414A CONTACT: 93892197  
c) ADDRESS: 120 Woodlands Avenue 5 #02-43 Belkwoods (339020)

\*d) DATE OF BIRTH: ( 28 / 2 / 1970 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 23 / 1 / 1996

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS )

b) ROAD SURFACE: ( DRY / WET / OTHERS )

6. WAS ANYBODY INJURED ( YES / NO )

7. a) REPORTED TO POLICE ( YES / NO )

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WM67305 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
(      )

\* No of passenger  
(Including driver)  
(      )

Email =

fax =

VIDEO =





**SINGAPORE  
POLICE FORCE**



T/20181002/2089

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20181002/2089

**CONTINUATION OF REPORT**

Driver			
Name	NIZAM BIN WAHAB		ID No. S7007414A
Related Vehicle	SGG5071S (Car)		Contact No. 93892197
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
Driver			
Name	TEE SAN HAI		ID No. NIL
Related Vehicle	WMG7305 (Van)		Contact No. NIL
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 2/10/2018, at around 6.05am, I (SGG5071S, Toyota, Silver) was travelling along Woodlands Ave 6 Lane 1 when Malaysian Van (WMG7305, Toyota, Orange) driving on lane 2 cut into my lane as he had wanted to make an illegal U-turn. He did not signal his vehicle indicator right light before he made the turn as well. As a result, the Van hit onto the front left portion of my car.

My car suffered a large dent at the front left portion and I estimate the damages to be worth around SGD\$1500 to SGD\$2500/-. The other van suffered dents at the right side of his car, near the driver side. No one was injured during this accident. I would like to state that the other driver is a Malaysian and I was unable to get his contact detail. I am lodging this report for record and insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20181002/2089

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20181002/2089

**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: G / Sgt 2 NG-KA WAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 14:23
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 	Classification Of Case:

Authentication Stamp  
NP168

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7007414A



Name  
**NIZAM BIN WAHAB**



نظام بن واحب  
Race  
**MALAY**  
Date of Birth 28-02-1970 Sex **M**  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7007414A**  
Name  
**NIZAM BIN WAHAB**

Birth Date: **28 Feb 1970**  
Issue Date: **15 Jul 2003**




2998903



NRIC No: **S7007414A**



Blood Group **A+** Date of Issue **26-12-1997**

120 WOODLANDS AVENUE 5 #02-43  
BELLEWOODS SINGAPORE 739020  
NRIC No: S7007414A Date: 28/08/2017

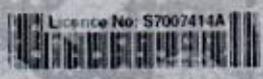
YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which includes does not exceed 2500 kilograms 23 Jan 1996

NP 426A

Licence No: S7007414A



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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5020873184-11		HANIFAH BTE ARIS	S69343212	GPC	Third Party, Fire & Theft	SGG5071S	SGG5071S	16/05/2018	15/05/2019

Continue

Policy Information

Policy No.	5020873184-11	Policyholder Name	HANIFAH BTE ARIS	Policyholder NRIC	S6934321Z
Certificate No.					
Address	BLK 787C #02-66 WOODLANDS CRESCENT SINGAPORE 733787				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/05/2018	Effective Date	16/05/2018 00:00	Expiry Date	15/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DIRECT SALES	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 787C #02-66	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 733787
Address 4		Address Type	Singapore address	Post Code	733787
Unit No.		Related Policy Number	5020873184-11		

Insured Object: SGG50715

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

[- Exit](#)

**Accident MT/1014048**

Policy No.	5020873184-11	Vehicle No.	SGG50715	GST Registration No.	
Certificate No.					
Policyholder Name	HANIFAH BTE ARIS			Policyholder NRIC	S6934321Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	91061482	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	02/10/2018 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	02/10/2018	Time of Accident Int:mm	06:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 6 BEFORE JUNG WOODLANDS DR 16				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 787C #02-66	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 733787
Address 4		Address Type	Singapore address	Post Code	733787
Unit No.		Related Policy Number	5020873184-11		

**Ol Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NIZAM BIN WAHAB	Driver NRIC	S7007414A	Driver DOB	28/02/1970
Register Date of Driver License	23/01/1996	Driver Age	48	Driving Experience	22
Contact No.(Mobile)	93892197	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	120 WOODLANDS AVENUE 5	Address 2	BELLEWOODS	Address 3	SINGAPORE 739020
Address 4		Address Type	Singapore address	Post Code	739020
Unit No.	02-43				
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
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Modification History

**Claim 001** [New](#)

Claim Type *	OD-MK	Insured Name	HANIFAH BTE ARIS	Insured NRIC	S6934321Z
Contact No.(Mobile)	91061482	Contact No.(Home)	65192096	Contact No.(Office)	
Email Address	hanifah69@yahoo.co.uk	Ol Vehicle Number	SGG50715	TP Vehicle Number	WMG7305
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	SGG50715 / WMG7305 ON 2 Oct 2018			Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	02/10/2018 17:43	Claim Close Date	<input type="text"/>	Date Received	02/10/2018 00:00
Report Taken By	Jackson				

Print AK letter

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

**Attachment**

Accident No.	MT/1014048	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2018 17:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

