

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MUA11916903

Date In: 24/1/19-11:57	Job description	Date & Time Completed	Done by
Ref No: H01INC190256724	SAS e-filing		
Veh No: SMN28877	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/19-17:50	i-Motor Claim Form	27/1/2020 36-001	21/1/19 17:54
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: Jlx 90340

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

Invoice Preparation Checklist

Am (\$)

Am (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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) RT: 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	24/12/2019 11:57
Date Of Accident	23/12/2019 17:50
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7887J
Insured/Policyholder	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	5XXXX768D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90495999
Alternative Phone No	OFFICE-90495999

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110340125
Cover Note Number	

Driver

Name of Driver	LIM SONG MENG (LIN SONGMING)
NRIC No	SXXXX995H
Date Of Birth	24/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96117377
Fax Number	
Contact Number	OFFICE-96117377
Email Address	NOEMAIL

Address	BLK 6B BOON TIONG ROAD #07-59
Postcode	165006
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	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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191224/2037.

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	SLX9034A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHUHADAH
NRIC/Passport Number	SXXXX827C
Contact Number	98464104
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SML9882T

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJG6687Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAVI

NRIC/Passport Number

Contact Number 90906474

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM SONG MENG (LIN SONGMING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN7887J

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

Sketch Plan area with grid lines and handwritten notes. On the left, vertical text reads "Angle 72.95". On the right, a list of items is written:

- A: SMK7778
- B: SLD9034A
- C: JMC98841
- D: SJL66870

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with horizontal lines. The first line contains the handwritten text: "refer to police report - 7/2019/MY/2037". A large blue diagonal line is drawn across the remaining lines.

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/20191224/2037

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191224/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 11:16	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: LIM SONG MENG			Address: APT BLK 6B BOON TIONG ROAD #07-59 SINGAPORE 165006		
ID Type / ID No.: NRIC NO / S7827995H			Contact No.: Home/Office: Mobile: 96117377		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 24/09/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Before exit to Clementi Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SJG6687Z	Car					0
SLX9034A	Car					0
SML9822T	Car					0
SMN7887J	Car	NISSAN		Maroon	Seriously Damaged	0



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAVI	ID No.	NIL
Related Vehicle	SJG6687Z (Car)	Contact No.	90906474
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	SHUHADAH	ID No.	S7922827C
Related Vehicle	SLX9034A (Car)	Contact No.	98464104
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	LIM SONG MENG	ID No.	S7827995H
Related Vehicle	SMN7887J (Car)	Contact No.	96117377
Hospital/Clinic	HL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2019	Date Discharge	23/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/12/2019 at about 1750hrs, I was travelling along AYE towards Jurong on lane 1, when the car in front of me (SML9822T) suddenly jammed brake to a stop. I managed to stop in time to avoid colliding into the vehicle in front. Seconds later, I felt an impact at the rear of my car, which caused my car to move forward to knock onto the rear of (SML9822T). I then alighted to make a check and discovered that my car was involved in a chain collision, involving the following cars, in order:

- 1) SML9822T
- 2) SMN7887J
- 3) SLX9034A



**SINGAPORE
POLICE FORCE**



T/20191224/2037

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191224/2037

CONTINUATION OF REPORT

4) SJG6687Z

The 4th car however, tried to avoid colliding into the 3rd car, and eventually swiped the right side of my car. The collision caused some major damages on my car. Thereafter, all of us drivers exchanged our particulars and left the scene. There was no traffic police or ambulance at scene, and my car had a dash camera installed at the time of the accident, however I am unsure if it recorded the accident.

On the same day at about 1900hrs, I proceeded to HL Clinic Pte Ltd after feeling some pains on my left arm, and was issued with 3 days of MC from 23/12/2019 to 25/12/2019.



**SINGAPORE
POLICE FORCE**



T/20191224/2037

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20191224/2037

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:

F /

Sgt 3 ANNA ANTHONY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

24/12/2019 11:16

Classification Of Case:

Authentication Stamp

NP168

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" value="5110340125"/>	Date of Accident	<input type="text" value="23/12/2019 17:50"/>
Vehicle No. (For Motor)	<input type="text" value="SMN7887J"/>	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"/>	5110340125	5110340125-000009	KARKOOL LIMOUSINE	53359768D	GFM	Third Party	SMN7887J	SMN7887J	02/09/2019	10/06/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5110340125	Policyholder Name	KARKOOL LIMOUSINE	Policyholder NRIC	53359768D
Certificate No.	5110340125-000009				
Address	BLK 154 #04-392 SERANGOON NORTH AVENUE 1 SINGAPORE 550154				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/06/2019	Effective Date	11/06/2019 00:00	Expiry Date	10/06/2020 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	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550154
Address 4		Address Type	Singapore address	Post Code	550154
Unit No.	04-392	Related Policy Number	5111102432		

Insured Object: 5110340125-000009

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	16/10/2019 00:00	Basic Information Endorsement	000000000009548	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 16 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING (PRIVATE) LIMITED

[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1077036

Policy No.	5110340125	Vehicle No.	SMN7887J	GST Registration No.	
Certificate No.	5110340125-000009				
Policyholder Name	KARKDOL LIMOUSINE	Cover Type	Third Party	Policyholder NRIC	53359768D
Product Code	FLEET MASTER INSURANCE	Contract No. (Office)	0	Loading	0
Contact No. (Mobile)	90495999	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	No
Accident Details					
Report Date	24/12/2019 12:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	23/12/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (TUAS) BEFORE CLEMENTI 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	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	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 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550154
Address 4		Address Type	Singapore address	Post Code	550154
Unit No.	04-392	Related Policy Number	5111102432		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM SONG MENG (LIN SONGMENG)	Driver NRIC	50000995H	Driver DOB	24/09/1978
Register Date of Driver License	27/12/1999	Driver Age	41	Driving Experience	19
Contact No. (Mobile)	96117377	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 68	Address 2	BOON TIONG ROAD	Address 3	BOON TIONG ARCADEA
Address 4	SINGAPORE 165006	Address Type	Singapore address	Post Code	165006
Unit No.	07-59				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KARKDOL LIMOUSINE	Insured NRIC	53359768D
Contact No. (Mobile)		Contact No. (Home)	N/A	Contact No. (Office)	
Email Address		OT Vehicle Number	SMN7887J	TP Vehicle Number	SLX9034A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN7887J / SLX9034A ON 23 Dec 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	24/12/2019 12:54	Claim Close Date		Date Received	24/12/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter**Save** **Submit**

Attachment

📎

Accident No. MT/1077036 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/12/2019 12:55

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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