

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **NA 1905296**

Date In: <b>15/1/19-19:43</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA 1905296</b>	SAS e-filing		
Veh No: <b>FE 33670</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>15/1/19-09:30</b>	i-Motor Claim Form	<b>17/1/19 10:52:22</b>	<b>15/1/19 19:53</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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **5MC68XC**

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%)

Year of Registration: (

Warranty: YES (

)/ NO ( )

Excess: (\$

) Loading: \$1,000 (

)/ \$2,000 (

)

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time

Actions

**NA 1905296**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

## Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Est Bill

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 / Tpt 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

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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	15/07/2019 19:43
Date Of Accident	09/07/2019 09:30
Exact Location Of Accident	JUNC UBI AVE 1 & UBI CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF3367U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAKARIA BIN SAIDAN
NRIC No	S1332016J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90110849
Alternative Phone No	OFFICE-90110849

### Vehicle Particulars

Manufacturer	VESPA
Model	GS150
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5042685633-08
Cover Note Number	

### Driver

Name of Driver	JAKARIA BIN SAIDAN
NRIC No	S1332016J
Date Of Birth	13/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90110849
Fax Number	
Contact Number	OFFICE-90110849
Email Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #01-857
Postcode	400338
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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/20190709/7023.

#### 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 Witness 1

Name	SHACHI
Phone Number	93222439
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6825C
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

**DETAILS OF INJURED PERSON 1**

Name

JAKARIA BIN SAIDAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FF3367U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode




## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Vbi Ave 1

Vbi Crescent

A: FF3370  
B: SMC 6823C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report - TH0190709/3023.

## 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: (9 / 7 / 14) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: Junc Ubi Ave 1 & Ubi Crum

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FC 3367J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5042685633-08  
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: Jekaria Bin Surdan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S13320167 CONTACT: 9015849  
c) ADDRESS: 11K 338 Ubi Avenue 1 #01-857 (40038)

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

## DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\*d) DATE OF BIRTH: (13 / 12 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25 / 1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: JMC685SC 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:

## Witness

Name: Shachi

Contact number: 9322439

Email =

fax =

VIDEO =

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

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

\* No of passenger  
(including driver)  
( )



# SINGAPORE POLICE FORCE



T/20190709/7023

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

1 of 3

Report No. T/20190709/7023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 16:20		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JAKARIA BIN SAIDAN			Address: APT BLK 338 UBI AVENUE 1 #01-857 SINGAPORE 400338		
ID Type / ID No.: NRIC NO / S1332016J			Contact No.: Home/Office: Mobile: 90110849		
Nationality: SINGAPORE CITIZEN			Email: sutanbagindo58@gmail.com		
Sex: Male	Age: 60	Date of Birth: 13/10/1958	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customs/Immigration officer			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2019 09:30	Type of Location: Straight Road
Location:  junction of Ubi Ave 1 and Ubi Cres				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF3367U	Motorcycle	VESPA	GS150	Purple		0
SMC6825C	Car	HYUNDAI		White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FF3367U	NTUC Income Insurance Co-Operative Limited	5042685633-08	01/10/2018	30/09/2019





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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JAKARIA BIN SAIDAN	ID No.	S1332016J
Related Vehicle	FF3367U (Motorcycle)	Contact No.	90110849
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	09/07/2019	Date Discharge	09/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/07/2019 at about 0930hrs, I was riding straight on the one lane road of Ubi Avenue 1. I was riding more to the left side since it is a wide one lane road.

While I was travelling straight just before the junction of Ubi Ave 1 and Ubi Cres, suddenly a white colour Hyundai car with a registration plate no. SMC6825C from my right, cut into my lane as further down the road (divides into two lanes, left lane going straight, right lane turning right), there are vehicles piling up waiting to turn right.

The car's front left bumper hit onto my right side, causing me to fall on the right. Ambulance then came down. I was conveyed to Changi General Hospital and was given 3 days MC due to right shoulder pain and abrasion on the right of abdomen and left thigh.

I was then informed by my son that Traffic Police came down to scene subsequently and my motorcycle was tow away by TP. My son also informed that someone came forward and informed that he witnessed the accident. His name is Shachi, Hp: 93222439.



**SINGAPORE  
POLICE FORCE**



T/20190709/7023

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

3 of 3

Report No. T/20190709/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MA JUNXIANG  
Contact No.: 65476251

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:

09/07/2019 16:20

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1332016J



Name

JAKARIA BIN SAIDAN

زكريا بن سيدان

Race

MALAY

Date of birth

13-10-1958

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S1332016J

JAKARIA BIN SAIDAN

Birth Date: 13 Oct 1958

Issue Date: 01 Mar 2017



002661531D



6068159

NRIC No. S1332016J



Date of issue

20-11-2018

Address

APT BLK 338 UBI AVENUE 1  
#01-857  
SINGAPORE 400338

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 May 1980
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Jul 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	21 Aug 1998
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	29 Apr 2003
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



Licence No: S1332016J

NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/07/2019 09:30"/>
Vehicle No. (For Motor)	<input type="text" value="FF3367U"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5042685633-08		JAKARIA BIN SAIDAN	S1332016J	GMC	Third Party	FF3367U	FF3367U	01/10/2018	30/09/2019



## Claim Handling

Accident MT/1053423

+ Exit

Policy No.	5042685633-08	Vehicle No.	FF3367U	GST Registration No.	
Certificate No.					
Policyholder Name	JAKARIA BIN SAIDAN	Cover Type	Third Party	Policyholder NRIC	S13320163
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	15/07/2019 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/07/2019	Time of Accident Occur	09:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE & TWOS PIE (CHANGI)				

**Excess**

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

**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 338 #01-857	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400338
Address 4		Address Type	Singapore address	Post Code	400338
Unit No.		Related Policy Number	5042685633-08		

**DI Driver Info**

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
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-MX	Insured Name	JAKARIA BIN SAIDAN	Insured NRIC	S13320163
Contact No.(Mobile)	90110849	Contact No.(Home)	68441344	Contact No.(Office)	NIL
Email Address	sultanbagindo58@gmail.com	OT Vehicle Number	FF3367U	TP Vehicle Number	SMC8825C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FF3367U / SMC8825C ON 9 Jul 2019				
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	15/07/2019 19:53	Claim Close Date		Date Received	15/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Attachment**

Save Submit

Accident No.	MT/1053423	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 19:54

Path *	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	

