

NATIONAL Assessment Centre Services [wef 1 Jan'05] MUA100054 US

Date In: 12/1/05-20:45	Job description	Date & Time Completed	Done by
Ref No: NA14C1000080874	SAS e-filing		
Veh No: SM1041E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/1/05-20:50	i-Motor Claim Form	M11079904-001	12/1/05 21:20
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: P89134E 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idao Mobile 30		
	*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		
	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	13/01/2020 20:42
Date Of Accident	11/01/2020 22:50
Exact Location Of Accident	TECK WHYE AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1041E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	5XXXX500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
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	REPORTING ONLY
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	5101671180-01
Cover Note Number	

### Driver

Name of Driver	ANG BOON CHENG
NRIC No	SXXXX447C
Date Of Birth	12/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1994
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90014272
Fax Number	
Contact Number	OFFICE-90014272
EEmail Address	NOEMAIL

Address	BLK 162 JALAN TECK WHYE #09-210
Postcode	680162
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200112/2008.

#### 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	FBP9134E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.

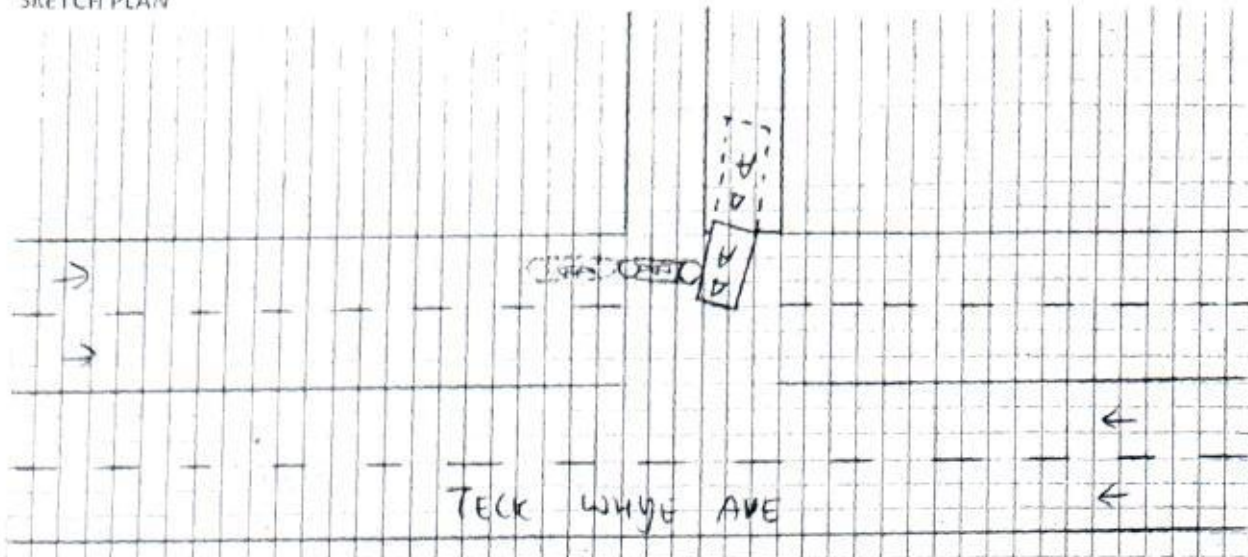


Policyholder's Signature  
Date & Time:

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


Base on Police Report : T/20200112/2008


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.:

Date of Accident : 11/01/2020 Accident Time: 2250 (24-HR-Format)  
 Accident Place : TECK WYGE AVENUE  
 Vehicle Reg. No. (Car Plate No.) : SMC1041 E  
 Vehicle Make/Model : TOYOTA SIENNA 1.5 CVT  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : TW AUTOMOBILE  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : ANG BOON CHENG  
 DRIVER'S Date Of Birth : 12/04/1966 DRIVER'S License Pass Date 27/02/2003  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: None  
 DRIVER'S Address : BLK 162 JALAN TECK WYGE #09-210 (680162)  
 DRIVER'S Contact No./ Alt No. : 1) 90014272 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : ANGBC70@HOTMAZE.COM  
 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): 01  
 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: <u>FBP 9134 E</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE  
POLICE FORCE**



T/20200112/2008

1 of 3

Report No. T/20200112/2008

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 12/01/2020 02.08		Vide Report No.: J/20200111/0215		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant ANG BOON CHENG			Address: APT BLK 162 JALAN TECK WHYE #09-210 SINGAPORE 680162		
ID Type / ID No.: NRIC NO / S1782447C			Contact No.: Home/Office:		Mobile: 90014272
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 12/06/1966	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GOJEK		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/01/2020 22:50	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TECK WHYE AVENUE CHOA CHU KANG DRIVE Near Lamp post 30, in front of Choa Chu Kang CC. Lamp Post Number: 30				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBP9134E	Motorcycle	KAWASAKI	EX400G	Green	Slightly Damaged	0
SMC1041E	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	White	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20200112/2008

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Report No. T/20200112/2008

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/01/2020 at about 2250hrs, I was driving my car SMC1041E out of the service road of Blk 35 Teck Whye Avenue and made a signal to turn right towards Teck Whye Avenue and stopped at the stop line. I made a check to the incoming traffic from the right and left and I saw no vehicle, as such I proceeded to make the right turn. As I reached halfway of the turn, I make another check of the incoming traffic from the left, suddenly, I felt something collided with the right side of my vehicle. I then alighted from my car and made a check. I realized that a motorcycle FBP9134E had collided with the right front side of my car above the wheel. Shortly after, ambulance and Traffic Police arrived and the Traffic Police collected the Memory Card for my in-car camera. Ambulance took the motorcyclist away in conscious state. I am lodging this report for investigation purposes.



**SINGAPORE  
POLICE FORCE**



T/20200112/2008

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Report No. T/20200112/2008

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999


**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:  
J /  
Staff Sgt MUHAMMAD SALIMIN BIN OMAR

Signature Of Informant:  


Signature Of Interpreter:  
Not applicable

Date/Time:  
12/01/2020 02:08

Officer In Charge Of Case:  
TP/GIT  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp  
NP168

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101671180-01		TW AUTOMOBILE	53333500X	GFT	drive CLASSIC	SMC1041E	SMC1041E	16/01/2019	

Continue

Policy Information

Policy No.	5101671180-01	Policyholder Name	TW AUTOMOBILE	Policyholder NRIC	53333500X
Certificate No.					
Address	9 TAGORE LANE #02-01 9 @ TAGORE SINGAPORE 787472				
Product Name	FLEET INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	17/01/2019	Effective Date	16/01/2019 00:00	Expiry Date	15/01/2020 23:59
Excess Type					
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4	Address Type		Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	5112474973		

Insured Object: SMC1041E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/03/2019 00:00	Basic Information Endorsement	000001287023807	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK31344771 11-03-2019 \$1,792.86 In view of this amendment, an additional premium of \$1,792.86 (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.</p>
2	11/03/2019 00:00	Basic Information Endorsement	000001287025621	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 11 Mar 2019, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: SMJ5436L</p>
3	08/04/2019 00:00	Basic Information Endorsement	000001287044365	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB51096151 09-04-2019 \$1,621.23 In view of this amendment, an additional premium of \$1,621.23 (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</p>

**Claim Handling**

Accident MT/1079904

Policy No.	S101671180-01	Vehicle No.	SMC1041E	GST Registration No.	
Certificate No.					
Policyholder Name	TW AUTOMOBILE			Policyholder NRIC	S3333500X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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 Embellment(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	13/01/2020 21:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	11/01/2020	Time of Accident (h:mm)	22:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TECK WHYE AVE				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	02-01	Related Policy Number	S112474973		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/06/1988
Unnamed driver Name	ANG BOON CHENG	Driver NRIC	SXXXX447C	Driving Experience	25
Register Date of Driver License	12/02/1994	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	90014272	Contact No.(Office)	0	Address 3	SINGAPORE 680162
Address 1	BLK 162	Address 2	10/JAN TECK WHYE	Post Code	680162
Address 4		Address Type	Singapore address		
Unit No.	09-210				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification history

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	TW AUTOMOBILE	Insured NRIC	S3333500X
Contact No.(Mobile)	86865535	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SMC1041E	TP Vehicle Number	FBP9134E
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC1041E / FBP9134E ON 11 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/01/2020 21:22	Claim Close Date		Date Received	13/01/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1079904	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/01/2020 21:23

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Please Select		Normal	
<input type="text"/>	Please Select		Normal	
<input type="text"/>	Please Select		Normal	
<input type="text"/>	Please Select		Normal	
<input type="text"/>	Please Select		Normal	
<input type="text"/>	Please Select		Normal	

Send Message

**Attachment List**

