

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MNA11953131

Date In: 21/1/19-12:31	Job description	Date & Time Completed	Done by
Ref No: 41/INC 192053424	SAS e-filing		
Veh No: Jmp 69442	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19-25:20	i-Motor Claim Form	27/1/19 10:43	
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: Jmp 69442	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

41/1908774	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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)		
	6) TR : Re-inspection \$75		
	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	20/11/2019 10:31
Date Of Accident	15/11/2019 23:20
Exact Location Of Accident	T4 UNDERPASS TWDS AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6944Z
Insured/Policyholder	
Name Of Registered Owner	ANTIOCH LEASING PTE LTD
Co Reg No	201908202W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96684998
Alternative Phone No	OFFICE-96684998

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA 180 URBAN EDITION AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	5112956854
Cover Note Number	

Driver

Name of Driver	KANG WEN JUN, JEREMY
NRIC No	S9647365F
Date Of Birth	29/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684998
Fax Number	
Contact Number	OFFICE-96684998
Email Address	NOEMAIL

Address	BLK 222 TAMPINES STREET 24 #12-96
Postcode	521222
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	COLLISION - HEAD TO REAR
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	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/20191118/7022.

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	SMP3167U
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG MINGHAO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANG WEN JUN, JEREMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMP6944Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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.

I. 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.:

veh A SNIP69448

veh B SNIP31674

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION
We declare the foregoing particulars are true in every respect.



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

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

Date of Accident : 15/11/2019 Accident Time: 3320 Hrs (24-HR-Format)
 Accident Place : T4 underpass towards Airport Boulevard
 Vehicle Reg. No. (Car Plate No.) : SMP69442
 Vehicle Make/Model : Mercedes GLA180
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Antioch Leasing Pte Ltd
 Owner or Company Contact No. : 96684998 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Kang Wen Jun Jeremy (S9647365F)
 DRIVER'S Date Of Birth : 29/12/1996 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 81K 222 Tampines St 24 #12-96 S321222
 DRIVER'S Contact No. / Alt No. : 1) 96684998 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver injured.
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMP3167U	Vehicle Reg. No: _____
Vehicle Make/Model: Toyota Noah	Vehicle Make/Model: _____
Name Driver: Zhang Minghao	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Injuries.



SINGAPORE POLICE FORCE



T/20191118/7022

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

1 of 3

Report No. T/20191118/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 14:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KANG WEN JUN, JEREMY		Address: APT BLK 222 TAMPINES STREET 24 #12-96 SINGAPORE 521222	
ID Type / ID No.: NRIC NO / S9647365F		Contact No.: Home/Office: Mobile: 96684998	
Nationality: SINGAPORE CITIZEN		Email: jeremykang.96@gmail.com	
Sex: Male	Age: 22	Date of Birth: 29/12/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: director		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2019 23:20	Type of Location: Bend
Location: T4 Underpass towards Airport Boulevard				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SMP3167U	Car	TOYOTA	NOAH	Maroon	Slightly Damaged	0
SMP6944Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191118/7022

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

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Report No. T/20191118/7022

CONTINUATION OF REPORT

Driver				
Name	ZHANG MINGHAO		ID No.	S8126534H
Related Vehicle	SMP3167U (Car)		Contact No.	98739763
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	KANG WEN JUN, JEREMY		ID No.	S9647365F
Related Vehicle	SMP6944Z (Car)		Contact No.	96684998
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/11/2019		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details.

On the 15/11/2019 at about 2320hrs, I was travelling along T4 Underpass on the 2nd lane from the left on a 2 lane road with vehicle SMP6944Z, a Mercedes GLA 180. As I approached the junction, I saw a vehicle, SMP3167U, that just overtook me from the right side slow down and stopped at the T junction for quite some time with no oncoming traffic from the right. I then decided to overtake him and completed my right turn towards Airport Boulevard.

After completing my turn, while driving towards Airport Boulevard, the vehicle suddenly horn me from the back. I then decided to slow my vehicle down as it was a bent and the speed limit was 40km/h and I thought I had side swipe his vehicle while completing my turn. As I slow down, in my rear view mirror, I saw that the vehicle SMP3167U was driving very fast, and I had no time to react before he collided into the rear of my vehicle with high impact.

I exchanged particulars with the said person. No threat or assault occurred. I am lodging this police report for record and for insurance claims. I went to Mount Elizabeth Hospital as I had developed fever, and neck and back pain with numbness and coldness in both hands. I was then hospitalised and is still currently on hospitalisation leave.



**SINGAPORE
POLICE FORCE**



T/20191118/7022

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

3 of 3

Report No. T/20191118/7022

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:

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:
18/11/2019 14:17

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.	<input type="text"/>	Date of Accident	<input type="text" value="15/11/2019 23:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SMP6944Z"/>	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"/>	5112956854		ANTIOCH LEASING PTE. LTD.	201908202W	GPC	drive PREMIUM	SMP6944Z	SMP6944Z	10/10/2019	09/10/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5112956854	Policyholder Name	ANTIOCH LEASING PTE. LTD.	Policyholder NRIC	201908202W				
Certificate No.									
Address	511 GUILLEMARD ROAD #01-48 GRANDLINK SQUARE SINGAPORE 399849								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy Issue Date	03/10/2019	Effective Date	10/10/2019 00:00	Expiry Date	09/10/2020 23:59				
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100				
Additional Excess	1500	OS Premium	0						
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess					
Agent	POH CHEE LENG	Agent Tel.	98585688	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	511 GUILLEMARD ROAD	Address 2	#01-48 GRANDLINK SQUARE	Address 3	SINGAPORE 399849
Address 4		Address Type	Singapore address	Post Code	399849
Unit No.	01-48	Related Policy Number	5112956854		

Insured Object: SMP6944Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/10/2019 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 10 Oct 2019 TO 09 Oct 2020
2	17/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 17 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS NUMBER: WDC1569422J651996 ENGINE NUMBER: 27091031901279 VEHICLE REGISTRATION NUMBER: SMP6944Z ORIGINAL REGISTRATION DATE: 11 Oct 2019

Continue

Cancel

Claim Handling

Accident MT/1072168

Policy No.	5112956854	Vehicle No.	SMP69442	GST Registration No.	
Certificate No.					
Policyholder Name	ANTIOCH LEASING PTE. LTD.	Cover Type	drive PREMIUM	Policyholder NRIC	201908202W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96684998	Special Remark		Contact No.(Home)	0
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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	20/11/2019 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/11/2019	Time of Accident (hh:mm)	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	T4 UNDERPASS TWDS AIRPORT BLVD				

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	
Additional Excess	1500		
Total OD Excess Applicable	3500.00	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	511 GUILLEMERD ROAD	Address 2	#01-48 GRANDLINK SQUARE	Address 3	SINGAPORE 399649
Address 4		Address Type	Singapore address	Post Code	399849
Unit No.	01-48	Related Policy Number	5112956854		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1996
Unnamed driver Name	KANG WEN JUN, JEREMY	Driver NRIC	S3647365F	Driving Experience	3
Register Date of Driver License	25/01/2016	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	96684998	Contact No.(Office)	0	Address 3	SINGAPORE 521222
Address 1	BLK 222	Address 2	TAMPINES STREET 24	Post Code	521222
Address 4		Address Type	Singapore address		
Unit No.	12-36				
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="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANTIOCH LEASING PTE. LTD.	Insured NRIC	201908202W
Contact No.(Mobile)	96684998	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SMP69442	TP Vehicle Number	SMP3167U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP69442 / SMP3167U ON 15 Nov 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	20/11/2019 10:43	Claim Close Date		Date Received	20/11/2019 00:00
Report Taken by	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1072168	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2019 10:44

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

