

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHA 1193115

Date In: 3/1/19-16:26	Job description	Date & Time Completed	Done by
Ref No: 44/INC 19019646/24	SAS e-filing		
Veh No: 44-34832	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 3/1/19-12:50	i-Motor Claim Form	M71065263-001	3/1/19 12:13
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: PA74857

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

441952516

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Est 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:-		
QJ:		
*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	03/10/2019 16:26
Date Of Accident	03/10/2019 12:50
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3987R
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108614334
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FADZLI BIN SARIFF
NRIC No	S8233487D
Date Of Birth	17/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86088839
Fax Number	
Contact Number	OFFICE-86088839
Email Address	NOEMAIL

Address	BLK 138 BISHAN STREET 12 #09-466
Postcode	570138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VDB702 (MOTORCYCLE)
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191003/2099.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7485T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAN SENG HONG
NRIC/Passport Number	S0228154F
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number VDB702
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number 98811769
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number QS55J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number 81610163
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name MOHAMMAD FADZLI BIN SARIFF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SML3987R
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.

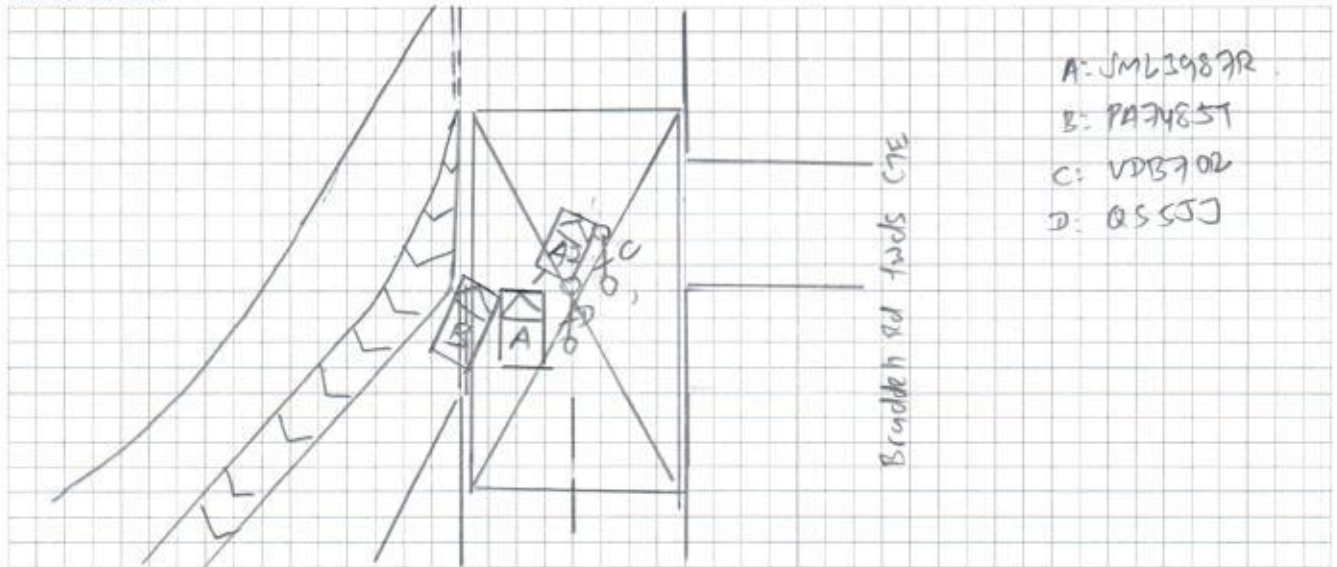
SUPER STAR LIMO & CAR RENTAL
Reg. No.: 53359119L

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 - 7/2019 1003/2019.

DECLARATION

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

SUPER STAR LIMO & CAR RENTAL
Reg. No.: 53359119L

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/20191003/2099

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20191003/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2019 15:25	Vide Report No.: E/20191003/0073	Station Diary No.: 77
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMMAD FADZLI BIN SARIFF			Address: APT BLK 138 BISHAN STREET 12 #09-466 SINGAPORE 570138	
ID Type / ID No.: NRIC NO / S8233487D			Contact No.: Home/Office: Mobile: 86088839	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 17/10/1982	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/10/2019 12:50	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD CENTRAL EXPRESSWAY Occurred at junction of Lorong Chuan and CTE along Braddell Road.				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7485T	Van				Slightly Damaged	0
QS55J	Motorcycle				Slightly Damaged	1
SML3987R	Car	TOYOTA	NOAH HYBRID 1.8X AT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191003/2099

2 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191003/2099

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
VDB702	Motorcycle				Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SENG HONG	ID No.	S0228154F
Related Vehicle	PA7485T (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
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	QS55J (Motorcycle)	Contact No.	81610163
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	Slight
Driver			
Name	MOHAMMAD FADZLI BIN SARIFF	ID No.	S8233487D
Related Vehicle	SML3987R (Car)	Contact No.	86088839
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



**SINGAPORE
POLICE FORCE**



T/20191003/2099

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20191003/2099

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	VDB702 (Motorcycle)	Contact No.	98811769
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	Slight

Brief Details.

On 03/10/2019 at about 1250hrs, I was travelling along Braddell Road(From Bartley Road) towards CTE(SLE) in my vehicle(SML3987R) on the leftmost lane of a 2 lane road. Whilst at the junction of Braddell Road(from Lornie Highway) and Lorong Chuan, I suddenly felt an impact come from the left of my vehicle, causing it to be pushed to the right where I collided into two other Malaysian registered motorcycles(VDB702) and (QS55J). I thus exited my vehicle and made a check, and there discovered that another van(PA7485T) had collided into the left side of my vehicle. I immediately called for police and ambulance. I do have in car camera installed at the front and rear of my vehicle, and it has already been handed over to traffic police. I am lodging this report at the instruction of traffic police.



**SINGAPORE
POLICE FORCE**



T/20191003/2099

4 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191003/2099

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:
E /
Sgt 2 LEE QI, THEODORE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/10/2019 15:25

Classification Of Case:

SN 061

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"/>	5108614334	5108614334-000019	SUPER STAR LIMO & CAR RENTAL	53359119L	GFM	drivo CLASSIC	SML3987R	SML3987R	17/05/2019	11/04/2020

Policy Information

Policy No.	5108614334	Policyholder Name	SUPER STAR LIMO & CAR RENT/	Policyholder NRIC	53359119L
Certificate No.	5108614334-000019				
Address	BLK 576 #12-500 WOODLANDS DRIVE 16 SINGAPORE 730576				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/04/2019	Effective Date	12/04/2019 00:00	Expiry Date	11/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 576 #12-500	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	12-500	Related Policy Number	5108614334		

Insured Object: 5108614334-000019

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/05/2019 00:00	Basic Information Endorsement	000000000004617	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/1065263

Policy No.	S108514334	Vehicle No.	SML3987R	GST Registration No.	
Certificate No.	S108514334-000019				
Policyholder Name	SUPER STAR LIMO & CAR RENTAL	Cover Type	drive CLASSIC	Policyholder NRIC	S3359119L
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	03/10/2019 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	03/10/2019	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS CTE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

▼ 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 576 #12-500	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	12-500	Related Policy Number	S108514334		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD FAOZLI BIN SARJIR	Driver NRIC	S8233487D	Driver DOB	17/10/1982
Register Date of Driver License	10/01/2006	Driver Age	36	Driving Experience	13
Contact No.(Mobile)	86088839	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 138	Address 2	BISHAN STREET 12	Address 3	BISHAN GREEN
Address 4	SINGAPORE 570138	Address Type	Singapore address	Post Code	570138
Unit No.	09-466				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SUPER STAR LIMO & CAR RENT	Insured NRIC	S3359119L
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		OI Vehicle Number	SML3987R	TP Vehicle Number	PA7485T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML3987R / PA7485T ON 3 Oct 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	03/10/2019 17:13	Claim Close Date		Date Received	03/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

▼

Accident No.	MT/1065263	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/10/2019 17:20

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	

 Send Message

[illegible]

Uploaded By/Date	Folder Date	File Name		Source	Action
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Scan and uploading