

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA11913-631**

Date In: 21/10/14-16:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC 14013555/24	SAS e-filing		
Veh No: UM65316R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/10/14-13:30	i-Motor Claim Form	21/10/14 16:46	
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: 533442A	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

HA1957506	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:-	6) TR: Re-inspection \$75		
Dat. 2 / 3:-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non 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 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	02/10/2019 16:25
Date Of Accident	02/10/2019 13:30
Exact Location Of Accident	BLK 80 MARINE PARADE CRESCENT OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5316R
Insured/Policyholder	
Name Of Registered Owner	LAI ZHENGHAO
NRIC No	S8838263C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0L TFSI QU (PANORAMIC ROOF)
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	YES
Policy Number	5088400798-02
Cover Note Number	

Driver

Name of Driver	LAI ZHENGHAO
NRIC No	S8838263C
Date Of Birth	27/09/1988
Occupation	INDOOR
Date Of Driving Pass	30/01/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188490
Fax Number	
Contact Number	OFFICE-91188490
Email Address	NOEMAIL

Address	BLK 186B BEDOK NORTH STREET 4 #02-263
Postcode	462186
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191002/2093.

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	SJS3440A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KARUPPAIYA DHARMARAJ
NRIC/Passport Number	G8095673N
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LAI ZHENGHAO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG5316R

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:

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

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

SKETCH PLAN

131K 80 Marine Parade Central
open space carpark.

A: SMG 5316R.
B: SJS 3440A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/10/191002/2013.

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.:



SINGAPORE POLICE FORCE



T/20191002/2093

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20191002/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2019 15:12	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: LAI ZHENGHAO	Address: APT BLK 186B BEDOK NORTH STREET 4 #02-26 SINGAPORE 462186		
ID Type / ID No.: NRIC NO / S8838263C	Contact No.: Home/Office: Mobile: 91188490		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 27/09/1988	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2019 13:30	Type of Location: Car Park
Location: Along Road 1 MARINE PARADE CENTRAL Blk 80 Marine Parade Central Open Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS3440A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	0
SMG5316R	Car	AUDI	Q5 2.0L TFSI QU (PANORAMI C ROOF)	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191002/2093

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20191002/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG5316R	NTUC Income Insurance Co-Operative Limited	5088400798-02	27/12/2018	26/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI ZHENGHAO		ID No. S8838263C
Related Vehicle	SMG5316R (Car)		Contact No. 91188490
Hospital/Clinic	THAI SHEN FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	02/10/2019		Date Discharge 02/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 2 October 2019 at about 1330hrs, I was exiting the open carpark of Blk 80 Marine Parade Central (MP12 exit). As there was a car bearing plate number SJS3440A, that had issues exiting the gantry. While it was reversing, it hit the front bumper of my vehicle bearing the plate number SMG5316R.

I wish to state that the car reversed for several times before it hit the front of my vehicle. The driver of the said vehicle immediately got out of the car and apologise. He said that the car did not belong to him and suggested that I follow him to his boss's house which is located at 47 Marine Terrace. When I met with the owner of the car, he commented that I did not have any CCTV. Also from the way the bumper was damaged, he claims that I might have moved forward instead. I wish to state that we had a dispute as I told him that his worker was at fault. He scolded vulgarities and I left the place. I seek medical treatment at Thai Shenn Family Clinic Pte Ltd. I received 3 days of medical leave. My car has a damage at the front bumper. I have liaised with CBM Parking to retrieve the CCTV footage of the accident and they infd that they will require a police report.

I wish to state that the driver at the time of the accident is Karuppaiya Dharmaraj (G8095673N).



**SINGAPORE
POLICE FORCE**



T/20191002/2093

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20191002/2093

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 3 NAZEEHA BINTE MOHAMAD NASSIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/10/2019 15:12

Classification Of Case:

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"/>	5088400798-02		LAI ZHENGHAO	S8838263C	GFT	drive CLASSIC	SMG5316R	SMG5316R	27/12/2018	

Policy Information

Policy No.	5088400798-02	Policyholder Name	LAI ZHENGHAO	Policyholder NRIC	S8838263C
Certificate No.					
Address	BLK 186B #02-26 BEDOK NORTH STREET 4 SINGAPORE 462186				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/11/2018	Effective Date	03/12/2018 00:00	Expiry Date	02/12/2019 23:59
Excess Type		All Claims 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	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 186B #02-26	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
Address 4		Address Type	Singapore address	Post Code	462186
Unit No.		Related Policy Number	5106553169		

Insured Object: SMG5316R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/12/2018 00:00	Basic Information Endorsement	000001286960180	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJQ4930G 11-12-2018 \$783.06 In view of this amendment, a refund of \$783.06 (inclusive of GST) will be adjusted against the outstanding premium.
2	03/12/2018 00:00	Basic Information Endorsement	000001286945619	Endorsement Take Effective	amend org reg date for SJQ4930G
3	27/12/2018 00:00	Basic Information Endorsement	000001286971500	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SMG5316R 27-12-2018 \$898.46 In view of this amendment, an additional premium of \$898.46 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
4	27/12/2018 00:00	Basic Information Endorsement	000001286971516	Endorsement Take Effective	Update excess for SMG5316R: 1) EXCESS (SECT 1): \$600 2) EXCESS (SECT 2): \$0 3) WINDSCREEN EXCESS: \$100
5	02/05/2019 00:00	Basic Information Endorsement	000001287060723	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJU5495T 02-05-2019 \$566.47 In view of this

Claim Handling

Accident MT/1065102

Policy No.	5088400798-02	Vehicle No.	SMG5316R	GST Registration No.	
Certificate No.					
Policyholder Name	LAI ZHENGHAD			Policyholder NRIC	S8838263C
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91188490	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	No

▼ Accident Details

Report Date	02/10/2019 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/10/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	BLK 80 MARINE PARADE CRESCENT OPEN SPACE CARPARK				

▼ Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 186B #02-26	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
Address 4		Address Type	Singapore address	Post Code	462186
Unit No.		Related Policy Number	S106553169		

▼ O1 Driver Info

Driver Name	LAI ZHENGHAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8838263C	Driver DOB	27/09/1988
Register Date of Driver License	30/01/2009	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	91188490	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 186B	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
Address 4		Address Type	Singapore address	Post Code	462186
Unit No.	02-263				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LAI ZHENGHAD	Insured NRIC	S8838263C
Contact No.(Mobile)	91188490	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SMG5316R	TP Vehicle Number	SJS3440A
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	SMG5316R / SJS3440A ON 2 Oct 2019				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/10/2019 16:46	Claim Close Date	<input type="text"/>	Date Received	02/10/2019 16:48
Report Taken By	Jackson	Workshop Repairer	<input type="text"/>	Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1065102	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2019 16:48

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

▼ Attachment List

Msg Sent?

<https://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=...> 2/10/2019