

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA18128349**

Date In: <b>2/12/18-14:35</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18017965/24</b>	SAS e-filing		
Veh No: <b>SKR 1927U</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>2/12/18-17:30</b>	i-Motor Claim Form	<b>M7/1014159-00~</b>	<b>3/12/18 19:08</b>
OD: <b>TP</b> 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: **4U1222B**

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

**NA1806305**

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Lat 1:

Lat 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Int Bill

Am't (\$)

Add Bill

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:-

QD\*

\*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 (Non INC) against INC \$20

9) N12: Idac Mobile \$0

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	03/10/2018 14:55
Date Of Accident	02/10/2018 17:30
Exact Location Of Accident	KJE (BKE) BEFORE EXIT 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1927U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SOK MEI
NRIC No	S7014541C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98531570
Alternative Phone No	OFFICE-98531570

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5G
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	5087314668-01
Cover Note Number	

### Driver

Name of Driver	LIM SOK MEI
NRIC No	S7014541C
Date Of Birth	01/05/1970
Occupation	INDOOR
Date Of Driving Pass	26/11/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98531570
Fax Number	
Contact Number	OFFICE-98531570
Email Address	NOEMAIL

Address	BLK 277C COMPASSVALE LINK #06-294
Postcode	543277
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	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	4
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU1222B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC4927U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGS4052R  
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)

#### DETAILS OF INJURED PERSON 1

Name LIM SOK MEI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKR1927U  
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: 02/04/18

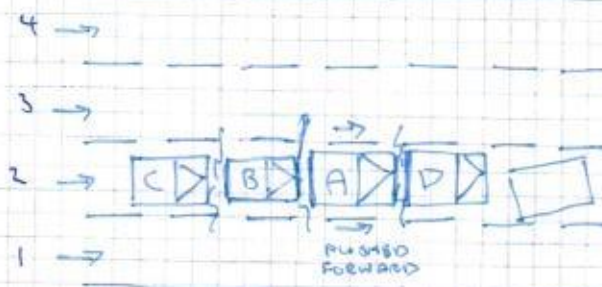
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

VEHICLE A - SKR 1927U  
 VEHICLE B - GU 1222 B  
 VEHICLE C - PC 4927U  
 VEHICLE D - SGS 4052R

KJR TOWARDS BKR BEFORE EXIT 1  
 (BKR (SLR)) (BKR (PIR))



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG KJR TOWARDS BKR, I WAS ON THE 2nd LANE.

WHILE HEADING TOWARDS KJR EXIT 1 (BKR (SLR))(BKR (PIR)) DUE TO THE HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY, AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, AND THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT UNTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER PC 4927U THAT COLLIDED TO THE REAR OF MY VEHICLE. AT THE MOMENT OF ACCIDENT I FELT 2 IMPACT BEFORE I HIT UNTO THE VEHICLE INFRONT.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SKR 1927U

VEHICLE C - PC 4927U

VEHICLE B - GU 1222 B

VEHICLE D - SGS 4052 R

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 2/0ct/18

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

*[Signature]*

Reporting Centre Personnel's Signature

Name:

<b>Vehicle No.</b>	SKR 1927 U	<b>Model / Make</b>	HONDA VIZEL
Date of Accident	02/10/18		
Time of Accident	1730	HRS	
Location of Accident	KSE TOWARDS BKE, BEFORE EXIT 1 (BKE (SLE)) (BKE (PIE))		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	LIM SOK MEI		
Telephone No.	H/P : 9853 1570	Home :	Office :
NRIC	S 7014541 C		
Address	BLK 277 C COMPASSUAL LINK #06-294 S(543277)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTM C		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5087314668-01		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : 1 (FEMALE)		
Date of birth	01 / MAY / 1970		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	26 NOV 1990		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	GU 1222 B	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>	PC 4927 U	Any Passengers :	
<b>Vehicle D No.</b>	SGS 4052 R	Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	FRONT / REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
	Yes / No		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7014541C



LIM SOK MEI

林素明

Race

CHINESE

Date of Birth

01-05-1970

Sex

M

Country of Birth

SINGAPORE

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7014541C

Name:

LIM SOK MEI

Birth Date: 01 May 1970

Issue Date: 17 Jan 2017



002648401G

1015665



NRIC No: S7014541C



Blood Group Date of issue

AB+ 09-06-1993

APT. BLK 277C COMPASSVALE LINK #06-294  
SINGAPORE 543277

NRIC No: S7014541C

Date: 30/03/2008

No: 5986120

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	05 Sep 1994
Class 2A	Motorcycles between 201 cc and 400 cc	02 Dec 1996
Class 2	Motorcycles > 400 cc	18 May 1999
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	26 Nov 1990

NP 428A



Licence No: S7014541C

## 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:** 5087314668-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKR1927U**  
Chassis Number : RU11016050
2. Name of Policyholder : LIM SOK MEI
3. Effective Date of Insurance : 22 Jan 2018
4. Expiry Date of Insurance : 21 Jan 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM SOK MEI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HOBBS INSURANCE AGENCY (00000572363)  
Date of Issue : 11 Jan 2018 13:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087314668-01		LIM SOK MEI	S7014541C	GPC	drive CLASSIC	SKR1927U	SKR1927U	22/01/2018	21/01/2019

## Claim Handling

• Exit

Accident MT/1014159

Policy No.	5087314668-01	Vehicle No.	SKR1927U	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SOK MEI			Policyholder NRIC	S7014541C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KF#	<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(%)	40	Private Hire	Not available

**Accident Details**

Report Date	03/10/2018 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/10/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KOE TWOS BKE B4 EXIT 1				

**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		

**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 277C #06-294	Address 2	COMPASSVALE LINK	Address 3	SINGAPORE 543277
Address 4		Address Type	Singapore address	Post Code	543277
Unit No.		Related Policy Number	5087314668-01		

**OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MK	Insured Name	LIM SOK MEI	Insured NRIC	S7014541C
Contact No.(Mobile)	98531570	Contact No.(Home)	64842251	Contact No.(Office)	67742513
Email Address	lim@basan.com.sg	OI Vehicle Number	SKR1927U	TP Vehicle Number	GU12228
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR1927U / GU12228 ON 2 Oct 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	03/10/2018 19:08	Claim Close Date		Date Received	03/10/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1014159	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/10/2018 19:10

Path \*

	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

