

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MA119156304**

Date In: 28/11/19-16:47	Job description	Date & Time Completed	Done by
Ref No: 40/INC19020925/24	SAS e-filing		
Veh No: 5M5286R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/11/19-09:25	i-Motor Claim Form	27/11/2013-001	28/11/19 17:02
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: 5M5286R	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

NA190898	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	26/11/2019 16:47
Date Of Accident	26/11/2019 09:25
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU5286R
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	201627918G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5109094489
Cover Note Number	

Driver

Name of Driver	ANG KIM CHUI, DEREK ANDRE
NRIC No	S8539502E
Date Of Birth	22/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90667944
Fax Number	
Contact Number	OFFICE-90667944
Email Address	NOEMAIL

Address	BLK 263 TOA PAYOH EAST #17-22
Postcode	310263
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	CHAIN COLLISION
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	3
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?	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/20191126/7014.

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	SLP1093Z
Vehicle Make/Model/Colour	VOLVO V40
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGZ2002L
Vehicle Make/Model/Colour MAZDA 6
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 ANG KIM CHUI, DEREK ANDRE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGU5286R
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:

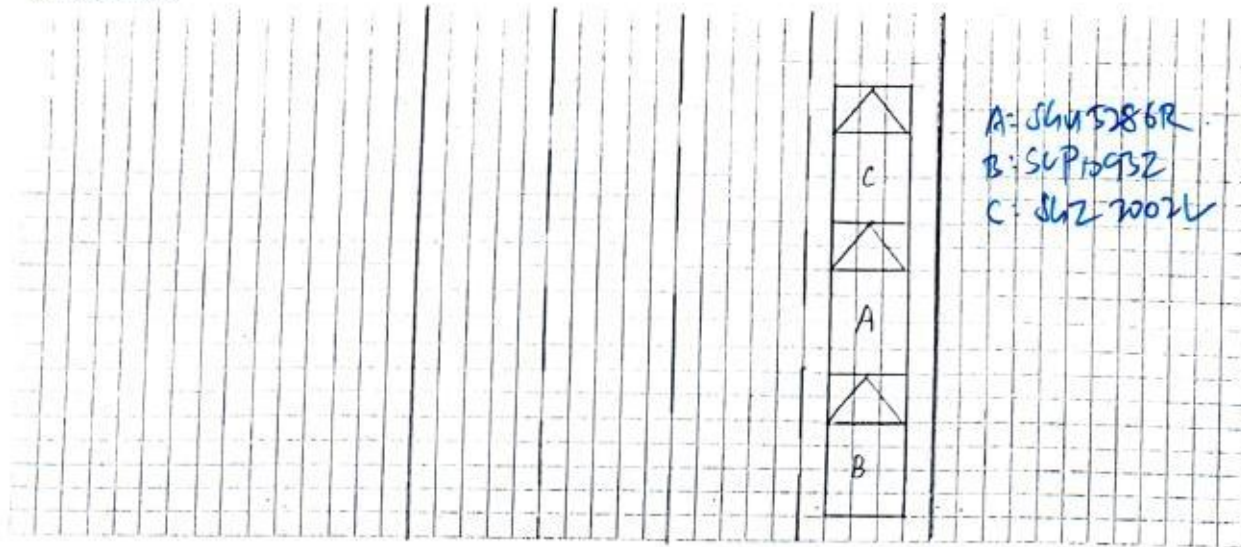
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

APPROVED BY THE POLICE

Date of Accident : 06/11/2019 Accident Time: 0925 Hrs (24-HR-Format)
 Accident Place : Pte towards Tuas before Paya Lehar Exit
 Vehicle Reg. No. (Car Plate No.) : SG45286P
 Vehicle Make/Model : Toyota ProS
 Insurance Company : Niuc Policy No. _____
 Owner or Company Name / IC No. : Fast car Rental pte Ltd
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Ang Kim Chui, Derek Andre (S8539502E)
 DRIVER'S Date Of Birth : 22/11/1985 DRIVER'S License Pass Date 21/12/2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
 DRIVER'S Address : Blk 263 Toa Payoh East #17-27 S 310263
 DRIVER'S Contact No./ Alt No. : 1) 90667944 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): 02 1 female
 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: SLP1093Z
 Vehicle Make/Model: VOVO V40
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: SG22002L
 Vehicle Make/Model: mazda 6
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20191126/7014

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

1 of 3

Report No. T/20191126/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2019 14:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG KIM CHUI, DEREK ANDRE			Address: APT BLK 263 TOA PAYOH EAST #17-22 SINGAPORE 310263		
ID Type / ID No.: NRIC NO / S8539502E			Contact No.: Home/Office:		Mobile: 90667944
Nationality: SINGAPORE CITIZEN			Email: derekang10@gmail.com		
Sex: Male	Age: 34	Date of Birth: 22/11/1985	Type of Informant: Driver		
Race: Chinese			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 Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2019 09:25	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
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
SGU5286R	Car	TOYOTA	VIOS		Seriously Damaged	1
SGZ2002L	Car	MAZDA	6			3
SLP1093Z	Car	VOLVO	V40		Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191126/7014

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

2 of 3

Report No. T/20191126/7014

CONTINUATION OF REPORT

Driver			
Name	ANG KIM CHUI, DEREK ANDRE	ID No.	S8539502E
Related Vehicle	SGU5286R (Car)	Contact No.	90667944
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/11/2019	Date Discharge	26/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGU5286R ON PIE
TOWARDS TUAS BEFORE PAYA LEBAR EXIT ON LANE 1, TRAFFIC WAS SLIGHTLY HEAVY.
THERE WAS A VEHICLE BEARING CARPLATE NUMBER SGZ2002L WHO WAS TRAVELLING
AHEAD OF ME, JAMMED BRAKE WHICH I THEN FOLLOW SUIT. AFTERWARDS, THERE WAS A
HUGE IMPACT FROM THE REAR THAT CAUSED ME TO PROPEL FORWARD AND HIT ONTO
SGZ2002L. I ALIGHTED FROM MY VEHICLE AND REALISE THAT I WAS INVOLVED IN A 3-CAR-
CHAIN-COLLISION. I FELT STRAIN ON MY LOWER BACK AND KNEE WHICH I THEN CONSULTED
THE DOCTOR AND WAS AWARDED WITH A 5-DAYS-MC.
1ST CAR- SGZ2002L
2ND CAR- SGU5286R
3RD CAR- SLP1093Z



**SINGAPORE
POLICE FORCE**



T/20191126/7014

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

3 of 3

Report No. T/20191126/7014

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 / TPHQ /
ONG CHEE HIEN
Contact No.: 65476437

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:
26/11/2019 14:53

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="26/11/2019 09:25"/>							
Vehicle No. (For Motor)	<input type="text" value="SGU5286R"/>	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"/>	5109094489		FAST CAR RENTAL PTE LTD	201627918G	GPC	Third Party	SGU5286R	SGU5286R	24/04/2019	16/05/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5109094489	Policyholder Name	FAST CAR RENTAL PTE LTD	Policyholder NRIC	201627918G
Certificate No.					
Address	68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/04/2019	Effective Date	24/04/2019 00:00	Expiry Date	16/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	YAN XUDONG MAX	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	5112910698		

Insured Object: SGU5286R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/11/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>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: 24 Apr 2019 TO 16 May 2020 In view of this amendment, an additional premium of \$69.26 (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, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1073130

Policy No.	5109094489	Vehicle No.	SGU5286R	GST Registration No.	
Certificate No.					
Policyholder Name	FAST CAR RENTAL PTE LTD	Cover Type	Third Party	Policyholder NRIC	201627918G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	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	26/11/2019 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/11/2019	Time of Accident hh:mm	09:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE (TUAS) BEFORE PAYA LEBAR RD EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	500.00	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	68 KAKI BUKIT AVENUE 6	Address 2	#02-05 ARX@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-05	Related Policy Number	5112910698		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG KIM CHUL, DEREK ANDRE	Driver NRIC	58539502E	Driver DOB	22/11/1985
Register Date of Driver License	21/12/2009	Driver Age	34	Driving Experience	9
Contact No. (Mobile)	90667944	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 263	Address 2	TOA PAYOH EAST	Address 3	TOA PAYOH APEX
Address 4	SINGAPORE 310263	Address Type	Singapore address	Post Code	310263
Unit No.	17-22				
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	FAST CAR RENTAL PTE LTD	Insured NRIC	201627918G
Contact No. (Mobile)	81383333	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SGU5286R	TP Vehicle Number	SLP10932
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGU5286R / SLP10932 ON 26 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	26/11/2019 17:02	Claim Close Date		Date Received	26/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1073130	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2019 17:04

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	

[illegible]